

School of Nursing-Traditional BSN Program Review Self-Study Report

Based on
Version 1.1
10/21/2015

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Department
Level Analysis

Program
Level
Analysis

Department
Level
Synthesis

Instructions

Please use the data provided and the guiding questions to prepare your program review self-study. Please note that the data provided is not all of the data available to you and a more complete set of program review data will also be provided by the IE office. Also note that there may be a few questions that are not relevant to your academic unit and you can simply write “NA” in those text boxes where this is the case. Finally, the text boxes are intended for the reflective answers to the guiding questions and the summaries of your analyses. If there are related documents that contain data or more detailed information that will help the reviewers better understand your narratives, feel free to add these as appendices at the end. Please do not include anything in the appendices that is not necessary or referenced and discussed in the self-study itself.

Technical Note: For your convenience, fillable text boxes have been inserted after each question. If you have non-text items (e.g. tables, charts, etc.) you would like to insert into the document, feel free to remove and replace the textbox placeholder with your information.

Department Level Analysis

A) Introduction (context for department)

1. Name of Academic Unit, Program(s), and Center(s) that are included in this self-study: Include graduate and undergraduate, undergraduate majors, minors and concentrations, etc.

School of Nursing: traditional Bachelor of Science in Nursing

2. This document will be read by both the PLNU Program Review Committee and external reviewers. What do these reviewers need to know about your current programs to understand their context and how they function within the department and across the university? (500 word maximum)

The traditional BSN program has been in existence since 1973, with the first graduating class in 1974. Professional golfer, Arnold Palmer, donated \$25, 000 for the establishment of the Department of Nursing.

The Department of Nursing became a School of Nursing (SON) when graduate programs were added in 2002.

All SON programs hold maximum approval from the California Board of Nursing, and maximum national re-accreditation from the Commission of Collegiate Nursing Education. The SON curriculum meets all standards for these two governing bodies.

The School of Nursing was housed in the College of Social Sciences and Professional Studies until 2015 when it became a stand-alone academic unit reporting to the Provost.

3. If you believe that it will help the reviewers to understand your context, provide a brief history of what has led to your department’s current structure and program offerings.

The BSN curriculum is as follows:

Freshmen year: Pre-nursing, where students are taking pre-requisite sciences (BIO 130, CHE 103, BIO 140, NSG 150) and other general education (GE) courses.

Sophomore year: First year in the major (and most challenging). Courses include: NSG 250-251/NSG 260-261 (Adult Health I and II respectively), and NSG 270 Nursing Pharmacology.

Junior year: Second year in the major. Courses include: NSG 310/311 Pediatric Nursing, NSG 330/331 Childbearing, NSG 340/341 Adult Health III and NSG 399 Nursing Research.

Senior year: last year in the major. Courses include: NSG 450/451 Community Mental Health, NSG 460/461 Community Health, NSG 470 Nursing Leadership, NSG 480/481 Capstone.

Most nursing courses ending in "0" (e.g. NSG 250 Adult Health I) have a related clinical component (e.g. NSG 251 Adult Health I Practicum) where students achieve 144 direct patient care hours in a healthcare setting; totaling over 1100 direct clinical hours. These clinical placements are coordinated through the San Diego Nursing Education Consortium; students have the vast majority of their clinical experiences on Tuesday and/or Thursday of each week. GE and other nursing pre-requisite courses are taken concurrently all three years in the baccalaureate program.

The BSN program has had steady enrollment and has reached capacity over the past 10 years. Prior to this time, there were 45 new sophomores each year, including a significant number of transfer students. A significant national and regional nursing shortage caused clinical partners (Sharp Healthcare, Scripps Healthcare, VA San Diego, etc.) to request an increase in our class size. Sharp Healthcare partnered with PLNU and assisted with compensation of adjunct faculty to gradually increase (over three years) our sophomore class to 70 students. In AY 2010-2013 there was an increase in PLNU pre-nursing enrollment causing a need to increase this sophomore class, with the highest being in 2013 of 91 students. It is the practice of the SON, supported by university administration, that we accept all qualified PLNU pre-nursing students. We work closely with Undergraduate Admissions to identify quality freshmen who will go on to be successful in the major. Projected admissions yield (incorporating complex matrices) has provided for a more manageable pre-nursing class of around 90 students. Through attrition and changing majors, this number yields about 70-80 qualified nursing majors. PLNU is the only private, Christian nursing program in the state that accepts all qualified students who completed their pre-nursing requirements at PLNU into the nursing program.

B) Alignment with Mission

Please answer the following questions for all student populations served by your department: residential, graduate and extended learning:

1. Briefly describe how your department contributes to the intellectual and professional development of PLNU students.

The SON has been intentional about ensuring alignment with mission and vision of the university and to meeting the healthcare needs of San Diego County. Our BSN graduates are highly sought after and the program has an excellent reputation in San Diego and beyond! The curriculum provides for the completion of two evidence-based projects, service learning opportunities at the PLNU Health Promotion Center, and a Capstone experience working directly with an RN over the course of the semester (working weekends, night shift and/or 12 hour shifts and holidays). Students have the opportunity for Honor's Scholar projects, LoveWorks mission trips, etc. which serve to shape intellectual and professional development.

2. Review your department's mission, purpose and practice and discuss how your programs contribute to your student's spiritual formation, character development, and discernment of call.

The current SON philosophy, vision and mission statements were approved as part of the 2010 curriculum revision. We are intentional about teaching and shaping nursing majors to become caring and compassionate. The current SON vision and mission statements were approved as part of the 2010 curriculum revision. We are intentional about teaching and shaping students to value a higher calling in their professional nursing practice and to affect positive change with those in their trust. Nursing is a sacred work where life...and death are a part of daily reality.

School of Nursing Philosophy

We believe each of the listed paradigms is interrelated to create the whole of our philosophy. We have adopted much of the work from Shelley & Miller's *Called to Care: A Christian Worldview for Nursing* (2006).

God: The School of Nursing at Point Loma Nazarene University believes in God, the Creator, Sustainer, Restorer, Redeemer and Lord of the universe. We believe in the Holy Trinity, Father, Son and Holy Spirit. We believe the person is created in the image of God and exists for relationship with God, and is worthy of profound respect. We believe in the dignity, sacredness, and inherent value of each person. We embrace diversity through equality of all people, within all cultural, gender, religious, ethnic, and socio-economic backgrounds.

Environment: The environment includes those things, seen and unseen and encompasses the human community and culture. Each person has responsibility to care for the environment as a steward of God's gifts. We believe that a supportive environment can bring refreshment and healing. Because the environment affects human health, nurses have the responsibility to care for and improve the environment. This includes both the larger physical environment and the more immediate surroundings of the person.

Person: A person is a whole being and exists in socio-cultural-spiritual context which influences how life is interpreted. The person is more than the sum of the parts. We believe people are inherently spiritual and social beings, seeking to find meaning and significance in their lives. Persons exist in relationships to God, communities, families, individuals, and self.

Health: Health or wellness is a God-centered wholeness that enables the person to live in harmony with self, God, others and the environment. It is a dynamic process of transformation working toward optimal health, which is shalom (peace), by living according to God's purpose even in the face of suffering and death. Health or wellness consists of restoring the optimal physical functioning, living in harmonious relationships with God and others, and facilitating healing relationships among people. Concurrently, we believe that a person can be spiritually healthy yet limited by physical or psychosocial conditions.

Nursing: Nursing is a calling to the ministry of compassionate care toward optimal health of the whole person by seeking to promote, maintain and restore integrity. In response to God's grace and mercy, nursing participates in the healing work of Christ by providing comprehensive physical, psycho-social and spiritual care of the person in the context of families and communities. By living out the calling, the professional nurse serves God through caring for others. The professional nurse synthesizes and makes application of knowledge and skills based on best evidence from nursing and other disciplines to bring optimal health, comfort and healing to others.

Nursing Education: Excellence in nursing education is a dynamic learning process involving the mutual participation of faculty, staff and students in increasing knowledge, perfecting skills and examining and refining values and beliefs. Each one embraces the life-long adventure of inquiry and learning. It is our belief that a solid foundation in the humanities, sciences and social sciences is fundamental to the development of nursing's own unique body of knowledge. We are committed to creating an environment that inspires and equips students to fulfill their calling as humble, servant leaders who are willing to follow the example of Christ in serving others.

Shelley, J.A. & Miller, A.B. (2006). *Called to care: A Christian worldview for nursing* 2nd ed. Illinois, IVP Academic.

Versi **Vision Statement**

The School of Nursing at Point Loma Nazarene University embraces, as a covenant, the commitment to excellence within a dynamic Christian environment in which each one will engage in the sacred work of nursing. This sacred work involves symbolically removing one's shoes in service of others.

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Take off your sandals for the place you are standing is holy ground. Exodus 3:5 NIV

Mission Statement

The School of Nursing at Point Loma Nazarene University exists to support the university Wesleyan mission and to provide an interdisciplinary learning program of excellence. Graduates of the SON are distinctly identified by grace, truth and holiness, serving others after the example of Christ, as they are sent to fulfill their calling as professional nurses.

So He got up from the meal, took off His outer clothing, and wrapped a towel around His waist. After that, He poured water into a basin and began to wash His disciple's feet, drying them with a towel that was wrapped around Him. John 13: 4-5 NIV

Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's feet. I have set you an example that you should do as I have done for you. John 13: 14-15 NIV

C) Quality, Qualifications and Productivity of Department Faculty

Current Full-Time Faculty				
Faculty Name	Rank	Tenure	Degree	PLNU Service Years
Adams, Mary	Associate	Tenure-track	PhD	0
Almonte, Angelica	Associate	Tenure-track	PhD	4
Helgesen, Kathleen	Assistant	Professional track	MSN	3
Hensley, Linda	Assistant	Tenure-track	DNP	11
Kelford, Michelle (*resigned May 2016)	Assistant	Professional Track	MSN	4
Lambert, Kristen	Associate	Tenure-track	PhD	9
Maiden, Jeanne	Professor	Tenured	PhD	10
Natipagon-Shah, Bulaporn	Associate	Tenure-track	PhD	1
Quiban, Carlota	Associate	Tenure-track	PhD	0
Rankin, Larry	Professor	Tenured	PhD	14
Riingen, Michelle	Professor	Tenured	DNP	18
Sawyer, Monique	Assistant	Tenure-track	DNP	1
Scott, Judith (*resigned May 2016)	Assistant	Professional Track	PhD	7
Sloan, Christine	Associate	Tenure-track	PhD	10
Smith, Sharon	Associate	Tenure-track	PhD	0
Taylor, Barb	Professor	Tenured	PhD	18
Department percent of full-time faculty with doctorate (terminal) degree (as of FA16)				92%
PLNU percent of full-time faculty with doctorate (terminal) degree (Fall 2014)				82%

1. Summarize the most recent scholarly and creative activities of the faculty in this department. If desired, include information about peer reviewed scholarship.

In 2000, only 25% of the SON faculty held terminal degrees in nursing. Today, we are at 92%, and will be at 100% when Helgesen completes her terminal degree in May 2017. Scott completed her PhD in spring 2016, and Helgesen is set to complete her DNP in summer 2017. In nursing, there are two terminal degrees: the PhD and the DNP - one is research focused and the other is focused on clinical practice.

In May 2015, Sharon Barber resigned, creating a full-time vacancy in obstetrical nursing. A faculty search was conducted, resulting in the hire of Mary Adams in January 2016. In May 2016, there were two resignations, Kelford and Scott, which necessitated a faculty search for two medical-surgical faculty positions, resulting in the hire of Carlota Quiban and Sharon Smith to start fall 2016. All three new hires have completed terminal degrees in nursing.

Scholarship and innovation are highly valued in the SON! In January 2016, the SON sponsored nine full time faculty in the First Annual Writer's Salon. This two day event provided place, quiet, support and resources to facilitate writing. The goal of this annual event is to generate manuscripts for publication.

Scholarship has increased over the past several years. As part of university Rank and Tenure processes, the SON determined scholarly activities which are commonly found in aspirant and comparator programs. The SON has implemented three research projects to address/assess some aspect of the curriculum: Caring led by Dr. Maiden, Vocation led by Dr. Sloan and Affective Determinants of Success in the Major led by Drs. Riingen and Hensley. Additionally, faculty mentor undergraduate students through Honor's Scholar projects. In addition, faculty have mentored MSN students through the writing of their graduate theses – many of which have been since published.

Dr. Almonte (retired Captain in the Navy Nurse Corps) is actively collaborating with Naval Medical Center Balboa in research pertinent to military healthcare. Dr. Sloan is actively collaborating with Rady Children's Hospital in research pertinent to children's health.

Recently hired faculty (Sawyer and Natipagon-Shah) each have active scholarship, respectively, in the areas of adolescent mental health and healthcare practices of the Thai population. Dr. Natipagon-Shah has recently been selected to present at a regional nursing research conference.

Drs. Rankin, Maiden, Sloan, Sawyer, and Lambert are actively engaged in clinical practice at various healthcare facilities in San Diego.

Drs. Rankin, Sloan, and Riingen are actively engaged in LoveWorks trips (Sri Lanka, India, Jamaica, Haiti) focusing on nursing, and with study abroad experiences (Ghana) for nursing majors.

2. Summarize the grants/awards received by the faculty.

The SON has written and received significant grants over the past several years. First, we have received over \$350,000 in grant funding to support MSN students who are seeking nursing faculty roles. Second, we have received two California Song-Brown grants (2012 and 2013) to fund high fidelity manikins (>\$100,000) in the nursing skills lab and to support six nursing faculty (\$19,000) in online/hybrid teaching modalities.

3. Describe how the scholarly and creative activities of the faculty impact the mission and quality of your department.

Faculty scholarship informs the classroom and clinical practice for students in all programs. The aforementioned research studies on Caring, Vocation, and Affective Determinants of Student Success directly relate to program assessment and evaluation. A recent Resilience program instituted with the sophomore and senior courses in the fall of 2016 was a direct response to identified ineffective coping and stressors among nursing students.

4. Comment on the adequacy and availability of institutional support and outside funding for professional development and travel.

Current university support for professional development is adequate for faculty to achieve goals/outcomes. The SON budget also includes some funds for professional development or program development initiatives.

Department Faculty Instructional Loads (FT, PT, and Adjuncts)

(excludes release time and independent studies)

	2012/13	2013/14	2014/15	3-yr Average
SCH per IFTE	208	235	228	223
<i>PLNU SCH per IFTE</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
SFTE per IFTE	6.93	7.77	7.55	7.40
<i>PLNU SFTE per IFTE</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
Independent Studies Units Generated	13	1	2	5.3

Individual Faculty Instructional Loads

Full-Time Faculty	2012/13			2013/14			2014/15			3-Yr
	IU	SCH	SCH/ IU	IU	SCH	SCH/ IU	IU	SCH	SCH/ IU	SCH/IU
Alloway, Michelle				12.0	60	5.0				5.0
Almonte, Angelica	22.0	222	10.1	26.0	309	11.9	28.0	388	13.9	12.1
Barber, Sharon							22.0	218	9.9	9.9
Black, Carrie	34.8	309	8.9	28.0	274	9.8				9.3
Helgesen, Kathleen							26.0	271	10.4	10.4
Hensley, Linda	23.0	231	10.0	31.0	336	10.8	27.0	384	14.2	11.7
Kelford, Michelle				10.0	182	18.2	10.0	286	28.6	23.4
Kim, Son	28.5	312	10.9							10.9
Lambert, Kristen	26.7	308	11.5	33.8	479	14.2	15.5	171	11.0	12.6
Maiden, Jeanne	38.7	375	9.7	31.5	380	12.1	22.8	300	13.1	11.3
Noble, Deana	27.7	302	10.9							10.9
Oliveri, Domenica	11.0	243.5	22.1							22.1
Rankin, Larry	33.5	243	7.3	29.5	300	10.2	34.3	391	11.4	9.6
Riingen, Michelle	27.5	349.5	12.7	32.8	567	17.3	10.2	131	12.9	14.9
Scott, Judith	21.7	282	13.0	23.2	330	14.2	28.8	330	11.5	12.8
Sloan, Christine	20.7	341	16.5	24.5	361	14.7	23.5	337	14.3	15.1
Taylor, Barb	9.3	124	13.3	3.5	71	20.3	3.5	126	36.0	19.7

- Links to complete reports that include part-time and adjunct faculty

- [2014-15](#)
- [2013-14](#)
- [2012-13](#)

Total Full-Time Faculty	325.0	3,642.0	11.2	285.8	3,649.0	12.8	251.7	3,333.0	13.2	12.3
Total Part-Time Faculty	32.0	157.0	4.9	48.0	216.0	4.5	24.0	102.0	4.3	4.6
Total Adjunct Faculty	185.3	909.0	4.9	162.3	991.0	6.1	221.5	1,297.0	5.9	5.6

IU = Instructional Units: Generated faculty workload units excluding release time

IFTE = Instructional Full-Time Equivalent: Total Instructional workload units divided by 24

SCH = Student Credit Hours: Generated student credit hours associated with the faculty member

SFTE = Student Full-Time Equivalent: Total Student Credit hours divided by 32 for undergraduates/24 for graduate students

5. Compare the SCH load of each faculty member against the departmental average. What does this tell you about the distribution of faculty workload within the department? What changes, if any, might be appropriate?

From the list above, several faculty are no longer at PLNU-Barber, Kim, Noble, Oliveri. Alloway and Kelford are the same person.

