

**University of Pittsburgh School of Nursing's
Self-Study Report
for the Accreditation of the BSN and MSN Programs**

**Submitted to the
Commission of the Collegiate Nursing Education**

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University of Pittsburgh School of Nursing
2019 CCNE Self-Study
TABLE OF CONTENTS

OVERVIEW	5
STANDARD I	8
I-A	8
I-B	11
I-C	13
I-D	14
I-E	16
I-F	17
I-G	18
I-H	19
STANDARD 2	21
II-A.....	21
II-B.....	23
II-C.....	26
II-D	30
II-E.....	32
II-F.....	34
II-G	35
STANDARD 3	40
III-A	40
III-B	44
III-C	48
III-D.....	51
III-E	52
III-F	53
III-G.....	55
III-H.....	61
III-I.....	67
III-J	69
STANDARD 4	71
IV-A.....	71
IV-B.....	72
IV-C.....	73
IV-D.....	74
IV-E.....	75
IV-F	75
IV-G	76
IV-H.....	79
IV-I.....	80
IV-J	84

**University of Pittsburgh School of Nursing
2019 CCNE Self-Study Tables
TABLE OF CONTENTS**

STANDARD 1	8
TABLE I.A.1: CONGRUENCE BETWEEN PITT AND SCHOOL OF NURSING MISSION STATEMENTS	8
TABLE I.A.2: CONGRUENCE BETWEEN PITT AND SON GOALS	9
TABLE I.A.3: CONGRUENCE BETWEEN PITT CHARACTERISTICS OF A GRADUATE AND SON STUDENT LEARNING OUTCOMES (SLOs)	10
TABLE I.A.4: ASSOCIATION OF PITT CHARACTERISTICS OF GRADUATE AND SON ASSESSMENTS.....	11
TABLE I.B.1: SON’S SELECTED STANDARDS AND GUIDELINES	12
TABLE I.B.2: ASSOCIATION BETWEEN AACN ESSENTIAL TOPICS AND SON BSN AND MSN STUDENT LEARNING OUTCOMES	12
TABLE I.D.1: CONGRUENCE BETWEEN PITT AND SON FACULTY APPOINTMENTS AND EXPECTATIONS	14
TABLE I.D.2: EXCERPTS OF SON’S CRITERIA FOR FACULTY APPOINTMENT	15
TABLE I.F.1: CONGRUENCE BETWEEN PITT POLICIES AND SON POLICIES	17
TABLE I.F.2: GRADUATING STUDENTS’ AGREEMENT ON “SON’S POLICIES ARE FAIR AND EQUITABLE”.....	18
TABLE I.G.1. SON STUDENT REPORT OF AWARENESS OF SON FORMAL COMPLAINT PROCESS	19
STANDARD 2	21
TABLE II.A.1: PITT SON (PITT-OAKLAND) SUMMARY OF EXPENSES (THOUSANDS)	21
TABLE II.A.2: PITT-JOHNSTOWN NURSING DEPARTMENT SUMMARY OF EXPENSES (THOUSANDS).....	22
TABLE II.A.3: GREENSBURG NURSING DEPARTMENT SUMMARY OF EXPENSES (THOUSANDS).....	23
TABLE II.E.1 PITT-OAKLAND NURSING FACULTY NUMBERS WITH TOTAL STUDENT ENROLLMENT.....	32
TABLE II.E.2: PITT-JOHNSTOWN NURSING FACULTY NUMBERS WITH TOTAL STUDENT ENROLLMENT	33
TABLE II.E.3: PITT-GREENSBURG NURSING FACULTY NUMBERS WITH TOTAL STUDENT ENROLLMENT	33
TABLE II.E.4: SON FACULTY WORKLOAD PERCENTAGE	33
TABLE II.G.1: EXAMPLES OF SON FACULTY FORUMS SELECTION FROM 2017-2018	36
STANDARD 3	40
TABLE III.A.1: CONGRUENCE BETWEEN SON MISSION, BSN STUDENT LEARNING OUTCOMES, AND COURSES WITH COURSE OBJECTIVES.....	40
TABLE III.A.2: CONGRUENCE BETWEEN SON MISSION, MSN STUDENT LEARNING OUTCOMES, AND COURSES WITH COURSE OBJECTIVES.....	42
TABLE III.B.1: CONGRUENCE BETWEEN AACN ESSENTIALS, BSN STUDENT LEARNING OUTCOMES, BSN COURSES AND BSN COURSE OBJECTIVES	45
TABLE III.C.1: CONGRUENCE BETWEEN AACN ESSENTIALS, MSN STUDENT LEARNING OUTCOMES, MSN COURSES AND MSN COURSE OBJECTIVES	49
TABLE III.G.1: SON INNOVATIVE ENVIRONMENTS AND LEARNING EXPERIENCE ASSOCIATED WITH EXPECTED STUDENT OUTCOMES	56
TABLE III.G.2: BSN TEACHING-LEARNING PRACTICES IN CLASSROOM ENVIRONMENTS	56
TABLE III.G.3: EXAMPLES OF MSN TEACHING-LEARNING PRACTICES THE MEET COURSE OBJECTIVES AND STUDENT NEEDS.....	58
TABLE III.H.1: BSN PLANNED CLINICAL EXPERIENCES IN COURSES AND ASSOCIATED TO COURSE OBJECTIVES ..	62
TABLE III.H.2: MSN PLANNED CLINICAL EXPERIENCES IN COURSES AND ASSOCIATED TO COURSE OBJECTIVES ..	63
TABLE III.H.3: BSN PLANNED INTERPROFESSIONAL EXPERIENCES.....	65
TABLE III.H.4: INTERPROFESSIONAL COLLABORATIVE OPPORTUNITIES FOR BSN SENIOR STUDENTS IN TRANSITIONS COURSE	66
TABLE III.H.5: PLANNED INTERPROFESSIONAL MSN CLINICAL EXPERIENCES	66
TABLE III.I.1: SON GRADING SCALE	68
TABLE III.J.1: FACULTY PERCENT THAT USE OMET TO FOSTER ONGOING IMPROVEMENT IN TEACHING	69
TABLE III.J.2: DATA SOURCES WHERE FACULTY GET DATA TO INFORM CHANGES IN TEACHING-LEARNING PRACTICES	60
STANDARD 4	71
TABLE IV.A.1: SON ASSESSMENT TOOLS AND TIMES WHEN ADMINISTERED.....	71