Overall, faculty composition in the SON is not as stable compared to other schools/departments at PLNU. This is largely due to the fact that nursing salaries are twice as much in healthcare institutions compared to academia. Nurses with doctorates in healthcare organizations can earn upwards of \$200,000 annually. If the nurse educator salary is needed for family (college tuition, illness, job loss) it is common for the nurse faculty to leave PLNU. To that end, faculty loads are constantly adjusted.

There are also other factors to consider. First, per state and national guidelines for nursing education, the nurse educator must be clinically competent in the area being taught. For example, only a nurse with pediatric clinical background can teach pediatric nursing. Second, with the addition of programs (RN-BSN revision) some faculty are now solely in that area (Riingen, Black, Sawyer).

Broadly, the table above reflects that most SON faculty are meeting and exceeding the university Instructional Units, and SCH/IU university avg. of 12.3. Faculty overloads are sometimes a request, and too often, a necessity.

The SON Dean works closely with the faculty and the Provost to assess faculty loads and to make any modifications if a long-term overload is required.

6. Does looking at the SCH and SFTE to IFTE ratios compared to PLNU averages provide any insights for your program? Explain.

The table only provides data on full time SON faculty.

There are two part-time faculty in the traditional BSN program-Barnett and Fisher-Lopez. Additionally, there are about 20-25 clinical adjuncts.

While Instructional Units (IU) are lower than the university, the Student Credit Hour (SCH)/Instructional Unit (IU) ratio is on par. Although nursing faculty don't teach as many different courses as most other university faculty, the clinical day requirements, tend to even out the discrepancy. A typical clinical day for faculty includes:

- working with **10 students** the evening before clinical as part of clinical prep,
- arriving at the clinical facility at around **6:00 am the day** of clinical to determine patient assignments for students
- making rounds on the 10 patients assigned*
- leading pre-conference to determine student readiness for safe patient care
- supervising medication administration for 10 students/patients (usually from 8-10:00 am)
- ensuring that required treatments, tasks are completed for 10 patients
- working with students on assessment and charting
- supervising medication administration for mid-day
- completing all assigned treatments for the 10 patients
- leading post-conference to de-brief about the clinical day (2-3pm)
- grading clinical paperwork - all 10 students will turn in about 10 pages of clinical paperwork and journals that need to be graded and returned to the student before the next week clinical day.

*to provide further context, the State of California has legislation that an RN can only care for 5 patients at any point in time. The nurse educator wouldn't be included in this since primary care responsibilities lie with the RN employee. With that said, the nurse educator does have ethical responsibility for all 10 patients ensuring safe, quality care.

7. Looking at the longitudinal history of independent study units generated in this program, does this provide any insights that might be worth looking into? Explain.

N/A

8. What role do part time and adjunct faculty play in the quality and success of the department.

There are two part-time faculty in the BSN program who provide consistency and service hours toward the program. These faculty are long-term and highly valued employees. In times of full time faculty vacancy, the part time faculty often take on the clinical management role (required agency paperwork, student documentation, etc.).

Most clinicals are taught by adjuncts who have current clinical expertise in the field and often are employees at the clinical agency-ensuring consistency and rapport with staff nurses.

D) Progress on Recommendations from Previous Program Review

1. List the findings from the previous program review and discuss how each finding has been addressed.

The last SON curriculum revision was in 2010. This is the first program review for the SON under this new model. During this program review, we have largely focused on the gaps identified (disaster management, end of life care) and establishing and incorporating new assessment practices.

The CA Board of Registered Nursing approval processes occur every five years and include a Self-Study and site visit. The last BRN site visit was 2013 with the maximum five year approval. The next Self-Study is due 2017, and the site visit is 2018. The Self-Study and site visit will focus on ensuring that legislated requirements are being implemented. These legislated criteria include: minimum course requirements, clinical requirements, first time pass rates for the national licensing examination, employment trends, alumni and clinical partner feedback.

The national accreditation process through the Commission on Collegiate Nursing Education (CCNE) includes a Self-Study and a site visit. The last CCNE site visit was 2009 with the maximum 10 year re-accreditation. The next Self-Study is due 2018 and the site visit is 2019. The Self-Study and site visit will focus on four standards in Program Quality: Standard I. Mission and Governance; Standard II. Institutional Commitment and Resources; Standard III. Curriculum and Teaching-Learning Practices; and Standard IV. Program Effectiveness: Student Performance and Faculty Accomplishments. These standards address broad program effectiveness and outcomes and do not focus on issues such as individual faculty instructional units or workload units.

The Program Review process has caused us to look at our work and our curriculum with a different lens. Our usual assessment and evaluation processes were not sufficient. While this has been a time-consuming process it is creating a more rigorous inward look!

2. What additional significant changes have been made in department programs since the last program review? (e.g. introduction of new major or minor, significant reshaping of a program, etc.)

There have been no significant changes at the BSN level that have required APC or external accrediting approval, since the 2010 curriculum revision.

Results of the program review process have caused us to develop better curriculum map and assessment processes.

E) General Education and Service Classes

Link(s) to the Department's GE data stored on the GE assessment wheel:

- The School of Nursing has no general education courses

Reflection on longitudinal assessment of general education student learning data: (If you don't have longitudinal data, use the data that you do have)

1. What have you learned from your general education assessment data?

NA

2. What changes (curricular and others) have you made based on the assessment data?

NA

3. What additional changes are you recommending based on your review of the assessment data?

4. How do the pedagogical features of your GE courses compare with the best practices for teaching GE in your discipline?

NA

5. What new pedagogical practices have been tried in GE and service classes by members of your department in the last few years? What has your department learned from these experiments?

NA

6. Are there changes that you could make that would make your part of the GE more efficient and effective (e.g. reducing the number of low-enrollment sections, resequencing of classes, reallocation of units, increase interdisciplinary efforts, etc...)?

7. What service courses (non-GE courses that primarily support a program in another department) does your department teach? Are there changes that you could make that would make your service courses more efficient and effective?

The SON offers two service courses for the Women's Studies Minor. These courses typically do not have adequate enrollment and are cancelled if less than 6 students register. We would recommend that efficacy of these courses be assessed and any recommendations considered for change.

One of our faculty, Dr. Lambert, teaches a section of PSY 101 each semester. She finds great joy in serving mostly non-nursing students! She readily connects with the students and is able to work with them in discovering self and self-care!

Program Level Analysis (BSN)

Bachelor of Science in Nursing (traditional program)

BSN-F1) Trend and Financial Analysis

First-Time Freshman Admissions Funnel							
	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Inquiries	920	1,193	1,353	1,464	1,702	1,690	1,385
<i>Share of PLNU inquiries</i>	8.2%	7.8%	8.2%	8.0%	9.2%	7.7%	8.3%
Completed Applications	292	381	428	432	443	392	377
<i>Share of PLNU Applications</i>	14.0%	14.4%	15.3%	15.0%	15.0%	14.8%	15.0%
Applicant Conversion Rate	31.7%	31.9%	31.6%	29.5%	26.0%	23.2%	27.2%
<i>PLNU Applicant Conversion Rate</i>	18.6%	17.3%	17.0%	15.7%	16.1%	12.1%	15.0%
Admits	249	248	257	262	256	249	239
<i>Share of PLNU Admits</i>	13.7%	12.8%	13.4%	13.2%	12.3%	11.8%	11.9%
Selection Rate	85.3%	65.1%	60.0%	60.6%	57.8%	63.5%	63.4%
<i>PLNU Selection Rate</i>	87.4%	72.9%	68.9%	69.0%	70.5%	79.5%	79.8%
New Transfer Admissions Funnel							
	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Inquiries	173	164	189	293	315	326	286
<i>Share of PLNU inquiries</i>	21.2%	22.8%	21.2%	17.8%	21.1%	17.9%	13.7%
Completed Applications	88	96	100	72	68	95	58
<i>Share of PLNU Applications</i>	21.5%	24.1%	20.0%	15.4%	13.8%	14.2%	12.8%
Applicant Conversion Rate	50.9%	58.5%	52.9%	24.6%	21.6%	29.1%	20.3%
<i>PLNU Applicant Conversion Rate</i>	50.2%	55.5%	56.2%	28.4%	33.2%	36.9%	21.7%
Admits	25	13	2	0	2	0	6
<i>Share of PLNU Admits</i>	7.7%	5.6%	0.7%	0.0%	0.6%	0.0%	1.7%
Selection Rate	28.4%	13.5%	2.0%	--	2.9%	--	10.3%
<i>PLNU Selection Rate</i>	79.3%	57.9%	54.8%	60.5%	65.4%	64.1%	79.2%

1. What does this data tell you about the external demand for your program? What does this say about the future viability of your program?

Demand for the BSN program is high – evidenced by accounting for 8-10% of all PLNU inquiries and the application conversion rate, most recently, of 23-27%, compared to 12-15% for the university. We have not been able to accept significant numbers of transfers into the nursing major (from 2011-2014) due to the high numbers of qualified PLNU pre-nursing majors being given priority admission. In Fall 2016, we accepted 8 students in transfer for the nursing major.

First-Time Freshman Admissions Yield							
	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Admits	249	248	257	262	256	249	239
Matriculants	77	85	83	97	104	90	76
<i>Share of PLNU Matriculants</i>	14.4%	14.4%	15.6%	16.1%	16.1%	15.3%	12.7%
Yield Rate	30.9%	34.3%	32.3%	37.0%	40.6%	36.1%	31.8%
<i>PLNU Yield Rate</i>	29.3%	30.5%	27.7%	30.3%	31.0%	27.9%	29.9%
New Transfer Admissions Yield							
	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Admits	25	13	2	0	2	0	6
Matriculants	15	13	1	--	1	--	2
<i>Share of PLNU Matriculants</i>	9.0%	9.4%	0.7%	--	0.7%	--	1.2%
Yield Rate	60.0%	100.0%	50.0%	--	50.0%	--	33.3%
<i>PLNU Yield Rate</i>	51.1%	60.2%	54.7%	47.3%	44.6%	46.0%	48.0%

2. How does your yield rate (percentage of students who enroll at PLNU after being admitted) compare to the PLNU average? If your rate is more than 8 percentage points above the PLNU average, what factors do you believe are contributing to this positive outcome? If your rate is more than 8 percentage points below the PLNU average for more than one year, what factors do you believe are contributing to this difference?

The yield rate for pre-nursing reflects a national trend towards healthcare, specifically nursing. The nursing profession has cycles of shortage and abundance with the last major shortage 2000-2009. The economic downturn in 2009 saw a reversal of the nursing shortage. Nurses who were planning retirement weren't able to do so, hospitals were not sure of how the Affordable Healthcare Act would affect healthcare practices, etc. Prior to 2009, approx. 80% of nursing graduates had secured a job before graduation. Since 2009, this number has fallen to a low of 40%, and currently is about 60% hired at graduation, with a total of 80% hired by 6 months post-graduation.

Enrollment							
	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Pre-Nursing	104	120	108	116	115	95	78
Nursing	168	183	204	207	225	232	232
Total Students	272	303	312	323	340	327	310
<i>Share of PLNU Undergraduates</i>	11.4%	12.5%	13.1%	13.4%	13.3%	12.7%	11.6%
Minors	School of Nursing has no minors						
Major Migration of Completers*							
Top Importing Programs:	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	6-yr Total
Undeclared		2		3		1	6
Biology-Chemistry				2	1	1	4
Liberal Studies	1		2				3
Business Administration					2		2
Top Export Destinations:	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	6-yr Total
Psychology	2		1	2	6	5	16
Child & Adolescent Development	1		1		3	2	7
Liberal Studies	2	2	2	1			7
Exercise Science			1	2	3		6
Business Administration	1	3			1		5

3. What does this data tell you about the internal demand for your program? Does this raise any questions about the viability and/or sustainability of your program as it is currently configured? Explain why or why not. Are there any actionable strategies that you can do that might make a difference if your trends are in the wrong direction?

We have not been able to allow a PLNU non-nursing student to switch to the nursing major due to the numbers of current students and limited clinical sites.

Nursing students who choose to change majors, or have not been successful academically, often stay at PLNU and graduate. We are intentional about counseling these students to seek OSV services to identify ways to remain at PLNU.

General Education and Service Credit Hour Production				
	2011/12	2012/13	2013/14	2014/15
Total program student credit hours	3,766.0	3,814.0	3,828.0	3,904.0
Number of GE sections taught	School of Nursing has no general education			
% of SCH that are GE				
Share of PLNU GE SCH				
Number of service course sections taught	1	1	1	0
% of SCH that are service	0.2%	0.1%	0.5%	0.0%
Share of PLNU service SCH	TBD	TBD	TBD	TBD

4. What does this data tell you about how your program is impacted by the needs of GE and other academic disciplines? Does this raise any questions about the viability and/or sustainability of your program if these non-programmatic trends continue? Explain why or why not.

While the SON does not offer GE courses, our nursing students often take GE courses outside of PLNU due to scheduling conflicts. The nursing major cannot take T/Th classes as these are their clinical days. For example, in the past 3 years: 29 students have taken ART 100, 21 students have taken FCS 150, 65 students have taken FCS 225, 110 students have taken HIS 110, 43 have taken SOC 101, and 34 students have taken MUH 100 outside of PLNU. The dean of the School of Nursing has collaborated with chairs from various departments to offer MWF classes (since all nursing majors are at clinical on T/Th).

Delaware Study Data												
	2010/11			2011/12			2012/13			2013/14		
Program Cost per SCH	\$444			\$425			\$410			\$383		
Benchmark Percentiles	\$255	\$342	\$438	\$268	\$356	\$414	\$253	\$342	\$472	\$252	\$347	\$442
Ranking	High			High			Medium			Medium		

5. We know that the following factors influence the Delaware cost per credit hour:
- Large amount of GE and service classes taught by the program
 - The career stage of the program faculty (early career faculty are less expensive)
 - The number of elective courses in the program

- The amount of unfunded load (faculty receiving more credit for a course than the number of units received by a student – e.g. 4 units of faculty load for teaching a 3 unit class)
- The amount of release time associated with the program
- Faculty members on sabbatical
- The size of the department budget and the cost of specialized equipment

Please reflect on your program’s Delaware data in light of this information. In particular, what factors contribute to your program having a high (above 75th percentile), medium (50th-75th percentile), or low (below 50th percentile) ranking?

At the beginning of Prioritization, the SON was \$444 per student credit hour which was >75th percentile. Similar nursing programs were in the medium or 50th-75th percentile. The goal was to bring the SON to a high-medium range. AY 13/14 the rate was \$383 per student credit hour, in the mid-medium range.

As part of Prioritization, the SON modified unfunded faculty load release. Additionally, because the nursing program has higher costs, an upcharge added to the student costs for nursing major, beginning Sophomore class, 2015.

6. Recognizing that not all factors above are under departmental control, what kinds of adjustments might be made to reduce the cost per student credit hour?

See above.

7. Do these modified Delaware values tell you anything new about the future viability and/or sustainability of your program as it is currently configured? Please explain.

We have adjusted costs/revenues, and are now at a more moderate range which is sustainable and viable.

BSN-F2) Findings from Assessment

Links to the department’s assessment wheel
<ul style="list-style-type: none"> • Student Learning Outcomes • Curriculum Maps • Assessment Plan • Evidence of Student Learning • Use of the Evidence of Student Learning

Reflection on longitudinal assessment of student learning data:

1. What have you learned from this program’s student learning assessment data?

We have learned that we were primarily evaluating curriculum and other processes, rather than assessing them. We have included rubrics as part of signature assignment grading and assessment. Many faculty have incorporated rubrics for all class/clinical assignments. This provides the student with clear guidelines for success.

2. What changes (curricular and others) have you made based on the student learning assessment data?

We have significantly modified the SON Assessment Plan for all programs and have implemented AAC & U assessment rubrics for program assessment at the senior level.

We have modified our alumni and employer surveys to provide more robust data.

We have developed syllabus and testing templates so that these are standardized across all nursing courses.

We have updated Faculty and Student Handbooks to better reflect SON policies and processes.

We have implemented 3 research projects to gather long-term data regarding affective behaviors influencing success in the major, caring, and vocation. Results from these studies will inform curriculum and SON processes to ensure student success. Additionally, we hope the affective behavior study will shed some light on how SON staff and faculty can come alongside students before they are in trouble (academic or behavioral) and implement resources.

3. What additional changes are you recommending based on your review of the student learning assessment data?

Continue to monitor and assess.

DQP Outcomes with Scores

DQP Definitions

Intellectual Skills

Intellectual Skills define proficiencies that transcend the boundaries of particular fields of study: analytic inquiry, use of information resources, engaging diverse perspectives, ethical reasoning, quantitative fluency, and communicative fluency.

Specialized Knowledge

What students in any specialization should demonstrate with respect to the specialization, often called the major field. All fields call more or less explicitly for proficiencies involving terminology, theory, methods, tools, literature, complex problems or applications and cognizance of limits.

Applied and Collaborative Learning

Applied learning suggests what graduates can do with what they know. This area focuses on the interaction of academic and non-academic settings and the corresponding integration of theory and practice, along with the ideal of learning with others in the course of application projects.

Broad and Integrative Knowledge

Students integrate their broad learning by exploring, connecting and applying concepts and methods across multiple fields of study to complex questions—in the student’s areas of specialization, in work or other field-based settings and in the wider society.

Civic and Global Learning

Civic and Global Learning proficiencies rely principally on the types of cognitive activities (describing, examining, elucidating, justifying) that are within the direct purview of the university, but they also include evidence of civic activities and learning beyond collegiate settings. These proficiencies reflect the need for analytic inquiry and engagement with diverse perspectives.

Reflection on DQP related data:

Understanding that the DQP framework provides one particular lens on the meaning, quality and integrity of your curriculum, reflect on the DQP data and framework provided for your program.

4. What have you learned from this program’s DQP comparison?

Intellectual Skills: throughout the nursing major, students have gained skill and knowledge in all aspects of basic nursing care. Testing has been done through paper/pencil, standardized computer testing focused on application, analysis and evaluation of safe, competent nursing care. A focus on faithful inquiring, caring, communicating, leading, and following is woven throughout the curriculum.

For example, regarding emotional intelligence, in AY 2014 and 15 there was a marked difference in the coping abilities of incoming freshmen pre-nursing students. Suicide attempts, substance abuse and difficulty in transitioning to college life were alarming for the SON. At that time, the dean requested that a program be established to assist pre-nursing students and sophomores in developing effective coping strategies and resilience training. Dr. Kris Lambert led this initiative and in the Fall 2016 a Resilience program was started with the sophomore nursing students and facilitated by senior nursing students. This program is modeled and supported by faculty at the University of Massachusetts Amherst and is a joint research study.

Specialized Knowledge: at the end of the BSN program, the student is prepared to take the national licensing exam for registered nursing. These graduates have gained competency in all aspects for generalist nursing practice-as determined by the California Board of Registered Nursing and by national accrediting requirements for baccalaureate education.

Applied and Collaborative Learning: throughout the nursing major, students are exposed to over 1000 clinical hours of direct patient care applying theory to practice. During the senior year, students are in a Capstone preceptorship where they work 1:1 with a registered nurse. The Capstone is designed to prepare the student for transition to practice and to “try on” the role of the registered nurse.

Students collaborate with peers, patients, and families to develop and implement teaching plans, care plans, and to complete course assignments. This collaboration requires the use of evidence to ensure best practice.

Broad and Integrative Knowledge: BSN graduates have applied theory to practice in a variety of healthcare settings: acute care, outpatient, public health, homeless shelters, mental health facilities, schools, and clinics. Each of these settings provides a unique lens, a sacred work, for the students to develop and “own” their broad and integrated knowledge. They intersect with birth, life and death and are with the patient in the most vulnerable of times.

Civic and Global Learning: the nature of the nursing curriculum forces students to explore, evaluate, and create their own understanding of the world and its peoples. The nursing curriculum provides a “guide” that is Christian nursing-valuing each person as unique and celebrated.

Many students participate in LoveWorks and other mission trips.

5. What changes (curricular and others) have you made based on the DQP comparison?

To provide a deeper experience in Civic and Global Learning, the SON developed a study abroad to Ghana during the summer 2016. Nursing majors have not been able to participate in the traditional university study abroad opportunities (unless they wanted to extend their time at PLNU to 4 ½ years).

6. What additional changes are you recommending based on your review of the DQP comparison?

None at this time.

Links to stakeholder assessment data
(if present this will be department housed data)

- Surveys
- Focus Groups
- Market Analysis
- Etc...

Reflection on stakeholder feedback data:

7. What have you learned from this program's stakeholder assessment data? If you do not have stakeholder data, please provide a plan for how you will regularly collect this in the future.

Identified stakeholders for the SON:

Students
Faculty
Administration
Board of Trustees
Parents
Clinical partners
Alumni
Future alumni
Patients

Data collection is targeted to: students, faculty, clinical partners and alumni through regular, annual meetings with them. For alumni, we utilize our annual Homecoming Breakfast for data collection. For clinical partners, we utilize our annual Community Liaison Breakfast for data collection. Links to recent data from each survey are included below:

[PLNU School of Nursing Alumni Survey Data 2012-2014](#)

[PLNU School of Nursing Employer Survey Data 2012-2015](#)

8. What changes (curricular and others) have you made based on the stakeholder assessment data?

Prior stakeholder assessment data revealed that alumni did not feel adequately prepared for practice in the area of pharmacology. We had an Honor's Scholar student complete a study and provided several key recommendations. We implemented each of the recommendations, and no longer hear of this gap.

Current stakeholder assessment data reveals that our graduates are prepared for professional nursing practice and demonstrate caring behaviors unique to PLNU. Most articulate that it is the faith component!

9. What additional changes are you recommending based on your review of the stakeholder assessment data?

As stated earlier, modification of the surveys to better capture data.

BSN-F3) Curriculum Analysis

In looking at your curriculum, the program review process is asking you to analyze it through three different lenses. The first lens is looking at your content and structure from the perspective of guild standards or standards gleaned from looking at programs at comparator institutions. The second lens that of employability and is asking you to look at your curriculum and educational experiences from the perspective of skills and professional qualities that you are developing in your students that will serve them well in their future work and vocational callings. The third lens is that of pedagogy and is asking you to look at the delivery of your curriculum to ensure a high quality student learning experience.

Menu and Elective Unit Analysis	
Number of menu and elective units required by the program	52 units
Number of menu and elective units offered by the program	52
Menu/Elective Ratio	--
Longitudinal Class Section Enrollment Data	
• Link to Class Section Enrollment Report	

Comparison of current curriculum to guild standards and/or comparator institutions.

If your guild standards are associated with a specialized accreditation that your program has, these should be the basis of your analysis. If your guild standards are associated with specialized accreditation that we do not have, then you should primarily use comparator institutions as the basis for your analysis.

If your guild has standards that are not associated with specialized accreditation, then you may choose to use those standards and/or comparator institutions.

After consultation with your Dean, provide the set of guild standards or a list of the comparator institutions that you are using in your analysis.

If using guild standards:

1. Please provide a list of the guild standards that you are using to evaluate your curriculum.

California Board of Registered Nursing program requirements.
American Association of Colleges of Nursing and Commission on Collegiate Nursing Education *Essentials of Baccalaureate Nursing Education*.

2. Indicate if and how your curriculum satisfies the standards (this can be done in a table or narrative form). If applicable, indicate areas where your curriculum falls short of the standards.

Current 5 year maximum CA Board of Registered Nursing approval
Current 10 year maximum CCNE accreditation

Based on the analysis of standard and reflection on the menu and elective ratio above, consider and discuss the following questions:

3. Are there courses in your program that should be modified? Why or why not.

None requiring SON or APC approval.

4. Are there courses that should be eliminated? Why or why not.

No. We have the minimum required courses for external accreditation processes.

5. Are there courses that could be merged? Why or why not.

No. Not a possibility from an external accreditation perspective.

6. Are there courses that should be added? Why or why not. Note that in general, in order to create the space to add a new course, another course will need to be eliminated or taught less frequently.

No. The nursing major is large enough. The last major nursing curriculum revision occurred in 2009-10 where existing courses/units were modified to add a pre-nursing course and a senior capstone course. No new units were added.

7. What did you learn about your overall curricular structure in terms of its complexity, breadth and depth in light of the guild standards and our institutional size and scope? Are there any structural changes that need to be made in light of your analysis (e.g. sequencing of courses, % and or grouping of electives, overall units required, use of concentrations, etc...)?

NA

If using comparator institutions:

1. Begin by working with your Dean to identify a list of 5-8 comparator schools to use. In selecting schools, consideration should be given to type of institution, mission of the institution and the number of students majoring in the program.

Comparator Schools:

Institution 1-San Diego State University
Institution 2-Azusa Pacific University
Institution 3-Loma Linda
Institution 4-Biola
Institution 5-Concordia
Institution 6-Seattle Pacific

Aspirant Schools:

University of San Francisco
Case Western Reserve
Indiana Wesleyan
University of Washington
Rush University
University of Pittsburgh

Gather the curricular requirements for the program in question at each of the comparator institutions.

2. Use this collection of curricular requirements to develop a list of curricular features that are essential for programs of this type. In addition, make note of any innovative or creative curricular feature that may be useful in enhancing the quality of your program.

Curriculum from these schools will be similar to the courses at PLNU. The differences are in the SON Values (outcomes) which focus on the faith component of nursing practice.

Review this list with your Dean before using it to analyze your own curriculum.

3. Indicate how your curriculum compares to the list of curricular features from your analysis (this can be done in a table or narrative form).

All accredited baccalaureate nursing programs in the United States include coursework in: Medical/Surgical Nursing, Obstetrical Nursing, Pediatric Nursing, Mental Health Nursing, Nursing Research, Community Health Nursing. The two additional courses are the new NSG 150 and NSG 480 Capstone. Many nursing programs also include similar type courses.

Based on the analysis of comparator programs and reflection on the menu and elective ratio above:

4. Are there courses in your program that should be modified? Why or why not.

Not at this time.

5. Are there courses that should be eliminated? Why or why not.

Not at this time.

6. Are there courses that could be merged? Why or why not.

NA

7. Are there courses that should be added? Why or why not. Note that in general, in order to create the space to add a new course, another course will need to be eliminated or taught less frequently.

Not at this time.

8. What did you learn about your overall curricular structure in terms of its complexity, breadth and depth in light of the comparator schools and our institutional size and scope? Are there any structural changes that need to be made in light of your analysis (e.g. sequencing of courses, % and or grouping of electives, overall units required, use of concentrations, etc...)?

NA

Burning Glass Skills Data

1. Communication Skills	5. Writing	9. Supervisory Skills
2. Organizational Skills	6. Research	10. Critical Thinking
3. Leadership	7. Problem Solving	11. Management
4. Planning	8. Quality Assurance and Control	12. Customer Service

Analysis of the curriculum against preparation for employment

9. The Burning Glass data provides a list of skills for students entering common professions that are often linked to your major. Indicate in the table if and where each skill is being taught in your program. Based on reflecting on this data, are there changes you would recommend making to your curriculum?

The nature of all nursing courses includes each of the skills listed above. We have utilized Bloom's taxonomy to ensure that we are progressing in each skill at each level.

Students are in the healthcare settings during the first semester in the major, where they utilize each of these skills to some degree. Clinical evaluation tools provide students and faculty with clear expectations at each level. In addition to clinical, all nursing theory courses also include some component (assignment, reading, group work, etc.) of each of these skills.

10. Some programs may serve to prepare students with professional qualities and skills that can serve them well in a great variety of professions that may not show up in data sets like Burning Glass. If this is indicative of your program, please identify the unique skills and/or professional qualities that your program develops in your students and indicate where in the curriculum this is being taught or developed.

The faith components of service and servant leadership are intentionally embedded throughout the curriculum. Additional qualities include: advocacy, Sabbath Rest, humility, courage, forgiveness, discernment, respect, dignity, compassionate care. These qualities are evaluated every semester (and assessed in the senior year) through journals, assignments, and preceptor feedback.

Analysis of the teaching of your curriculum

11. How do the pedagogical features of your program compare with the best practices for teaching in your discipline?

Many nursing programs include significant online and accelerated formats. The faculty in the SON have intentionally not embraced these practices, as we believe nursing is a social and application discipline. The three years in the major (6 semesters of direct patient care) provides students with the necessary experiences to be prepared for safe, quality professional nursing practice.

The SON incorporates the Canvas learning management system throughout all courses and it serves to be a resource to our students and facilitates learning.

Additionally, the SON has incorporated pedagogical reforms as described by Dr. Patricia Benner and the 2010 Institutes of Medicine (IOM) recommendations for the *Future of Nursing*. Examples of reforms include: incorporation of case studies, clinical simulation, problem solving, and decision making.

12. What new pedagogical practices have been tried by members of your department in the last few years? What has your department learned from these experiments?

Most of the SON faculty embrace some online components to learning and have participated in the university online training. Some utilize Team Based Learning. Others implement a mix of teaching strategies to achieve student outcomes.

13. Are there new developments in pedagogy in your discipline? What would be required to implement these changes in pedagogy in your department?

NA

BSN-F4) Potential Impact of National Trends

Top Burning Glass Occupations for the Program		
Occupation	Hiring Demand	Salary Range
Healthcare Administrator	Very High	\$69K - \$71K
Registered Nurse	Very High	\$65K - \$66K
Intensive/Critical Care Nurse	High	\$73K - \$75K
Nurse Practitioner	High	\$82K - \$84K
Clinical Analyst/Clinical Documentation and Improvement Specialist	Medium	\$65K - \$74K
Clinical Nurse Specialist	Medium	\$85K - \$90K
Director of Nursing	Medium	\$78K - \$81K
Health Educator	Medium	\$52K - \$55K
Nurse Case Manager	Medium	\$67K - \$70K
Nursing Instructor/Professor	Medium	\$61K - \$65K
Nursing Manager/Supervisor	Medium	\$71K - \$73K
Nurse Educator	Low	\$73K - \$80K
Patient Advocate/Liaison	Low	\$42K - \$51K

Note that some programs do not have as many professions listed in the Burning Glass data as others do. In these cases we will want to get a list of professions from the chair/school dean to supplement the Burning Glass data.

1. Which professions in the Burning Glass data were you already aware of and for which are you already intentionally preparing students and does the hiring demand in these professions signal anything about the future that you need to be aware of regarding the design and structure of your program ?

We are skeptical of the above data as it doesn't accurately reflect nursing roles for the BSN graduate. A BSN graduate is hired as entry level registered nurse. The remaining roles require an advanced degree or several years of experience.

Additionally, salaries are quite low for California. A new BSN graduate in a San Diego county large healthcare organization can expect to make \$75,000 per year. In northern CA, that starting salary is >\$100,000.

2. Are there additional professions in the Burning Glass list or from your knowledge of occupations your alumni have entered, for which you should be preparing students?

No.

3. What changes in your program would be necessary in order to prepare students for the skills and professional qualities needed to succeed in these additional professions?

The Resilience program will serve to provide students with the necessary skills for academic and professional success.

4. Are there national trends in higher education or industry that are particularly important to your discipline? If yes, how is your program reacting to those trends?

These are largely related to graduate programs.

BSN-F5) Quality Markers

Retention/Graduation Rates (First-Time Freshmen)							
	Matriculation Term						
	Fall 2008	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014
First-Year Retention	93.3%	88.9%	90.0%	91.9%	97.7%	87.5%	87.7%
<i>PLNU First-Year Retention</i>	84.2%	84.1%	81.1%	82.9%	89.3%	84.5%	84.5%
	Matriculation Term (Is this the year they started? Does it account for PR?)						
	Fall 2005	Fall 2006	Fall 2007	Fall 2008	Fall 2009	Fall 2010	Fall 2011
Four-Year Graduation Rate	63.2%	59.6%	52.0%	51.8%	50.0%	67.6%	73.9%
<i>PLNU Four-Year Graduation Rate</i>	62.0%	65.2%	61.7%	59.1%	63.4%	62.2%	63.2%
	Matriculation Term						
	Fall 2003	Fall 2004	Fall 2005	Fall 2006	Fall 2007	Fall 2008	Fall 2009
Six-Year Graduation Rate	84.8%	83.3%	78.9%	72.9%	72.0%	87.3%	79.3%
<i>PLNU Six-Year Graduation Rate</i>	72.4%	73.2%	73.0%	74.9%	72.2%	73.6%	75.0%
Degree Completions							
	2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
Nursing	51	46	50	55	66	65	66
<i>Share of PLNU Bachelor's Degrees</i>	8.5%	8.7%	9.1%	10.1%	11.6%	10.9%	12.0%
FTF Time to Degree (in semesters)	8.3	8.3	8.4	8.6	8.9	8.6	8.7
<i>PLNU FTF Time to Degree</i>	8.2	8.2	8.3	8.2	8.3	8.3	8.3
Study Abroad Participants	0	0	1	2	2	3	1

1. Based on comparing the quality marker data for your program with the PLNU averages:
 - a. What does this tell you about your program?

The SON has a high retention and graduation rate compared to PLNU broadly, with 10-12% of total degree completions for PLNU. The staff and faculty in the SON work hard to ensure student success. This could not be done without the collaboration and support of PLNU faculty and administration across campus.

Per Brent Goodman, Director of Institutional Research the Four-Year Graduation Rate percentages section of the table above labeled Matriculation Term Fall follows the downward pattern of all university first-time freshmen in 2007-2009. Examination of the Six-Year graduation rate shows the same downward trend for some of the same group of individuals actually began 2005-2007.

We have initiated a first-year NSG 150 Caring Faithfully: Introduction to Nursing course that may have contributed to the improvement since the 3 year downward trend. We are also examining data on our graduation rates that are consistently higher than university rates as a whole. According to the Director of Institutional Research these numbers include all pre-nursing students as well as nursing majors. The sciences are particularly difficult for some first-time Freshman. In response to this, we have initiated a Resilience program for nursing students to help them cope with increased stress as first time freshmen.

Examination of the FTF time to degree" row below the Matriculation Term rows shows that students in the SON as a whole spent more time to complete the SON program. It may be that the rigor set for the nursing program graduates with nursing clinicals relates to the modest increased in the time to degree. The rates do not include students who may have dropped nursing and went to other majors.

- b. If your values are below the PLNU averages, what changes could you make to address any areas of concern?

NA

c. If your values are above the PLNU averages, what do you believe contributes to this success?

See a.

2. Describe regular opportunities for students to apply their knowledge (internships, practicums, research projects, senior projects, etc.). Estimate what percentage of your students in this program participates in these kinds of opportunities.

There are six theory/clinical courses (beginning the first semester in the major) that include required clinical hours. Students achieve over 1100 clinical hours as part of the required curriculum. Many students also take elective clinical courses (externships) mainly in the summer.