TABLE IV.B.1: BSN AND MSN 2017 COMPLETION RATES WITH ACTIVE AND INACTIVE STUDENTS	73
TABLE IV.C.1: 2018 NCLEX SCORES.....	73
TABLE IV.D.1: MSN MAJORS AND AREAS OF CONCENTRATION PASS RATES, BENCHMARKS (EXPECTED), AND ACTUAL FINDINGS	74
TABLE IV.E.1: 2017-2018 BSN EMPLOYMENT, BENCHMARK (EXPECTED), AND ACTUAL FINDINGS	75
TABLE IV.E.2: 2017-2018 MSN EMPLOYMENT, BENCHMARK (EXPECTED), AND ACTUAL FINDINGS	75
TABLE IV.G.1: ALL FACULTY ALL DOCTORALLY PREPARED.....	76
TABLE IV.G.2: BSN FACULTY TEACHING EFFECTIVENESS REPORTED IN BSN 2017-18 END-OF-PROGRAM SURVEY RESULTS	77
TABLE IV.G.3: MSN FACULTY TEACHING EFFECTIVENESS REPORTED IN MSN 2017-18 END-OF-PROGRAM SURVEY RESULTS.....	77
TABLE IV.G.4: STUDENT OMET EVALUATION OF BSN AND MSN FACULTY ON INSTRUCTOR'S OVERALL TEACHING EFFECTIVENESS	77
TABLE IV.G.5: PERCENT OF FULL-TIME, TENURED OR TENURE-STREAM FACULTY WITH ACTIVE FUNDING IN 2017-18	78
TABLE IV.G.6: PERCENT OF FULL-TIME FACULTY THAT PUBLISHED IN 2017-18	78
TABLE IV.G.7: PERCENT OF FULL-TIME FACULTY WHO MADE A PRESENTATION IN 2017-18.....	78
TABLE IV.G.8: PERCENT OF FULL-TIME FACULTY WHO SERVE ON A BOARD IN 2017-18.....	79
TABLE IV.G.9: PERCENT OF FULL-TIME FACULTY WHO PARTICIPATE IN COMMUNITY SERVICE IN 2017-2018	79
TABLE IV.I.1: STUDENTS CONTINUE TOWARD A HIGHER NURSING DEGREE WITHIN 5-YEARS OF THEIR GRADUATION	80
TABLE IV.I.2: PERCENT OF BSN STUDENTS REPORTING CONFIDENCE IN AACN ESSENTIALS	81
TABLE IV.I.3: MSN STUDENTS REPORT OF CONFIDENCE IN AACN ESSENTIALS	82
TABLE IV.I.4: STUDY ABROAD OPPORTUNITIES FOR NURSING STUDENTS OVER THE LAST THREE YEARS AND 2018-19.....	82
TABLE IV.I.5: BSN STUDENTS INVOLVED IN UNDERGRADUATE RESEARCH.....	83
TABLE IV.I.6: STUDENT PRESENTATIONS AND PUBLICATIONS IN 2017-18	83
TABLE IV.I.7: NURSING ALUMNI REPORT OF SATISFACTION WITH THEIR EDUCATION	83
TABLE IV.I.8: NUMBERS OF ALUMNI RECOGNITION IN SERVICE TO THE NURSING PROFESSION.....	84
TABLE: IV.J.1: PERCENT OF PITT-OAKLAND BSN STUDENTS SATISFIED WITH ACADEMIC ADVISING.....	85
TABLE: IV.J.2: PERCENT OF PRECEPTORS FOR BSN COURSES WITH A BSN DEGREE.....	85
TABLE IV.J.3: BSN AND MSN GRADUATING STUDENT SCORES THAT MEET THE WRITING ASSESSMENT BENCHMARK (EXPECTED)	86
TABLE IV.J.4: BSN NCLEX SCORES DO NOT MEET THE 95% SON BENCHMARK (EXPECTED)	87