3. Describe any public scholarship of your undergraduate and graduate students in this program (conference presentations, publications, performances, etc.). What percentage of your undergraduate students are involved in these kinds of activities?

All nursing majors implement 2 evidence based projects and present at the Annual Nursing Scholarly Day. There are usually 2-7 students who complete Honor's Scholar Projects each year.

4. How many of your students participate in study abroad opportunities in general? Describe any study abroad opportunities specifically organized by your program. What percentage of your majors are involved annually (annualize the number)? How many students outside of your department participate in this departmentally organized program (Annualize the number)?

The SON will implement the first study abroad experience for students in summer 2016. This has been several years in planning. We are excited about the opportunities for our students. A nursing major cannot participate in a study abroad experience without prolonging their time at PLNU. The new summer study abroad will provide this very valuable experience for students.

Approximately 20 nursing students participate in LoveWorks trips each summer. There have been several SON LoveWorks trips focused on healthcare and where nursing faculty are leaders.

5. What are any other distinctives of your program? Describe how they contribute to the program's success.

Focus on the sacred work of the registered nurse and incorporation of faith across the curriculum provide the graduate with a solid foundation for the professional role. High standards/expectations, rigor, and support/resources are utilized by the faculty, staff and students through the program.

6. Does your program have an advisory board? If so, describe how it has influenced the quality of your program? If not, could it benefit from creating one?

Nursing leaders in the community generally function as our advisory board. The Board of Registered Nursing requires that we meet annually with community stakeholders to obtain feedback and share pertinent information regarding our nursing programs. This is done at our annual Community Liaison Breakfast event each spring.

7. Describe any current joint interdisciplinary degrees (majors or minors) offered by your department. Are there additional areas where interdisciplinary programs should be considered?

NA

8. Describe your success with students acquiring jobs related to their discipline.

Employment rates are improving. Per prior discussion, current employment rates at graduation are approximately 60%, with increase to 80% at 6 months.

9. Describe your undergraduate and graduate student success rate for passing licensure or credentialing exams (if they exist in your discipline).

Curriculum, testing strategies, testing templates, minimum grade for passing, modified grading scale (lowest C is 75%), admission and progression criteria, computer testing throughout the program, test prep post-graduation, advisor counseling for “at risk” students.

At the completion of the BSN program, graduates must pass the national licensing exam to become a registered nurse. The CA BRN and CCNE only look at first-time pass rates.

Calendar Year	Number of BSN Graduates	Number of Graduates who have taken NCLEX-RN®	Number of 1 st time Test Takers passing NCLEX-RN®	Pass Rate Percentage
May/Dec 2010	47	47	44	93.6%
May/Dec 2011	49	49	49	100%
May/Dec 2012	60	60	59	98.3%
May/Dec 2013	64	64	52	81.2%
May/Dec 2014	61	61	56	91.8%
May/Dec 2015	67	66	56	84.8%
May/Dec 2016	67 (+1 expected 12/16)	59 as of 9/15/16	57 as of 9/15/16	96.6% as of 9/15/16

Each year we assess the NCLEX pass rate and identify factors contributing to a lower pass rate (SON benchmark is 90%). Anxiety and stress seem to be the two factors that have the most impact on NCLEX success. Dr. Kris Lambert will institute a Resilience program for the sophomore nursing students, Fall 2016. This is part of a collaborative study with the Univ. of Massachusetts.

10. Describe your success with undergraduate student acceptance into post-baccalaureate education.

BSN graduates applying for graduate school are admitted. This typically occurs after 2-3 years clinical employment experience.

11. What kind of support does your program provide for students encountering academic difficulties? How do you intentionally facilitate these students’ connection with institutional support services?

The following methods are utilized to support students encountering academic difficulties:

Tutoring

Faculty one-on-one test review/study review

Advisor support

Wellness Center (sometimes we accompany student to Wellness Center or Testing Center for referral)

Email, text to encourage a meeting with faculty

Mentoring and boot camp for new sophomores by nursing student organization

Most recently, the Resilience program

BSN-F6) Infrastructure and Staffing

Full-Time Faculty Program Contribution			
	2012-13	2013-14	2014-15
Percentage of UG classes taught by FT faculty	60.2%	58.0%	53.9%
<i>PLNU percentage of UG classes taught by FT Faculty</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
Includes: regular lectures, labs, seminars Excludes: independent studies, private lessons, internships			

1. Are your program's current technological resources and support adequate? If not, what is needed? Do you foresee any additional needs in this area?

Yes. We are intentional that all undergraduate theory courses be taught by full time faculty. This allows for consistency with any student issues, assessment, etc. The related clinical courses then are largely taught by adjuncts.

2. Are your program's current facilities adequate? If not, what is needed? Do you foresee any additional needs in this area?

Yes. The Clinical Education lab located at LSCC is serving our students well! We are able to incorporate simulation as a means to work with students prior to a "real" person. This gives the student practice and confidence with their clinical skills, decision-making and critical thinking.

We have experienced significant challenges with the SON being located on the main campus (6 staff and faculty) and at Liberty Station (12 staff and faculty). We were intentional about this when the SON moved to LSCC-wanting to have a presence for freshmen and any student without a car. What we are seeing though, is that very few students actually stop by the SON office as most communication is electronic. The two campus locations have created some differences in SON working environment and the ability to have meetings in set places. It is rare that SON faculty participate in chapel and other community events due to the difficulty in parking and time. Additionally, many days, staff and faculty are making several trips to meet classroom, committee or other obligations.

3. Is your program's current staffing (administrative, clerical, technical and instructional) adequate? If not, what is needed? Do you foresee any additional needs in this area?

Yes. As the DNP and other graduate programs grow, we may need to add a staff person.

BSN-F7) Challenges and Opportunities

1. Are there any particular challenges regarding this program that have not been addressed through the analysis and reflection on data or questions in sections F1-F6 that you would like to include here?

We are hopeful that in the next year or so, the entire SON will be located at LSCC. The work environment is quite disrupted with travel to and from LSCC and the main campus for meetings, office hours, etc.

2. Are there any particular opportunities regarding this program that have not been addressed through the analysis and reflection on data or questions in sections F1-F6 that you would like to include here?

As the university looks at the next 5-10 years the SON seeks to be an active participant with innovation and creativity!

BSN-F8) Recommendations for Program Improvement

List the recommendations you are making regarding this program analysis with a brief rationale for each recommendation.

We will need to be making curricular changes to incorporate the Resilience program. Target for this proposal is Fall 2017, with curricular implementation AY 2018.



PLNU Program Review

External Reviewer Report Template

Rev 12-4-15

Instructions:

Thank you for agreeing to be an external reviewer for the PLNU Program Review process. We are grateful for your engagement with us and look forward to your feedback and insights. We are including the department's/school's entire self-study document in order to give you context. While we appreciate your feedback on the entire self-study, we especially look forward to your feedback on the specific program that you have agreed to review. The Dean and Chair of the academic unit will be your main points of contact and will arrange opportunity for you to interact with them and/or other departmental personnel as appropriate. This will allow you a chance to ask questions or seek clarification prior to the completion of your report. We have created the following external reviewer template for your report in an attempt to give you some guidance in terms of what type of feedback we are hoping to get. The text boxes are there for your convenience, but if they get in the way or create formatting issues, feel free to delete them and put your text in their place. This is a new process for us so we have created a space at the end to provide any feedback on the process that can help us create a better instrument in the future.

Thank you again for your help with our program review at PLNU,

Kerry Fulcher, Provost

Point Loma Nazarene University

Department Level Analysis

A) Introduction

B) Alignment with Mission

Please review and evaluate the academic unit's response to the questions regarding mission alignment of their unit with the university mission from both an academic and Christian faith perspective. Are there any suggestions for how they might better articulate and demonstrate their alignment to the university mission and purpose?

The Introduction provides a thorough and detailed discussion of the Program. The School of Nursing Mission Statement is well-crafted and all-encompassing of the integration of faith and the sacred call to Nursing. The School of Nursing Mission Statement is clearly linked and aligned with the context of the University's Mission Statement, including the emphasis on service to others and being a servant in the likeness of Christ. Insightful analysis in this section

C) Quality, Qualifications and Productivity of Department Faculty

Based on all the evidence and responses provided in the program review report, provide a summary analysis of the qualifications of faculty associated with the program. Identify the degree to which scholarly production aligns with the expectations of the degree level of the program offered (undergraduate, master's) at this type of institution. Are there any strengths or distinctives that should be noted? Are there any gaps or weaknesses that should be noted?

All information on faculty demographics, qualifications, productivity and workload are included. There is a thorough discussion of resources obtained through grants and awards. The analysis of this section speaks to the high level of commitment of the faculty toward scholarly production and the importance of evidence based practice to direct classroom and clinical practice in the School of Nursing. The analysis in this section clearly points to a collaborative effort (locally and globally) among faculty, clinical partners and communities of interest in the pursuit of scholarly work. Based on the analysis discussed in this section, one of the strengths of this program is related to the high levels of faculty scholarship. Student faculty ratio, percentage of courses taught by full-time faculty lead to program quality. There is a detailed discussion of the faculty composition at the School of Nursing related to the disparity in nursing salaries in the clinical setting and nursing faculty salaries in academia. However, based on the analysis in this section, the School of Nursing exceeds expectations in terms of quality and productivity of the faculty.

Review and comment on the scholarship of the faculty. Identify the degree to which scholarly production aligns with the expectations of the degree level of the program offered (undergraduate, master's) at this type of institution. Where appropriate, suggest improvements that may be necessary to increase the quality and/or quantity of scholarship produced by the faculty in this program.

Scholarship of the faculty at the School of Nursing exceeds expectations. Scholarly production is diverse and includes research aligned with the curriculum. Analysis of this section also revealed that newly hired faculty are engaged in scholarly research involving vulnerable populations in the community and beyond. Faculty are decidedly engaged in faith-based study abroad trips which enable students to be immersed in an active role of caring and serving.

D) Progress on Recommendations from Previous Program Review

Review the narrative supplied for this section. Discuss whether it provided a good accounting and rationale for what changes have or have not been made based on the previous program review and/or any circumstances that have arisen since? Where appropriate, identify any insights or questions that you might have stemming from this narrative.

The discussion in this section is organized and detailed. Self-identification of the areas for improvement revealed a thorough reflection of practices aimed at assessment and curricular mapping. Review of the curricular map and assessment plan depicts a well-developed matrix that includes a visible link among the institutional program outcomes, School of Nursing department values, School of Nursing program outcomes which are measureable, curricular map indicating level of mastery and mastery assessment including assessment criteria. Curricular map clearly indicates progression of each outcome across the program so that students have adequate opportunities to develop and master each competency. Faculty are regularly examining outcome data for continual improvement. Rubrics have been added for assessment of signature assignments. Changes were made based on analyses of alumni and employer survey data, including revision of survey data. Analysis provided for assessment of core competencies provided statistical data that shows students are generally meeting and or exceeding all benchmarks. Excellent analysis of assessment used to assess curriculum. Comparative data with like programs are thoroughly discussed in this section.

E) General Education and Service Classes

Identify any program response to GE or service classes that may be associated with this program. Review and discuss the quality of the program's responses to the questions in this section of the self-study. Identify any insights or suggestions that program might consider based on your knowledge of courses like these at other institutions.

Response in this section is clear. There are two service courses offered by the School of Nursing that do not consistently meet enrollment and will be assessed to determine if changes are needed. Consideration may be given to changing from face-to-face format to an online or hybrid format that might attract more students into these classes. In addition, consideration may be given to integrating more active teaching strategies including a teaching and learning environment that promotes dialogue in these sensitive areas, such as the use of the flipped classroom.

F) Program Level Analysis

1. Trend and Financial Analysis

Based on data and responses provided by the program, summarize and evaluate the

effectiveness of the program's recruitment and matriculation efforts as it relates to enrollment. Are there any suggestions or insights that you might have that can help to increase the demand for the program and/or improve the enrollment yield?

Analysis of the data provided in this section reveals the program is viable and has processes in place for sustainability. According to the data, the program is in high demand and generally students who begin the program, complete the program. Review of the narrative portion in this section indicates that all efforts are taken to assist students to reach their goals at the University, despite being unsuccessful in the School of Nursing. Due to the challenge of clinical placements for students, and the significant numbers of qualified pre-nursing majors, the School of Nursing has been limited in accepting transfer students.

Based on data and responses provided by the program, summarize and evaluate the program's role in GE and Service functions and identify any opportunities or challenges from this that could have positive or negative impacts on the program itself.

The School of Nursing does not offer GE courses. However, the School of Nursing is impacted by GE needs. As explained in the narrative, the clinical days in the School of Nursing are set and it is difficult for the nursing students to take GE classes when they are not on campus 2 days a week. Students then go off campus to take GE classes. Taking classes off campus could impact students financially. Collaborative efforts with the chairs from various departments and the Dean of the School of Nursing to remedy this situation. The quality of the program is not affected by this challenge.

Based on data and responses provided by the program, summarize and evaluate the efficiency of the program based on its overall and course enrollment trends along with the external benchmarking use of the cost per student credit hour data (Delaware). Are there any suggestions or insights that you might have that can help to increase the efficiency of the program without having a negative impact on quality?

Student enrollment trends indicate a strong future for this program, the program has an organized strategy for recruitment and retention that attracts diverse students who fit the mission of the program and the institution. Retention and completion rates indicate students are experiencing high levels of success and timely degree completion with a high level of satisfaction reported by alumni and employers. There is an excellent discussion and analysis of the factors influencing the Delaware cost per credit hour data including comparative data in this section. Through an adjustment of costs and revenues, they are within a more medium range. According to the data, there are no negative impacts on quality.

2. Findings from Assessment

After reviewing the program's responses to their assessment findings, do you think the program is effectively using their assessment activities and data? Are there suggestions that you might make to improve their assessment plan or insights from their data that

you might offer in addition to their analysis? Discuss the quality of their analysis and identify elements of their analysis that you think could be strengthened.

Review of the School of Nursing website reveals a well-planned and organized place for important information for the program. The site is user-friendly. The assessment wheel is detailed, complete with emphasis on key points of assessment. The School of Nursing analyses provide a deep reflection into the student learning outcomes, values and core competencies. Assessment and analyses of the benchmarks set for the students are thoroughly discussed for each outcome. Evaluation tools are consistent throughout the program. Analyses provide a clear understanding of the data driven decision making process used by the School of Nursing. Results are consistently linked back to the program and the institution. All outcomes are appropriately aligned and demonstrate a progression throughout the program. Assigned activities within the courses demonstrate tasks that will require students engage themselves in increasingly more sophisticated layers of investigation and explanation of content, with each layer bringing new learning and insight. Curriculum mapping is thorough and reflects a curriculum driven by the established outcomes. This section provides well-articulated and thorough analyses of assessment along with the decisions made based on data.

3. Curriculum Analysis

After reviewing the program's curricular analysis, student learning outcomes (SLOs), and curricular map, characterize the quality and appropriateness of the program's curriculum for meeting the learning outcomes expected of students within this discipline. Identify any possible changes to the curriculum or to the SLOs that would result in an improved program.

The curriculum mapping process provides a detailed view of course and level objectives and demonstrates sequential learning across the curriculum. As mentioned in the narrative the School of Nursing uses Bloom's Taxonomy as one of the guides for following a pathway of increasing complexity. Additionally the curriculum map provides a thorough examination of internal consistency with an emphasis on the major concepts flowing from the program philosophy and conceptual framework. This is a very detailed visual representation of congruency within the curriculum. The activities and student learning outcomes are well stated and are consistently linked back to the program and the institutional learning outcomes. Benchmarks are appropriately set and students are meeting and in some cases exceeding expectations. The curricular map characterizes the quality and appropriateness of the program's ability to meet student learning outcomes.

After reviewing the program's curricular analysis through a guild or comparator lens, summarize and discuss the quality of their analysis and comparison and offer any suggestions or insights that might be helpful for the program to consider regarding their curriculum content and structure.

The program meets all standards of their accrediting bodies, both state and nationally. Analysis of the guild standards in this section is thorough and adequate. Analyses of comparator schools are thorough, research provided with schools locally and out of state. As mentioned in the narrative portion of this section, the curriculum of the comparator schools is similar to the School of Nursing curriculum at Point Loma. The distinctive features of the School of Nursing include the emphasis on the value statements which guide the curriculum, the Pre-Nursing course and the capstone course.

After reviewing the program's curricular analysis through an employability lens, summarize and discuss the quality of their analysis and narrative and offer any suggestions or insights that might be helpful for the program to consider regarding their curriculum content and structure as a preparation for future employment.

Based on employer survey data provided, the students who graduate from this program are more than adequately prepared for entry-level nursing positions. The Burning Glass Skills data are reflected in each course and evident in the key assignments for students. The School of Nursing addresses the feedback obtained from employers and according to the narrative changes were made as needed. Detailed narrative related to the faith and service components of this curriculum that have a strong emphasis throughout the program. The School of Nursing provides an excellent insight into the assessment and evaluation methods of these caring components which are a challenge to measure adequately but are the hallmark of the profession.

After reviewing the program's curricular analysis through a pedagogy lens, summarize and discuss the quality of their analysis and narrative and offer any suggestions or insights that might be helpful for the program to consider regarding the delivery of their curriculum in ways to enhance the student learning experience.

Review of the course syllabi reveals a well-structured, consistent and organized contract between faculty and students written in a positive tone that sets forth clear and concise expectations for students. Teaching methodologies are varied and include simulation, case studies, on-line assignments and inquiry and discussion. Additionally, there are collaborative activities and the use of team-based learning strategies mentioned in the syllabi. The narrative section addresses the conscious efforts of the faculty not to embrace online and accelerated formats. Consideration may be given to Interdisciplinary Education through simulation.

4. Potential Impact of National Trends

After reviewing the program's discussion of possible impacts from national trends, discuss the quality of their response and identify if there are trends in the discipline that the self-study has missed or not adequately addressed based on your expertise and opinion.

Discussion in this section is adequate and responses are clear and concise. The School of Nursing addresses the changes made based on study data (The Resilience Program). Employment rates locally have been low; however, these numbers are improving and the school has an 80% employment rate at 6 months which is outstanding.

5. Quality Markers

After reviewing the program's discussion of its quality markers and the questions posed in this section of the self-study, discuss the quality of their response to these questions and identify any particular strengths and/or weaknesses that you might see in this section of the self-study. Please offer any suggestions or insights that might be helpful for the program to consider relating to these quality markers.

Quality of responses in this section is adequate. Analyses of data are thorough and reflect the current status of degree completion of nursing students and with PLNU. Based on data, the decision was made to incorporate the pre-nursing class in response to downward trends in first year students. Data reveal this measure is successful. The School of Nursing has high retention and graduation rates, although the data reveal that nursing students take longer to complete. Discussion provides rationale related to the time taken to complete by nursing students and is linked back to the narrative discussion about nursing students not being able to take GE courses offered on specific days of the week when they are off campus in the clinical setting. The curricular mapping provides clear evidence of the rigor of this program and this is also mentioned as a factor related to time to complete the program.

6. Infrastructure and Staffing

After reviewing the program's discussion of its infrastructure and staffing, discuss the quality of their analysis and reflection in this important area and offer any suggestions or insights that you might suggest they consider.

This section provides clear discussion and analyses of all items that support students. Per the data provided, full-time faculty is adequate to support the program and students are meeting objectives. All theory courses are taught by full-time faculty. Both students and faculty have a variety of resources to assist them in the program including an up-to-date simulation lab with equipment purchased through acquisition of grants. According to the data, there are numerous resources provided to identify and assist students at risk and those who need additional academic and or clinical support to be successful in the program, including two best practice standards: mentoring and one-on-one faculty support. Again, the creation of the Resilience Program based on collaborative study data that revealed students were stressed and anxiety ridden.

7. Challenges and Opportunities

Do you feel the report adequately identified the challenges and opportunities that they face based on your understanding of the discipline? Why or why not. Are there other challenges or opportunities that you see based on your review of the self-study and your understanding of the discipline in today's higher education context?

The narrative in this section reveals a challenge with having two locations for the Nursing Program. According to the discussion this affects students, faculty and staff in a variety of ways, including the work environment. The plan is to have the entire School of Nursing located at the extension location. This should remedy the challenges that are present at this time. The narrative speaks to administrative support for the Nursing Program which is extremely helpful and beneficial. The faculty for the most part has attained terminal degrees and those that do not have a terminal degree are outstanding members of their expert fields and working on scholarly projects within the community among the stakeholders. The program review speaks volumes to the student-centered, faith based environment that faculty work extremely hard to maintain.

8. Recommendations for Program Improvement

Do you feel the recommendations being made for this program are supported by the analysis and evidence provided in the self-study document and narrative? Discuss why or why not. Are there other recommendations or suggestions that you would make that the academic unit should consider? If so, please give a brief rationale for why?

Recommendation in this section is directed at integration of the Resilience Program into the curriculum. Based on the Quality Marker data, nursing students are taking longer to graduate. One of the items addressed in the narrative speaks to nursing students not being able to get into GE classes on the PLNU campus due to the scheduling of their clinical days and being off campus during the days that the particular classes are offered. Talks with the various Deans of those disciplines are in progress; however, consideration to online version in addition to face-to-face classes in some of these courses might be in the best interest of the students. The Nursing Program enjoys a collaborative professional relationship among the stakeholders and they value and honor the graduates of this program, this is due in large part to the high quality and rigor of this program.

G) External Reviewer Feedback on PLNU Program Review Process:

We recognize that there are many ways to approach a program review. We would value your feedback on our process so that that we can continue to make it better and more helpful to the programs undergoing review. Are there areas that were confusing or sections that you felt were unhelpful? Are there areas that you were not asked about where you feel you could have provided useful information? Is there anything about the process that you would recommend we change or consider changing that could make it better?

The Faculty and leadership at PLNU should be commended for producing such a thorough self-study that clearly documents careful reflection since the last program review.

I appreciate this template. I believe the questions asked provided a useful review of the program; most importantly, reporting of data on student learning and development. Easy access to the website, assessment wheel to convey details related to student learning outcomes and the quality of learning. The questions asked also provided an excellent view of the degree of internal accountability for ensuring quality learning.

School of Nursing-MSN Program Program Review Self-Study Report

Based on
Version 1.1
10/21/2015

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Department
Level Analysis

Program
Level
Analysis

Department
Level
Synthesis

Instructions

Please use the data provided and the guiding questions to prepare your program review self-study. Please note that the data provided is not all of the data available to you and a more complete set of program review data will also be provided by the IE office. Also note that there may be a few questions that are not relevant to your academic unit and you can simply write “NA” in those text boxes where this is the case. Finally, the text boxes are intended for the reflective answers to the guiding questions and the summaries of your analyses. If there are related documents that contain data or more detailed information that will help the reviewers better understand your narratives, feel free to add these as appendices at the end. Please do not include anything in the appendices that is not necessary or referenced and discussed in the self-study itself.

Technical Note: For your convenience, fillable text boxes have been inserted after each question. If you have non-text items (e.g. tables, charts, etc.) you would like to insert into the document, feel free to remove and replace the textbox placeholder with your information.

Department Level Analysis

A) Introduction (context for department)

1. Name of Academic Unit, Program(s), and Center(s) that are included in this self-study: Include graduate and undergraduate, undergraduate majors, minors and concentrations, etc.

School of Nursing Graduate Programs-Master of Science in Nursing (MSN)

Tracks:

- Generalist
- Clinical Nurse Specialist (Adult/Gerontology, Family Health and Pediatrics)

2. This document will be read by both the PLNU Program Review Committee and external reviewers. What do these reviewers need to know about your current programs to understand their context and how they function within the department and across the university? (500 word maximum)

The MSN program at PLNU began in 2002 as a direct result of community request and need for the Clinical Nurse Specialist (CNS) role and has held continuous national accreditation. Over the past decade, the MSN program has grown and has filled the community’s needs. The program continues to be shaped by national accreditation and national trends. We are honored to partner with the Schools of Education, Theology and Christian Ministry and Business to offer interdisciplinary coursework which enhances the quality, breadth and depth of learning.

The MSN program is created to meet the needs of the working nurse. In nursing, most nurses work full time to meet the financial needs of the family; they “add” the responsibility of graduate (masters and doctoral) education. All MSN courses are one evening per week and generally, every other Saturday.

3. If you believe that it will help the reviewers to understand your context, provide a brief history of what has led to your department’s current structure and program offerings.

The CNS is an expert clinician who is a licensed RN with a graduate degree in nursing and who advances the practice of nursing to improve clinical and economic outcomes in three spheres of influence: patient/clients, nursing personnel, and organization/network system.

Curriculum in the MSN program follows the American Association of Colleges of Nursing (AACN) *The Essentials of Master's Education in Nursing*. Coursework is completed in 7 semesters and a Comprehensive Exam is the culminating work.

General Track: 37-38 units, with five non-nursing electives. This provides the student the opportunity for learning to achieve professional goals.

CNS Track: 39-41 units, with theory and clinical courses to achieve California requirements for the CNS role and, where applicable (Adult/Gerontology, and Pediatrics), preparation for national certification. A total of 500 clinical hours are achieved.

Common curriculum: GNSG 605 Advanced Health Assessment, GNSG 606 Advanced Pathophysiology, GNSG 607 Advanced Pharmacology, GNSG 602 Following Faithfully: Servant Leadership, GNSG 620 Research Inquiry and Theory, GNSG 622 Evidence Based Practice Process, GED 670 Advanced Educational Psychology, and GNSG 695 Comprehensive Exam.

B) Alignment with Mission

Please answer the following questions for all student populations served by your department: residential, graduate and extended learning:

1. Briefly describe how your department contributes to the intellectual and professional development of PLNU students.

The SON has been intentional about ensuring alignment with mission and vision of the university and to meeting the healthcare needs of San Diego County and beyond. Graduate students are integrated into the BSN curriculum and participate in program assessment and evaluation processes.

Prior to 2013, MSN students completed a thesis or project. Many of these studies have been published and/or have served to enhance the SON curriculum. Currently, students complete an evidence-based practice proposal as part of their culminating Comprehensive Exam. Many of these projects are poised for implementation in the students' workplaces.

2. Review your department's mission, purpose and practice and discuss how your programs contribute to your student's spiritual formation, character development, and discernment of call.

The current SON vision and mission statements were approved as part of the 2010 curriculum revision. We are intentional about teaching and shaping graduate students to value a higher calling in their professional nursing practice and to affect positive change with those in their trust. Nursing is a sacred work where life...and death are a part of daily reality.

School of Nursing Philosophy

We believe each of the listed paradigms is interrelated to create the whole of our philosophy. We have adopted much of the work from Shelley & Miller's *Called to Care: A Christian Worldview for Nursing* (2006).

God: The School of Nursing at Point Loma Nazarene University believes in God, the Creator, Sustainer, Restorer, Redeemer and Lord of the universe. We believe in the Holy Trinity, Father, Son and Holy Spirit. We believe the person is created in the image of God and exists for relationship with God, and is worthy of profound respect. We believe in the dignity, sacredness, and inherent value of each person. We embrace diversity through equality of all people, within all cultural, gender, religious, ethnic, and socio-economic backgrounds.

Environment: The environment includes those things, seen and unseen and encompasses the human community and culture. Each person has responsibility to care for the environment as a steward of God's gifts. We believe that a supportive environment can bring refreshment and healing. Because the environment affects human health, nurses have the responsibility to care for and improve the environment. This includes both the larger physical environment and the more immediate surroundings of the person.

Person: A person is a whole being and exists in socio-cultural-spiritual context which influences how life is interpreted. The person is more than the sum of the parts. We believe people are inherently spiritual and social beings, seeking to find meaning and significance in their lives. Persons exist in relationships to God, communities, families, individuals, and self.

Health: Health or wellness is a God-centered wholeness that enables the person to live in harmony with self, God, others and the environment. It is a dynamic process of transformation working toward optimal health, which is shalom (peace), by living according to God's purpose even in the face of suffering and death. Health or wellness consists of restoring the optimal physical functioning, living in harmonious relationships with God and others, and facilitating healing relationships among people. Concurrently, we believe that a person can be spiritually healthy yet limited by physical or psychosocial conditions

Nursing: Nursing is a calling to the ministry of compassionate care toward optimal health of the whole person by seeking to promote, maintain and restore integrity. In response to God's grace and mercy, nursing participates in the healing work of Christ by providing comprehensive physical, psycho-social and spiritual care of the person in the context of families and communities. By living out the calling, the professional nurse serves God through caring for others. The professional nurse synthesizes and makes application of knowledge and skills based on best evidence from nursing and other disciplines to bring optimal health, comfort and healing to others.

Nursing Education: Excellence in nursing education is a dynamic learning process involving the mutual participation of faculty, staff and students in increasing knowledge, perfecting skills and examining and refining values and beliefs. Each one embraces the life-long adventure of inquiry and learning. It is our belief that a solid foundation in the humanities, sciences and social sciences is fundamental to the development of nursing's own unique body of knowledge. We are committed to creating an environment that inspires and equips students to fulfill their calling as humble, servant leaders who are willing to follow the example of Christ in serving others.

Shelly, J.A. & Miller, A.B. (2006). *Called to care: A Christian worldview for nursing* 2nd ed. Illinois, IVP Academic.

Vision Statement

The School of Nursing at Point Loma Nazarene University embraces, as a covenant, the commitment to excellence within a dynamic Christian environment in which each one will engage in the sacred work of nursing. This sacred work involves symbolically removing one's shoes in service of others.

Take off your sandals for the place you are standing is holy ground. Exodus 3:5 NIV

Mission Statement

The School of Nursing at Point Loma Nazarene University exists to support the university Wesleyan mission and to provide an interdisciplinary learning program of excellence. Graduates of the SON are distinctly identified by grace, truth and holiness, serving others after the example of Christ, as they are sent to fulfill their calling as professional nurses.

So He got up from the meal, took off His outer clothing, and wrapped a towel around His waist. After that, He poured water into a basin and began to wash His disciple's feet, drying them with a towel that was wrapped around Him. John 13: 4-5 NIV

Now that I, your Lord and Teacher, have washed your feet, you also should wash one another's feet. I have set you an example that you should do as I have done for you. John 13: 14-15 NIV

C) Quality, Qualifications and Productivity of Department Faculty

Current Full-Time Faculty				
Faculty Name	Rank	Tenure	Degree	Years as FT Faculty
Adams, Mary	Associate	Tenure-track	PhD	0
Almonte, Angelica	Associate	Tenure-track	PhD	4
Helgesen, Kathleen	Assistant	Professional track	MSN	2
Hensley, Linda	Assistant	Tenure-track	DNP	6
Kelford, Michelle (*resigned May 2016)	Assistant	Professional track	MSN	2
Lambert, Kristen	Associate	Tenure-track	PhD	6
Maiden, Jeanne	Professor	Tenured	PhD	10
Natipagon-Shah, Bulaporn	Associate	Tenure-track	PhD	1
Quiban, Carlota	Associate	Tenure-track	PhD	0
Rankin, Larry	Professor	Tenured	PhD	14
Riingen, Michelle (CEL)	Professor	Tenured	DNP	18
Sawyer, Monique (CEL)	Assistant	Tenure-track	DNP	1
Scott, Judith (*resigned May 2016)	Assistant	Professional track	PhD	7
Sloan, Christine	Associate	Tenure-track	PhD	10
Smith, Sharon	Associate	Tenure-track	PhD	9
Taylor, Barb	Professor	Tenured	PhD	18
Department percent of full-time faculty with doctorate (terminal) degree (as of FA16)				92%
PLNU percent of full-time faculty with doctorate (terminal) degree (Fall 2014)				82%

1. Summarize the most recent scholarly and creative activities of the faculty in this department. If desired, include information about peer reviewed scholarship.

In 2000, only 25% of the SON faculty held terminal degrees in nursing. Today, we are at 92%, and will be at 100% when Helegesen completes her terminal degree in May 2017. Scott completed her PhD in spring 2016, and Helgesen is set to complete her DNP in summer 2017. In nursing, there are two terminal degrees: the PhD and the DNP - one is research focused and the other is focused on clinical practice.

In May 2015, Sharon Barber resigned, creating a full-time vacancy in obstetrical nursing. A faculty search was conducted, resulting in the hire of Mary Adams in January 2016. In May 2016, there were two resignations, Kelford and Scott, which necessitated a faculty search for two medical-surgical faculty positions, resulting in the hire of Carlota Quiban and Sharon Smith to start fall 2016. All three new hires have completed terminal degrees in nursing.

Scholarship and innovation are highly valued in the SON! In January 2016, the SON sponsored nine full time faculty in the First Annual Writer's Salon. This two day event provided place, quiet, support and resources to facilitate writing. The goal of this annual event is to generate manuscripts for publication.

Scholarship has increased over the past several years. As part of university Rank and Tenure processes, the SON determined scholarly activities which are commonly found in aspirant and comparator programs. The SON has implemented three research projects to address/assess some aspect of the curriculum: Caring led by Dr. Maiden, Vocation led by Dr. Sloan and Affective Determinants of Success in the Major led by Drs. Riingen and Hensley. Additionally, faculty mentor undergraduate students through Honor's Scholar projects. In addition, faculty have mentored MSN students through the writing of their graduate theses – many of which have been since published.

Dr. Almonte (retired Captain in the Navy Nurse Corps) is actively collaborating with Naval Medical Center Balboa in research pertinent to military healthcare. Dr. Sloan is actively collaborating with Rady Children's Hospital in research pertinent to children's health.

Recently hired faculty (Sawyer and Natipagon-Shah) each have active scholarship, respectively, in the areas of adolescent mental health and healthcare practices of the Thai population. Dr. Natipagon-Shah has recently been selected to present at a regional nursing research conference.

Drs. Rankin, Maiden, Sloan, Sawyer, and Lambert are actively engaged in clinical practice at various healthcare facilities in San Diego.

Drs. Rankin, Sloan, and Riingen are actively engaged in LoveWorks trips (Sri Lanka, India, Jamaica, Haiti) focusing on nursing, and with study abroad experiences (Ghana) for nursing majors.

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2. Summarize the grants/awards received by the faculty.

The SON has written and received several grants over the past several years. First, we have received over \$350,000 in NFLP grant funding to support MSN students who are seeking nursing faculty roles. Second, we have received two California Song-Brown grants (2012 and 2013) to fund high fidelity manikins (>\$100,000) in the nursing skills lab and to support six nursing faculty (\$19,000) in online/hybrid teaching modalities.

3. Describe how the scholarly and creative activities of the faculty impact the mission and quality of your department.

Faculty scholarship informs the classroom and clinical practice for students in all programs. Student scholarship is highly valued and encouraged by faculty. We highlight MSN student scholarship at our annual Community Liaison Breakfast.

4. Comment on the adequacy and availability of institutional support and outside funding for professional development and travel.

Current university support for professional development is adequate for faculty to achieve goals/outcomes. The SON budget also includes some funds for professional development or program development initiatives.

The MSN budget provides for the Associate Dean to attend national conferences pertinent to graduate programs.

Department Faculty Instructional Loads (FT, PT, and Adjuncts)

(excludes release time and independent studies)

	2012/13	2013/14	2014/15	3-yr Average
SCH per IFTE	208	235	228	223
<i>PLNU SCH per IFTE</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
SFTE per IFTE	6.93	7.77	7.55	7.40
<i>PLNU SFTE per IFTE</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
Independent Studies Units Generated	13	1	2	5.3

Individual Faculty Instructional Loads

	2012/13			2013/14			2014/15			3-Yr
	IU	SCH	SCH/ IU	IU	SCH	SCH/ IU	IU	SCH	SCH/ IU	SCH/IU
Almonte, Angelica	22.0	222	10.1	26.0	309	11.9	28.0	388	13.9	12.1
Barber, Sharon							22.0	218	9.9	9.9
Black, Carrie	34.8	309	8.9	28.0	274	9.8				9.3
Helgesen, Kathleen							26.0	271	10.4	10.4
Hensley, Linda	23.0	231	10.0	31.0	336	10.8	27.0	384	14.2	11.7
Kelford, Michelle				22.0	242	11.0	10.0	286	28.6	16.5
Kim, Son	28.5	312	10.9							10.9
Lambert, Kristen	26.7	308	11.5	33.8	479	14.2	15.5	171	11.0	12.6
Maiden, Jeanne	38.7	375	9.7	31.5	380	12.1	22.8	300	13.1	11.3
Noble, Deana	27.7	302	10.9							10.9
Oliveri, Domenica	11.0	243.5	22.1							22.1
Rankin, Larry	33.5	243	7.3	29.5	300	10.2	34.3	391	11.4	9.6
Riingen, Michelle	27.5	349.5	12.7	32.8	567	17.3	10.2	131	12.9	14.9
Scott, Judith	21.7	282	13.0	23.2	330	14.2	28.8	330	11.5	12.8
Sloan, Christine	20.7	341	16.5	24.5	361	14.7	23.5	337	14.3	15.1
Taylor, Barb	9.3	124	13.3	3.5	71	20.3	3.5	126	36.0	19.7

- Links to complete reports that include part-time and adjunct faculty

- [2014-15](#)
- [2013-14](#)
- [2012-13](#)

Total Full-Time Faculty	325.0	3,642.0	11.2	285.8	3,649.0	12.8	251.7	3,333.0	13.2	12.3
Total Part-Time Faculty	32.0	157.0	4.9	48.0	216.0	4.5	24.0	102.0	4.3	4.6
Total Adjunct Faculty	185.3	909.0	4.9	162.3	991.0	6.1	221.5	1,297.0	5.9	5.6

IU = Instructional Units: Generated faculty workload units excluding release time

IFTE = Instructional Full-Time Equivalent: Total Instructional workload units divided by 24

SCH = Student Credit Hours: Generated student credit hours associated with the faculty member

SFTE = Student Full-Time Equivalent: Total Student Credit hours divided by 32 for undergraduates/24 for graduate students

5. Compare the SCH load of each faculty member against the departmental average. What does this tell you about the distribution of faculty workload within the department? What changes, if any, might be appropriate?

These data reflect aggregate SON faculty workload and do not provide discrete BSN and MSN numbers. Full time faculty actively teaching in the MSN program include: Almonte, Maiden, Rankin, Riingen, Sawyer, Sloan and Scott.

There are two faculty who have “graduate only” designation-Maiden and Rankin.

6. Does looking at the SCH and SFTE to IFTE ratios compared to PLNU averages provide any insights for your program? Explain.

These data reflect aggregate SON faculty workload and do not provide discrete BSN and MSN numbers.

7. Looking at the longitudinal history of independent study units generated in this program, does this provide any insights that might be worth looking into? Explain.

NA

8. What role do part time and adjunct faculty play in the quality and success of the department.

There are no part time faculty teaching in the MSN program. Adjuncts are utilized in clinical and in courses where specific expertise is required (e.g. GNSG 607 Advanced Pharmacology).

D) Progress on Recommendations from Previous Program Review

1. List the findings from the previous program review and discuss how each finding has been addressed.

The last SON curriculum revision was in 2010. During this program review, we have largely focused on establishing and incorporating new assessment practices.

The CA Board of Registered Nursing approval processes occur every 5 years and include a Self-Study and site visit. The last BRN site visit was 2013 with the maximum 5 year approval. The next Self-Study is due 2017, and the site visit is 2018. The focus is on ensuring that legislated requirements are being implemented. These legislated criteria include: minimum course requirements, clinical requirements, first time pass rates for the national licensing examination, employment trends, alumni and clinical partner feedback.

The Commission on Collegiate Nursing Education (CCNE) process includes a Self-Study and a site visit. The last CCNE site visit was 2009 with the maximum 10 year accreditation. The next Self-Study is due 2018, and the site visit is 2019. The focus is on four standards in Program Quality: Standard I. Mission and Governance; Standard II. Institutional Commitment and Resources; Standard III. Curriculum and Teaching-Learning Practices; and Standard IV. Program Effectiveness: Student Performance and Faculty Accomplishments. These standards address broad program effectiveness and outcomes and do not focus on issues such as individual faculty instructional units or workload units.

The Program Review process has caused us to look at our work and our curriculum with a different lens. Our usual assessment and evaluation processes were not sufficient. While this has been a time-consuming process it is creating a more rigorous inward look!

2. What additional significant changes have been made in department programs since the last program review? (e.g. introduction of new major or minor, significant reshaping of a program, etc.)

Changes made to the MSN Program in the past five years:

1. Phasing out the Nurse Educator track, due to lack of enrollment.
2. Phasing out the Adult Psych/Mental Health CNS track, due to national trends moving to the nurse practitioner role for this specialty.
3. Creating an RN-MSN program as an additional entry to graduate nursing education. Curriculum for this track was modeled after the University of Indiana and has created access for this group of nurses.
4. Creating a Generalist track for nurses choosing a leadership or academic professional path.
5. Creating a Pediatric CNS track to be in alignment with national trends.
6. Moving from a thesis/project to Comprehensive Exam. In nursing education, generating new knowledge (thesis) is at the doctoral level, while applying new knowledge is at the master's level.
7. Working on establishment of a Doctor of Nursing Practice (DNP) as entry into practice for the CNS role. All university processes are complete: currently going through WASCUC approval.

E) General Education and Service Classes

Link(s) to the Department's GE data stored on the GE assessment wheel:

- NA

Reflection on longitudinal assessment of general education student learning data: (If you don't have longitudinal data, use the data that you do have)

1. What have you learned from your general education assessment data?

NA

2. What changes (curricular and others) have you made based on the assessment data?

NA

3. What additional changes are you recommending based on your review of the assessment data?

NA

4. How do the pedagogical features of your GE courses compare with the best practices for teaching GE in your discipline?

NA

5. What new pedagogical practices have been tried in GE and service classes by members of your department in the last few years? What has your department learned from these experiments?

NA

6. Are there changes that you could make that would make your part of the GE more efficient and effective (e.g. reducing the number of low-enrollment sections, resequencing of classes, reallocation of units, increase interdisciplinary efforts, etc...)?

NA

7. What service courses (non-GE courses that primarily support a program in another department) does your department teach? Are there changes that you could make that would make your service courses more efficient and effective?

NA

1. How does your yield rate (percentage of students who enroll at PLNU after being admitted) compare to the PLNU average? If your rate is more than 8 percentage points above the PLNU average, what factors do you believe are contributing to this positive outcome? If your rate is more than 8 percentage points below the PLNU average for more than one year, what factors do you believe are contributing to this difference?

GE NA

2. What does this data tell you about the internal demand for your program? Does this raise any questions about the viability and/or sustainability of your program as it is currently configured? Explain why or why not. Are there any actionable strategies that you can do that might make a difference if your trends are in the wrong direction?

GE NA

3. What does this data tell you about how your program is impacted by the needs of GE and other academic disciplines? Does this raise any questions about the viability and/or sustainability of your program if these non-programmatic trends continue? Explain why or why not.

NA

Delaware Study Data

	2010/11			2011/12			2012/13			2013/14		
Program Cost per SCH	\$444			\$425			\$410			\$383		
Benchmark Percentiles	\$255	\$342	\$438	\$268	\$356	\$414	\$253	\$342	\$472	\$252	\$347	\$442
Ranking	High			High			Medium			Medium		

4. We know that the following factors influence the Delaware cost per credit hour:
- Large amount of GE and service classes taught by the program
 - The career stage of the program faculty (early career faculty are less expensive)
 - The number of elective courses in the program
 - The amount of unfunded load (faculty receiving more credit for a course than the number of units received by a student – e.g. 4 units of faculty load for teaching a 3 unit class)
 - The amount of release time associated with the program
 - Faculty members on sabbatical
 - The size of the department budget and the cost of specialized equipment

Please reflect on your program’s Delaware data in light of this information. In particular, what factors contribute to your program having a high (above 75th percentile), medium (50th-75th percentile), or low (below 50th percentile) ranking?

At the beginning of Prioritization, the SON was \$444 per student credit hour which was >75th percentile. Similar nursing programs were in the medium or 50th-75th percentile. The goal was to bring the SON to a high-medium range. AY 13/14 the rate was \$383 per student credit hour, in the mid-medium range.

As part of Prioritization, the SON modified unfunded faculty load release. Additionally, because the nursing program has higher costs, an upcharge was added to the student costs for nursing major, beginning Sophomore class, 2015.

5. Recognizing that not all factors above are under departmental control, what kinds of adjustments might be made to reduce the cost per student credit hour?

Assess class size, faculty:student ratio

6. Do these modified Delaware values tell you anything new about the future viability and/or sustainability of your program as it is currently configured? Please explain.

We have adjusted costs/revenues and are now at a more moderate range which is sustainable and viable.

Program Level Analysis (MSN)

Master of Science in Nursing

MSN-F1) Trend and Financial Analysis

New Graduate Admissions Funnel							
	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Inquiries	N/A						
<i>Share of PLNU Graduate inquiries</i>	N/A						
Completed Applications	N/A					30	31
<i>Share of PLNU Graduate Applications</i>	N/A					14.9%	9.0%
Applicant Conversion Rate	N/A					--	--
<i>PLNU Grad Applicant Conversion Rate</i>	N/A					--	--
Admits	N/A					30	30
<i>Share of PLNU Graduate Admits</i>	N/A					15.7%	9.0%
Selection Rate	N/A					100.0%	96.8%
<i>PLNU Graduate Selection Rate</i>	N/A					94.6%	96.8%

1. What does this data tell you about the external demand for your program? What does this say about the future viability of your program?

Our applicant and enrollment data appear steady during the two years shown in the table. The number of applications and number of students admitted are appropriate for the demographic enrolling in smaller MSN/CNS programs.

New Graduate Admissions Yield							
	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
Admits	N/A					30	30
Matriculants						19	18
<i>Share of PLNU Matriculants</i>						12.0%	7.5%
Yield Rate						63.3%	60.0%
<i>PLNU Yield Rate</i>						82.7%	72.3%

2. How does your yield rate (percentage of students who enroll at PLNU after being admitted) compare to the PLNU average? If your rate is more than 8 percentage points above the PLNU average, what factors do you believe are contributing to this positive outcome? If your rate is more than 8 percentage points below the PLNU average for more than one year, what factors do you believe are contributing to this difference?

The SON yield rate may be lower than the PLNU yield rate, which is related to the necessity for BSN grads to have at least one year's experience as an RN before applying to the MSN program. The yield rate was higher than 8 percentage points than the PLNU average for one year in 2014 but decreased to lower than 8 percentage points in 2015. This change may have been related to our change in graduate services including marketing and outreach, and also related to changes in the curriculum when we transitioned to a comprehensive examination as a culminating experience. Another reason that the MSN percentage may be lower than the PLNU percentage is that several students are often admitted a year ahead of time so that they can be considered by the Navy for the Duty Under Instruction (DUINS) program, and only a small percentage are actually accepted for the program by the Navy. Those students accepted by the Navy as well as the SON generally do matriculate.

Enrollment								
Concentrations		Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014	Fall 2015
ADN to MSN	General	6	17	31	1	13	25	27
	Adult/Gerontology Nursing				6	17	18	5
	Family/Individual Health				4	2	2	
	Pediatric Nursing				2	2	1	
	Mental Health Nursing				3	3		
	Medical/Surgical Nursing (closed)				20	6	2	1
BSN to MSN	General	39	52	55	1	14	25	19
	Adult/Gerontology Nursing				11	11	12	13
	Family/Individual Health				6	5	6	6
	Pediatric Nursing					1	2	4
	Mental Health Nursing				4	2	1	
	Medical/Surgical Nursing (closed)				15	6	1	
Total MSN Students		45	69	86	73	82	95	75
Post-MSN CNS Cert.	General	2	5	2				
	Adult/Gerontology Nursing					1	1	1
	Family/Individual Health				1			
	Pediatric Nursing							
	Mental Health Nursing							
	Medical/Surgical Nursing (closed)				1			
Total Post-MSN CNS Students		2	5	2	2	1	1	1
Total Graduate Students		47	74	88	75	83	96	76
<i>Share of PLNU Graduate Students</i>		<i>4.3%</i>	<i>6.5%</i>	<i>8.5%</i>	<i>8.8%</i>	<i>10.3%</i>	<i>11.9%</i>	<i>8.5%</i>
Major Migration of Completers*								
Not applicable for graduate programs								

3. What does this data tell you about the internal demand for your program? Does this raise any questions about the viability and/or sustainability of your program as it is currently configured? Explain why or why not. Are there any actionable strategies that you can do that might make a difference if your trends are in the wrong direction?

The data shows a steady share of PLNU graduate students in the RN-MSN program as it has grown. This growth shows increased sustainability and viability as the SON has continued to steadily respond to changes in the workforce and flex to the demands of the marketplace. The changes in various cohorts within the MSN program demonstrate flexibility to meet the demands of stakeholders in the community clinical setting and morph as the needs of the community changes. One example is the change within the Psychiatric Mental Health track and the Adult Gerontology tracks. The Psychiatric Mental Health track was phased out related to decreased demand and the discontinuation of a national certification exam. A theory course was added to the Adult Gerontology curriculum to meet the needs of our graduates, national mandates and the needs of the community we serve.

General Education and Service Credit Hour Production				
	2011/12	2012/13	2013/14	2014/15
Total program student credit hours	1,008.0	907.0	855.0	830.0
Number of GE sections taught	Not applicable for graduate programs			
% of SCH that are GE				
Share of PLNU GE SCH				
Number of service course sections taught	Not applicable for graduate programs			
% of SCH that are service				
Share of PLNU service SCH				

4. What does this data tell you about how your program is impacted by the needs of GE and other academic disciplines? Does this raise any questions about the viability and/or sustainability of your program if these non-programmatic trends continue? Explain why or why not.

Although the reference to the GE is not applicable, the growth of our program with its interdisciplinary coursework in business, education and theology evidences the holistic approach of nursing education in meeting the needs of stakeholders. This has been especially noted in the number of MSN students enrolled in graduate level Education and Business courses to meet the needs of the advanced practice nurse.

Delaware Study Data												
	2010/11			2011/12			2012/13			2013/14		
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 - The amount of release time associated with the program
 - Faculty members on sabbatical
 - The size of the department budget and the cost of specialized equipment

Please reflect on your program's Delaware data in light of this information. In particular, what factors contribute to your program having a high (above 75th percentile), medium (50th-75th percentile), or low (below 50th percentile) ranking?

Although our costs are on the upper end of costs/credit hour, the number of faculty supervising in clinical settings, as well as teaching courses, while working with the minimal number of faculty, contribute to those costs. Several faculty have taken sabbaticals in the past few years, and faculty still are teaching in both graduate and undergraduate programs related to the small number of full-time faculty teaching in the program. Full-time faculty continue to teach the majority of all courses in the MSN program to ensure the highest quality experiences with graduate students.

6. Recognizing that not all factors above are under departmental control, what kinds of adjustments might be made to reduce the cost per student credit hour?

Although costs are still up, the numbers have decreased in the last two years of data collected. The SON has begun to consider having faculty teach exclusively in either undergraduate or graduate courses. In addition, faculty advise increased numbers of students at either level due to newer faculty joining the SON program in the past two years. As new faculty take on advisees over the next few years, this will help even out the workload.

7. Do these modified Delaware values tell you anything new about the future viability and/or sustainability of your program as it is currently configured? Please explain.

We are gathering more data related to the changing curriculum and new faculty replacement of late career faculty in these next two years to see if costs continue in this downward trend.

MSN-F2) Findings from Assessment

Links to the department's assessment wheel

- [Student Learning Outcomes](#)
- [Curriculum Maps](#)
- [Assessment Plan](#)
- [Evidence of Student Learning](#)
- [Use of the Evidence of Student Learning](#)

Reflection on longitudinal assessment of student learning data:

1. What have you learned from this program's student learning assessment data?

Our data currently show that students are meeting assessment benchmarks. We will continue to monitor and assess data as we move forward.

2. What changes (curricular and others) have you made based on the student learning assessment data?

We now gather assessment data at distinct points utilizing LiveText, and we have increased the use of rubrics to measure learning across the program. Based on rubric feedback related to oral and written comprehensive exams, the oral comprehensive exam now precedes the written exam in order to increase student success on written comprehensive exams. Students receive early feedback from their presentations to enhance their written paper.

3. What additional changes are you recommending based on your review of the student learning assessment data?

We will continue to monitor with yearly collection of data. While not directly related to assessment, graduate students struggle with writing-this often takes a lot of faculty support. Additionally, it can be an attrition issue if students don't have confidence in their writing ability or if they do not have the skill necessary for graduate learning. There is no university support for graduate student writing.

DQP Outcomes with Scores

DQP Definitions

Intellectual Skills

Intellectual Skills define proficiencies that transcend the boundaries of particular fields of study: analytic inquiry, use of information resources, engaging diverse perspectives, ethical reasoning, quantitative fluency, and communicative fluency.

Specialized Knowledge

What students in any specialization should demonstrate with respect to the specialization, often called the major field. All fields call more or less explicitly for proficiencies involving terminology, theory, methods, tools, literature, complex problems or applications and cognizance of limits.

Applied and Collaborative Learning

Applied learning suggests what graduates can do with what they know. This area focuses on the interaction of academic and non-academic settings and the corresponding integration of theory and practice, along with the ideal of learning with others in the course of application projects.

Broad and Integrative Knowledge

Students integrate their broad learning by exploring, connecting and applying concepts and methods across multiple fields of study to complex questions—in the student's areas of specialization, in work or other field-based settings and in

the wider society.

Civic and Global Learning

Civic and Global Learning proficiencies rely principally on the types of cognitive activities (describing, examining, elucidating, justifying) that are within the direct purview of the university, but they also include evidence of civic activities and learning beyond collegiate settings. These proficiencies reflect the need for analytic inquiry and engagement with diverse perspectives.

Reflection on DQP related data:

Understanding that the DQP framework provides one particular lens on the meaning, quality and integrity of your curriculum, reflect on the DQP data and framework provided for your program.

4. What have you learned from this program's DQP comparison?

Moving to a comprehensive exam as evidence of summative learning has allowed the SON graduate program to focus on learning that occurs for all MSN students in formative classes.

From a look at our 2015 data we noted:

School of Nursing
MSN Assessment 2015
Degree Qualification Profile

Specialized Knowledge:

The MSN student is required to develop an independent, evidence based change project, call a Comprehensive Exam (CE) in which they apply major research theory, nursing theory and/or leadership theory and scholarly inquiry. The purpose is to create a program to address the assigned healthcare need. The CE includes a written portion that must be successfully completed (using rubric) followed by an oral defense of the project (using a rubric). Guidelines for the CE integrate national evidence based models in advanced nursing practice.

Broad, Integrative Knowledge:

The CE topic is randomly assigned, and is often outside the students' usual clinical area of expertise. Therefore, broad perspective and methods from other clinical specialties and areas of study are required. Analysis and synthesis of the implications of the project must be addressed to meet the challenges of the current healthcare environment.

Intellectual Skills:

Students are required to analyze and create a specified plan to address the assigned problem. Based on the synthesis of the literature, the project includes the mandatory components of: needs assessment, plan identified, Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis, time line, cost/benefit analysis and an evaluation plan are required.

The written and oral defense includes summarized explanation of the project.

Applied and Collaborative Learning:

Courses in the MSN program provide students with the necessary skills and knowledge to complete this independent work. Specifically, the MSN program includes a research course (year 1) and an evidence based project course (year 2) which integral to the development, application and evaluation of this project.

Civic and Global Learning:

The CE process includes a proposal with written and oral defense to provide a resolution of a specific healthcare problem.

Assessment of these criteria allows us to examine courses for their contribution to the formative and summative learning occurring throughout the program. In addition, this assists us to see how the students are developing in their understanding of the holistic approaches and knowledge needed to provide advanced nursing practice.

5. What changes (curricular and others) have you made based on the DQP comparison?

No current changes have been made, however, we will continue to assess the achievement of program outcomes.

6. What additional changes are you recommending based on your review of the DQP comparison?

We are focusing on infusing graduate culture into the curriculum, including graduate level seminars/conferences, incorporation of participation in professional associations, and continued and increased faculty/student collaboration in both didactic and clinical experiences.

Links to stakeholder assessment data

(if present this will be department housed data)

- Surveys
- Focus Groups
- Market Analysis
- Etc...

Stakeholders:

Students

Clinical partners

Faculty/staff

Patients

Alumni

Reflection on stakeholder feedback data:

7. What have you learned from this program's stakeholder assessment data? If you do not have stakeholder data, please provide a plan for how you will regularly collect this in the future.

We continue to assess stakeholders, such as our alumni and community healthcare systems, via survey at an annual stakeholder breakfast meeting. Recent surveys indicate that our MSN students practice at levels that meet/exceed expected standards in the community. Recommendations in a few areas included a need for further focus on student learning regarding holistic care, patient advocacy, working with diverse populations, and servant leadership.

Links to recent data from each survey are included below:

[PLNU School of Nursing Alumni Survey Data 2012-2014](#)

[PLNU School of Nursing Employer Survey Data 2012-2015](#)

8. What changes (curricular and others) have you made based on the stakeholder assessment data?

We are introducing our program values during each course of the MSN program, so that students begin to clearly articulate these values early in the program.

9. What additional changes are you recommending based on your review of the stakeholder assessment data?

We will continue to assess this data. Also, we will consider revising surveys with the goals of making them user-friendly and capturing more robust data.

MSN-F3) Curriculum Analysis

In looking at your curriculum, the program review process is asking you to analyze it through three different lenses. The first lens is looking at your content and structure from the perspective of guild standards or standards gleaned from looking at programs at comparator institutions. The second lens that of employability and is asking you to look at your curriculum and educational experiences from the perspective of skills and professional qualities that you are developing in your students that will serve them well in their future work and vocational callings. The third lens is that of pedagogy and is asking you to look at the delivery of your curriculum to ensure a high quality student learning experience.

Menu and Elective Unit Analysis	
Number of menu and elective units required by the program	N/A
Number of menu and elective units offered by the program	
Menu/Elective Ratio	
Longitudinal Class Section Enrollment Data	
<ul style="list-style-type: none"> Link to Class Section Enrollment Report 	

Comparison of current curriculum to guild standards and/or comparator institutions.

If your guild standards are associated with a specialized accreditation that your program has, these should be the basis of your analysis. If your guild standards are associated with specialized accreditation that we do not have, then you should primarily use comparator institutions as the basis for your analysis.

If your guild has standards that are not associated with specialized accreditation, then you may choose to use those standards and/or comparator institutions.

After consultation with your Dean, provide the set of guild standards or a list of the comparator institutions that you are using in your analysis.

If using guild standards:

- Please provide a list of the guild standards that you are using to evaluate your curriculum.

AACN *The Essentials of Master's Education for Nursing Practice*
 National Association of Clinical Nurse Specialists (NACNS)
 California Board of Registered Nursing (BRN) for Advance Practice Nursing

- Indicate if and how your curriculum satisfies the standards (this can be done in a table or narrative form). If applicable, indicate areas where your curriculum falls short of the standards.

Each course in the MSN program is developed in concert with mandates from the AACN guidelines for National accreditation as well as standards and guidelines set forth for nursing programs by the BRN and NACNS.

Based on the analysis of standard and reflection on the menu and elective ratio above, consider and discuss the following questions:

- Are there courses in your program that should be modified? Why or why not.

Not at this time. We evaluate and modify courses through GESC oversight yearly and as needed through input from our MSN program and SON faculty committees.

- Are there courses that should be eliminated? Why or why not.

No courses need elimination at this present time. We continue to work with graduate studies and the faculty council to add/change/revise curriculum when appropriate.

5. Are there courses that could be merged? Why or why not.

No.

6. Are there courses that should be added? Why or why not. Note that in general, in order to create the space to add a new course, another course will need to be eliminated or taught less frequently.

No.

7. What did you learn about your overall curricular structure in terms of its complexity, breadth and depth in light of the guild standards and our institutional size and scope? Are there any structural changes that need to be made in light of your analysis (e.g. sequencing of courses, % and or grouping of electives, overall units required, use of concentrations, etc...)?

Our program curriculum is structured similar to most comparator MSN programs with core curriculum courses including Advanced Health Assessment, Advanced Pathophysiology and Advanced Pharmacology. Our CNS role curriculum follows curricular guidelines for Clinical Nurse Specialist roles including didactic and clinical components. We sequenced didactic CNS role and clinical components per guidelines of AACN, BRN and NACNS guidelines. We continue to revise our curriculum, adding, deleting, or revising content based on these guidelines and national mandates.

If using comparator institutions:

1. Begin by working with your Dean to identify a list of 5-8 comparator schools to use. In selecting schools, consideration should be given to type of institution, mission of the institution and the number of students majoring in the program.

Comparator Schools:
Institution 1-University of San Francisco
Institution 2-Azusa Pacific University
Institution 3-San Diego State University
Institution 4-Loma Linda University
Institution 5-Seattle Pacific

Aspirant Schools:
Case Western Reserve
Indiana Wesleyan
University of Pittsburgh
Rush University
University of Washington

Gather the curricular requirements for the program in question at each of the comparator institutions.

2. Use this collection of curricular requirements to develop a list of curricular features that are essential for programs of this type. In addition, make note of any innovative or creative curricular feature that may be useful in enhancing the quality of your program.

The inter-disciplinary component of the MSN program is a unique quality and is not commonly found in comparator or aspirant programs. Nursing is an inter-disciplinary profession; an interdisciplinary education provides the student with knowledge and skills necessary for success.

Review this list with your Dean before using it to analyze your own curriculum.

3. Indicate how your curriculum compares to the list of curricular features from your analysis (this can be done in a table or narrative form).

We have modeled our graduate programs after the University of Indiana and the University of San Francisco. We do not see Univ. of Indiana as an aspirant school, but appreciate their innovation with graduate nursing education. Each of the comparator and aspirant schools follow the AACN Essentials for Masters Education in Nursing-as does our program.

Based on the analysis of comparator programs and reflection on the menu and elective ratio above:

4. Are there courses in your program that should be modified? Why or why not.

No. Current curriculum is on par with national and state trends.

5. Are there courses that should be eliminated? Why or why not.

No.

6. Are there courses that could be merged? Why or why not.

No.

7. Are there courses that should be added? Why or why not. Note that in general, in order to create the space to add a new course, another course will need to be eliminated or taught less frequently.

No.

8. What did you learn about your overall curricular structure in terms of its complexity, breadth and depth in light of the comparator schools and our institutional size and scope? Are there any structural changes that need to be made in light of your analysis (e.g. sequencing of courses, % and or grouping of electives, overall units required, use of concentrations, etc...)?

The MSN program is on par with other programs regarding: units required, courses offered, clinical requirements, and end-of-program requirements.

Burning Glass Skills Data

Data not available for graduate programs

Analysis of the curriculum against preparation for employment

9. The Burning Glass data provides a list of skills for students entering common professions that are often linked to your major. Indicate in the table if and where each skill is being taught in your program. Based on reflecting on this data, are there changes you would recommend making to your curriculum?

NA

10. Some programs may serve to prepare students with professional qualities and skills that can serve them well in a great variety of professions that may not show up in data sets like Burning Glass. If this is indicative of your program, please identify the unique skills and/or professional qualities that your program develops in your students and indicate where in the curriculum this is being taught or developed.

NA

Analysis of the teaching of your curriculum

11. How do the pedagogical features of your program compare with the best practices for teaching in your discipline?

Adult Learning principles are incorporated in the curriculum and student handbook.

12. What new pedagogical practices have been tried by members of your department in the last few years? What has your department learned from these experiments?

Faculty work regularly with the CTL and Instructional Designers for pedagogical practices.

13. Are there new developments in pedagogy in your discipline? What would be required to implement these changes in pedagogy in your department?

NA.

MSN-F4) Potential Impact of National Trends

Top Burning Glass Occupations for the Program		
Occupation	Hiring Demand	Salary Range
Data not available for graduate programs		

Note that some programs do not have as many professions listed in the Burning Glass data as others do. In these cases we will want to get a list of professions from the chair/school dean to supplement the Burning Glass data.

1. Which professions in the Burning Glass data were you already aware of and for which are you already intentionally preparing students and does the hiring demand in these professions signal anything about the future that you need to be aware of regarding the design and structure of your program ?

NA

2. Are there additional professions in the Burning Glass list or from your knowledge of occupations your alumni have entered, for which you should be preparing students?

NA

3. What changes in your program would be necessary in order to prepare students for the skills and professional qualities needed to succeed in these additional professions?

NA

4. Are there national trends in higher education or industry that are particularly important to your discipline? If yes, how is your program reacting to those trends?

Faculty in the SON look to several areas to assess national trends in graduate nursing education. The first being AACN and CCNE national accreditation standards. Second, is the National Association of Clinical Nurse Specialists (NACNS). Third, would be the California Board of Registered Nursing.

Faculty regularly attend national and regional conferences to ensure that curriculum and all graduate program practices are within standards.

Accelerated entry programs are the nursing programs that are growing nationally. These programs require a bachelor's degree in another field, and provide 15-18 months of RN content. The faculty in the SON do not agree philosophically with these accelerated programs as nursing is a social discipline and requires time and practice to fully realize the scope of the RN role.

The development of the DNP is in direct response to national trends in graduate nursing education.

MSN-F5) Quality Markers

Graduation Rates								
		Matriculation Term						
		Fall 2008	Fall 2009	Fall 2010	Fall 2011	Fall 2012	Fall 2013	Fall 2014
Graduation Rate		Data is not available						
<i>PLNU Grad Student Graduation Rate</i>								
Degree Completions								
Concentrations		2008-09	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
ADN to MSN	General							7
	Adult/Gerontology Nursing					1	1	11
	Family/Individual Health						1	
	Pediatric Nursing							2
	Mental Health Nursing							2
	Medical/Surgical Nursing (closed)					4	7	1
BSN to MSN	General	1						6
	Adult/Gerontology Nursing	2		1	3	4	3	10
	Family/Individual Health	4	3	2	3	3	2	1
	Pediatric Nursing							1

	Mental Health Nursing			2	2	2	1	
	Medical/Surgical Nursing (closed)	2	3	6	6	12	8	1
Total Master's Degrees		9	6	11	14	26	25	40
<i>Share of PLNU Master's Degrees</i>		<i>2.9%</i>	<i>2.4%</i>	<i>4.5%</i>	<i>5.7%</i>	<i>8.5%</i>	<i>10.5%</i>	<i>17.2%</i>
Time to Degree (in semesters)		Data is not available						
<i>PLNU Graduate Time to Degree</i>		Data is not available						
Study Abroad Participants		Not applicable for graduate programs						

1. Based on comparing the quality marker data for your program with the PLNU averages:

a. What does this tell you about your program?

The MSN program has demonstrated consistent growth over the past three years, both in total enrollment and in share of PLNU Master's degrees conferred. Graduate Admissions has worked closely with the SON to determine strategies for recruitment.

b. If your values are below the PLNU averages, what changes could you make to address any areas of concern?

We have experienced slow growth (AY 2008-12), and we are intentional about keeping active and engaged in the recruiting process. Graduate Admissions has taken a much more expanded approach to marketing and recruiting.

c. If your values are above the PLNU averages, what do you believe contributes to this success?

Consistent feedback from MSN applicants demonstrates that they choose to attend PLNU because of the incorporation of faith into practice and the face to face learning environment.

2. Describe regular opportunities for students to apply their knowledge (internships, practicums, research projects, senior projects, etc.). Estimate what percentage of your students in this program participates in these kinds of opportunities.

100% of students in the MSN program are required to participate in activities that allow them opportunity to apply their knowledge. This is particularly evident for CNS track students, who each complete 500 clinical hours under the supervision of an advanced practice prepared nursing preceptor. In addition, students in all MSN tracks complete a comprehensive exam, in which they complete an evidence-based practice (EBP) project and then present an oral presentation and written research paper of the findings. Many of these projects are further utilized by students after graduation in their places of employment.

3. Describe any public scholarship of your undergraduate and graduate students in this program (conference presentations, publications, performances, etc.). What percentage of your undergraduate students are involved in these kinds of activities?

When thesis was required, a small percentage of MSN students published and/or presented with faculty in the SON. The comprehensive exam is a scholarly work, but the project proposal is not implemented. The DNP will provide the opportunity for all students to present their project in a public forum.

4. How many of your students participate in study abroad opportunities in general? Describe any study abroad opportunities specifically organized by your program. What percentage of your majors are involved annually

(annualize the number)? How many students outside of your department participate in this departmentally organized program (Annualize the number)?

N/A for our graduate programs as this time.

5. What are any other distinctives of your program? Describe how they contribute to the program's success.

Traditional classroom, faith integration, interdisciplinary courses. In applicant interviews and exit surveys, these three issues are consistently listed as distinctive. Many of these students do not come from a solid faith background so the university and SON curriculum are providing the opportunity for exploration and growth. As part of the Oral Presentation of the Comprehensive Exam, one student stated, "this program has taught me how to be a better father..."!!!! We are blessed to be a part of their journey!

6. Does your program have an advisory board? If so, describe how it has influenced the quality of your program? If not, could it benefit from creating one?

Yes. Our program has advisory boards composed of nursing faculty, hospital nursing staff, preceptors, and nurse leaders in the community. We gather data yearly on student outcomes, perceptions of program quality and perceived changes needed to improve graduate outcomes as they relate to clinical practice and healthcare system needs.

7. Describe any current joint interdisciplinary degrees (majors or minors) offered by your department. Are there additional areas where interdisciplinary programs should be considered?

The MSN curriculum is intentionally interdisciplinary with the graduate Schools of Education, Theology and Christian Ministry and Business. Courses taught by experts in their fields provide the MSN student with a breadth and depth to learning and application to practice.

8. Describe your success with students acquiring jobs related to their discipline.

Most MSN students are already employed as registered nurses upon entry into the program and are looking to advance their careers within their discipline. Many remain with their current employers after graduation, often transitioning to roles with greater responsibility. Others are able to further their careers by pursuing specialized goals (e.g., moving from a staff nurse position in a hospital to a clinical leadership position in a public health agency) and/or enter desired nursing education roles in schools and healthcare facilities.

9. Describe your undergraduate and graduate student success rate for passing licensure or credentialing exams (if they exist in your discipline).

In California, national certification is not required for the CNS role, and most MSN graduates will remain in-state. So there is minimal motivation/incentive to do this.

The established benchmark for MSN students who choose national certification, in the CNS track, is 85%. To date, all students who have applied for and taken national certification exams have passed.

10. Describe your success with undergraduate student acceptance into post-baccalaureate education.

MSN graduates are being accepted into doctoral programs (PhD and DNP) including: Loma Linda, University of San Diego, University of California San Francisco, Case Western Reserve, Cal State Fresno/San Jose joint DNP program.

The vast majority of students who apply for the MSN program after having obtained their BSN degrees are accepted into the program.

11. What kind of support does your program provide for students encountering academic difficulties? How do you intentionally facilitate these students' connection with institutional support services?

Course faculty and faculty advisors work closely with MSN students who encounter academic difficulties in an effort to understand the issues involved and assist in determining ways to overcome them. Students are encouraged to repeat courses, if necessary, to achieve acceptable grades for continued progression. Learning contracts and frequent advisor meetings are utilized with students who struggle multiple times. In cases where non-academic issues also come into play (e.g., financial or health issues), referrals are also made to Student Success Advisors &/or outside agencies, determined by the need of the student. In several instances, such interventions have allowed students to complete the program successfully.

As previously stated, writing can be a big hurdle for the graduate student-either in deciding to begin a program or in the ability to successfully complete. Faculty provide some writing support, but do not have the time necessary to provide comprehensive support. We do have resources for consulting, but this is a cost to the student.

MSN-F6) Infrastructure and Staffing

Full-Time Faculty Program Contribution			
	2012-13	2013-14	2014-15
Percentage of grad classes taught by FT faculty	84.2%	72.2%	68.4%
<i>PLNU percentage of grad classes taught by FT Faculty</i>	<i>TBD</i>	<i>TBD</i>	<i>TBD</i>
Includes: regular lectures, labs, seminars Excludes: independent studies, private lessons, internships			

1. Are your program's current technological resources and support adequate? If not, what is needed? Do you foresee any additional needs in this area?

Yes.

2. Are your program's current facilities adequate? If not, what is needed? Do you foresee any additional needs in this area?

Yes. Class scheduling at LSCC for evening classes hasn't been a problem. We currently share classroom space with both undergraduate and graduate programs as the university enrollment has increased.

3. Is your program's current staffing (administrative, clerical, technical and instructional) adequate? If not, what is needed? Do you foresee any additional needs in this area?

Yes they are adequate now, but as we move forwards with the DNP, we may need additional clerical and instructional faculty.

MSN-F7) Challenges and Opportunities

1. Are there any particular challenges regarding this program that have not been addressed through the analysis and reflection on data or questions in sections F1-F6 that you would like to include here?

Formalized writing support needs to be provided for all graduate students.

2. Are there any particular opportunities regarding this program that have not been addressed through the analysis and reflection on data or questions in sections F1-F6 that you would like to include here?

No
DNP start Fall 2017!

MSN-F8) Recommendations for Program Improvement

List the recommendations you are making regarding this program analysis with a brief rationale for each recommendation.

We are moving forward to collect more data for continued assessment of program quality, program needs, and stakeholder satisfaction. Currently, we would advocate for the implementation of a Graduate Writing Center, to fully support all graduate students in their academic endeavors.



PLNU Program Review

External Reviewer Report Template

Rev 12-4-15

Instructions:

Thank you for agreeing to be an external reviewer for the PLNU Program Review process. We are grateful for your engagement with us and look forward to your feedback and insights. We are including the department's/school's entire self-study document in order to give you context. While we appreciate your feedback on the entire self-study, we especially look forward to your feedback on the specific program that you have agreed to review. The Dean and Chair of the academic unit will be your main points of contact and will arrange opportunity for you to interact with them and/or other departmental personnel as appropriate. This will allow you a chance to ask questions or seek clarification prior to the completion of your report. We have created the following external reviewer template for your report in an attempt to give you some guidance in terms of what type of feedback we are hoping to get. The text boxes are there for your convenience, but if they get in the way or create formatting issues, feel free to delete them and put your text in their place. This is a new process for us so we have created a space at the end to provide any feedback on the process that can help us create a better instrument in the future.

Thank you again for your help with our program review at PLNU,

Kerry Fulcher, Provost

Point Loma Nazarene University

Department Level Analysis

A) Introduction

B) Alignment with Mission

Please review and evaluate the academic unit's response to the questions regarding mission alignment of their unit with the university mission from both an academic and Christian faith perspective. Are there any suggestions for how they might better articulate and demonstrate their alignment to the university mission and purpose?

The Graduate Program introduction is clear and succinct and provides a distinct view of foundational commitment to the community as a whole. In addition to the strong foundation in faithfulness, the self-study report directs attention to one of their strengths as a program-collaboration with other disciplines to offer diverse coursework.

The self-study provides a direct link between the university mission and the MSN program. There is an intentional integration of faith, role-modeling Christ-like behaviors and compassionate caring into this program. Excellent insight in this section.

C) Quality, Qualifications and Productivity of Department Faculty

Based on all the evidence and responses provided in the program review report, provide a summary analysis of the qualifications of faculty associated with the program. Identify the degree to which scholarly production aligns with the expectations of the degree level of the program offered (undergraduate, master's) at this type of institution. Are there any strengths or distinctives that should be noted? Are there any gaps or weaknesses that should be noted?

The data suggest as of FA16, there are 92% of faculty with a terminal degree and the MSN program faculty surpassed the college percentage of fulltime faculty with terminal degrees. The self-study specifically highlights each of the faculty's accomplishments toward scholarly research and presentations. The faculty is to be commended for their mentoring of their students toward the publication process.

Review and comment on the scholarship of the faculty. Identify the degree to which scholarly production aligns with the expectations of the degree level of the program offered (undergraduate, master's) at this type of institution. Where appropriate, suggest improvements that may be necessary to increase the quality and/or quantity of scholarship produced by the faculty in this program.

Faculty of the MSN program is actively engaged in scholarly projects and these activities direct evidence best practices in the classroom and clinical practice. The self-study indicates a sharp resolve on the part of the faculty to support student scholarship and focus on evidence based practice standards across the MSN curriculum. The MSN program faculty collaborates with their communities of interest to highlight student and faculty scholarship.

D) Progress on Recommendations from Previous Program Review

Review the narrative supplied for this section. Discuss whether it provided a good accounting and rationale for what changes have or have not been made based on the previous program review and/or any circumstances that have arisen since? Where appropriate, identify any insights or questions that you might have stemming from this narrative.

The faculty and leadership of the MSN program provided a clear insight into the changes that are outlined in this section. The program made several changes based on data that are reflective of enrollment or national trending standards. They phased out two tracks based on enrollment data and national trending practices in the specific tracks. They added three new programs based on decisions from collaboration with notable nurse leaders from prominent institutions and from the communities they serve. Based on the needs of their students and the community and in response to a national mandate, an additional theory course was added to the curriculum. More data are being collected to determine the impact of adding the comprehensive exam. Addition of the DNP program is significant and according to the website this is the only doctoral program offered on the campus.

E) General Education and Service Classes

Identify any program response to GE or service classes that may be associated with this program. Review and discuss the quality of the program's responses to the questions in this section of the self-study. Identify any insights or suggestions that program might consider based on your knowledge of courses like these at other institutions.

Not applicable to this program.

F) Program Level Analysis

1. Trend and Financial Analysis

Based on data and responses provided by the program, summarize and evaluate the effectiveness of the program's recruitment and matriculation efforts as it relates to enrollment. Are there any suggestions or insights that you might have that can help to increase the demand for the program and/or improve the enrollment yield?

According to the data in this section, enrollment has been steady from fall to fall 2014-2015 across the program concentrations. Growth is demonstrated in the RN to MSN program and based on enrollment trends, the leadership and faculty are attentive to the communities they serve and make changes based on these data. Data displayed a steady growth and based on these data, the program is sustainable and viable.

Based on data and responses provided by the program, summarize and evaluate the program's role in GE and Service functions and identify any opportunities or challenges from this that could have positive or negative impacts on the program itself.

GE and service functions are not applicable to this program; however, one of the strengths of this program is the focus on interdisciplinary education. According to the narrative in this section, the addition of the business, theology and education coursework has had a positive impact on the program resulting in better preparation for the nurse with an advanced degree.

Based on data and responses provided by the program, summarize and evaluate the efficiency of the program based on its overall and course enrollment trends along with the external benchmarking use of the cost per student credit hour data (Delaware). Are there any suggestions or insights that you might have that can help to increase the efficiency of the program without having a negative impact on quality?

The Delaware Study Data reflect costs /credit hour for the program while having been high are coming down. The self-study provides evidence of full-time faculty teaching in both programs and full-time faculty continuing to teach relatively all courses at the graduate level to ensure the highest quality educational experiences for students. The leadership of the SON is considering having exclusive faculty for the graduate level and this could have a positive impact on efficiency.

2. Findings from Assessment

After reviewing the program's responses to their assessment findings, do you think the program is effectively using their assessment activities and data? Are there suggestions that you might make to improve their assessment plan or insights from their data that you might offer in addition to their analysis? Discuss the quality of their analysis and identify elements of their analysis that you think could be strengthened.

Based on the data presented in this section, the program is effectively using their assessment data. Excellent insight and analyses provided in this section. Students are meeting benchmarks. The faculty has been able to identify students who may need guidance early on in the program. Rubrics are being used effectively and measure appropriate competencies. Analyses of the DQP data provides detailed information related to program assessment as it relates to the specialized outcomes. The outcome data provided in this section requires higher order level thinking. Specialized rubrics are used for evaluation of oral and written defense. Practical assessment provided for areas in which the benchmark was not achieved. This section provides a comprehensive view of the rigor of this program and the assessment process.

3. Curriculum Analysis

After reviewing the program's curricular analysis, student learning outcomes (SLOs), and curricular map, characterize the quality and appropriateness of the program's curriculum for meeting the learning outcomes expected of students within this discipline. Identify any possible changes to the curriculum or to the SLOs that would result in an improved program.

The self-study is focused on the relevancy of the curriculum. The program's Assessment Wheel is easily accessible and features relevant and thorough assessment and evaluation information related to the curriculum. The decision-making process is clearly articulated in this section and based on data received, changes are clearly conveyed to the reader. There is a direct correlation which is appreciated seen among the Institutional Learning Outcomes, the Program Outcomes and the Graduate Essentials.

All the concepts defined in this self-study are relevant to the future advanced practice nurse. Needs and desires of students, community and national accrediting bodies' interests have all been accounted for. Requisite knowledge, skills and learning are categorized around what advanced practice nurses do with knowledge gained through their education. Excellent insight in this section into how the curriculum is keeping pace with healthcare and best practice standards.

The curricular map is thorough displaying program values, program learning outcomes and the linkages to the appropriate institutional learning outcomes, activities and assessment method.

After reviewing the program's curricular analysis through a guild or comparator lens, summarize and discuss the quality of their analysis and comparison and offer any suggestions or insights that might be helpful for the program to consider regarding their curriculum content and structure.

Analysis in this section is comprehensive. The program's core curriculum is very similar to the comparator schools listed in the section. The program lists the AACN Essentials of Master's Education for Nursing Practice, the NACNS and the California BRN as guild standards and the program is in good standing with each of the standards of these entities. The program is evaluated yearly and courses are reviewed regularly by faculty and leadership.

After reviewing the program's curricular analysis through an employability lens, summarize and discuss the quality of their analysis and narrative and offer any suggestions or insights that might be helpful for the program to consider regarding their curriculum content and structure as a preparation for future employment.

No data in this section. Students entering the graduate division of the School of Nursing are Registered Nurses and are generally employed.

After reviewing the program's curricular analysis through a pedagogy lens, summarize and discuss the quality of their analysis and narrative and offer any suggestions or insights that might be helpful for the program to consider regarding the delivery of their curriculum in ways to enhance the student learning experience.

Adult learning principles are incorporated into this program and the program emphasizes a practical application of advanced nursing doctrines. Faculty keeps abreast of new teaching methodologies in collaboration with the faculty of The Center for Teaching and Learning. More discussion and analysis of pedagogical practices and best practice standards for graduate education are needed in this section.

4. Potential Impact of National Trends

After reviewing the program's discussion of possible impacts from national trends, discuss the quality of their response and identify if there are trends in the discipline that the self-study has missed or not adequately addressed based on your expertise and opinion.

Analyses and rationales provided in this section are thorough and provide a keen awareness of the impact from national trending data. The source of the data is appropriate for advanced practice nursing and graduate nursing education.

5. Quality Markers

After reviewing the program's discussion of its quality markers and the questions posed in this section of the self-study, discuss the quality of their response to these questions and identify any particular strengths and/or weaknesses that you might see in this section of the self-study. Please offer any suggestions or insights that might be helpful for the program to consider relating to these quality markers.

Excellent insight and analyses in this section. Responses are well thought out and presented. Strengths of the graduate program are articulated well and the program's strong commitment to the faith based values, outcomes and competencies are evident. In addition, the faculty and leadership are to be commended for their work in the implementation of the diverse interdisciplinary courses in the program. According to the data presented, students have more than ample opportunities to apply their knowledge through a variety of ways both in the program and in the community. Students are meeting benchmarks and those who choose national certification are passing. Students are being accepted into doctoral programs. Support is provided to students in a variety of ways; however, as mentioned in the self-study support from a structured and organized writing center is lacking presently.

6. Infrastructure and Staffing

After reviewing the program's discussion of its infrastructure and staffing, discuss the quality of their analysis and reflection in this important area and offer any suggestions or insights that you might suggest they consider.

The analyses provided in this section are thorough. Leadership and faculty of the MSN program project needing additional faculty and operational support as they prepare to launch their DNP program.

7. Challenges and Opportunities

Do you feel the report adequately identified the challenges and opportunities that they face based on your understanding of the discipline? Why or why not. Are there other challenges or

opportunities that you see based on your review of the self-study and your understanding of the discipline in today's higher education context?

The self-study addresses the need for a Graduate Writing Center to support students in the program who have difficulty with writing. Opportunities exist for the graduates of the MSN program to further their education with the DNP program beginning in the fall of 2017 and perhaps upon completion be considered for employment in the program.

8. Recommendations for Program Improvement

Do you feel the recommendations being made for this program are supported by the analysis and evidence provided in the self-study document and narrative? Discuss why or why not. Are there other recommendations or suggestions that you would make that the academic unit should consider? If so, please give a brief rationale for why?

Excellent insight in this section. More data are needed particularly directed at the outcomes from the oral and written comprehensive exams and stakeholder satisfaction. As mentioned in the self-study, consideration toward a robust recruitment program is an item for discussion along with the graduate writing center to support the existing MSN students but also the DNP students.

G) External Reviewer Feedback on PLNU Program Review Process:

We recognize that there are many ways to approach a program review. We would value your feedback on our process so that that we can continue to make it better and more helpful to the programs undergoing review. Are there areas that were confusing or sections that you felt were unhelpful? Are there areas that you were not asked about where you feel you could have provided useful information? Is there anything about the process that you would recommend we change or consider changing that could make it better?

I felt the process was very smooth and questions asked were very clear. Easy access to links and website. I appreciate the instructions.

March 13, 2017

School of Nursing (SON)
Response to External Review

The Program Review process at Point Loma Nazarene University (PLNU) has been thorough and caused us to look at assessment and teaching/learning processes in a different light. National accreditation through the Commission on Collegiate Nursing Education (CCNE) and state approval by the California Board of Registered Nursing (BRN) have different foci.

New to the SON was the financial data, faculty load information, and Burning Glass data. It has been and will continue to be helpful to have the financial data and faculty information as we make decisions in the SON. As we shared in the self-study, the Burning Glass data was not helpful. A new BSN graduate is not prepared academically, nor are the expanded roles covered by their RN license. Further education and experience is required.

We value the Program Review process and know that our students are the recipients of faculty/staff reflection and study of our programs. Dr. Dee Oliveri's expert skill and knowledge in the areas of assessment, evaluation and accreditation processes resulted in a thoughtful response. She corroborated SON recommendations:

- Implementation of the Resilience program will serve to improve student success
- Move all faculty/staff to the LSCC site
- For the graduate program, continue efforts to increase data collection in the Comprehensive Exam program

We look forward to the next steps in this Program Review cycle!

Faithfully,

Barb Taylor, RN, PhD
Dean, School of Nursing