Institutional Overview

The University of Pittsburgh (Pitt) is a state-related public research-intensive university Pitt includes the Oakland campus and four regional campuses: The Johnstown campus, Bradford campus, and the Greensburg campus, all four-year undergraduate colleges, and the Titusville campus, a two-year college. Pitt is accredited by the Middle States Association of Colleges and Schools Commission on Higher Education, a major accrediting body for institutions of higher education in the Mid-Atlantic region. The most recent Middle States Association accreditation reaffirmation was June 28, 2012, with inclusion of additional locations within the scope of accreditation reaffirmed November 16, 2017. In 2018, the *Wall Street Journal/ Times Higher Education* College Rankings rated Pitt as the best public university in the Northeastern United States. Pitt ranks 12th among U.S. public universities and 43rd internationally according to the 2017 Center for World University Rankings. A member of the prestigious Association of American Universities (AAU), Pitt ranks ninth nationally in federal science and engineering funding according to the National Science Foundation and ranks fifth among U.S. universities for grants awarded to faculty members by the National Institutes of Health.

The Pitt is governed by a Board of Trustees and lead by a chief executive officer, Chancellor Patrick Gallagher. The board is composed of 36 voting members, counting 12 who are appointed by Commonwealth of Pennsylvania officials. Pitt has 15 Oakland-campus schools. These divisions are: the Kenneth P. Dietrich School of Arts and Sciences, School of Education, the John A. Swanson School of Engineering, School of Law, School of Social Work, School of Computing and Information, the School of Business, which includes the Joseph M. Katz Graduate School of Business, the Graduate School of Public and International Affairs, University Honors College, and the Schools of the Health Sciences; which include the School of Dental Medicine, School of Health and Rehabilitation Sciences, School of Medicine, School of Pharmacy, Graduate School of Public Health, and the School of Nursing (SON). The Pitt's University Officers organizational chart is in Appendix 1.

Pitt has a strong relationship with the University of Pittsburgh Medical Center (UPMC). UPMC consists of over 30 hospitals and more than 600 doctors' offices and outpatient sites, as well as international and enterprises divisions. It is one of the foremost non-profit health systems in the United States. UPMC has been recognized as one of "America's Best Hospitals" by *U.S. News & World Reports*, and is nationally ranked in 14 medical specialties, maintaining membership in the exclusive Honor Roll group, wherein hospitals must achieve high scores in six or more specialties to be considered. Through its association with the University of Pittsburgh Schools of the Health Sciences, UPMC continues to effectively develop world-renowned programs in transplantation, oncology, neurosurgery, psychiatry, orthopaedics, and sports medicine. (See Appendix 2 for the Schools of the Health Sciences organizational chart)

Institutional Overview of the Program Under Review

The University of Pittsburgh School of Nursing (SON) is 79 years old, founded in 1939. The SON offers a baccalaureate program (BSN), a master's program (MSN), a Doctor of Nursing Practice (DNP) program, a PhD program and post-master's certificates. The SON offers the baccalaureate degree on three tracks, Traditional Pre-licensure, Accelerated 2nd Degree, and RN Options (RN-BSN, RN-MSN, and RN-DNP). The RN-option have recently been changed to an online format. Beginning in Spring 2019, three students are enrolled in the RN-BSN option and no students are enrolled in the RN-MSN and RN-DNP option. The MSN program is composed of five areas of concentration (AROCs) including: two majors, Neonatal Nurse Practitioner and Nurse Anesthesia, and 2) three specialty roles, Clinical Nurse Leader, Nursing Informatics and Nursing Administration. (See Appendix 3 for SON Program Summary table). Three AROC are closed to enrollment, Neonatal Nurse Practitioner, Nurse Anesthesia and Nursing Administration as these programs have been moved to the DNP-level. There is only one student completing Nursing Administration and two students completing Nurse Anesthesia. The baccalaureate and master's programs were accredited by CCNE October 1, 2009. The DNP Program was approved by CCNE October 1, 2009 and accredited February 24, 2014. The APRN certificates were approved February 24, 2014 by CCNE. The DNP in Nurse Anesthesia was accredited by the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) May 19, 2010. The SON is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation (PO229) until July 31, 2021. The table below identifies the programs under review:

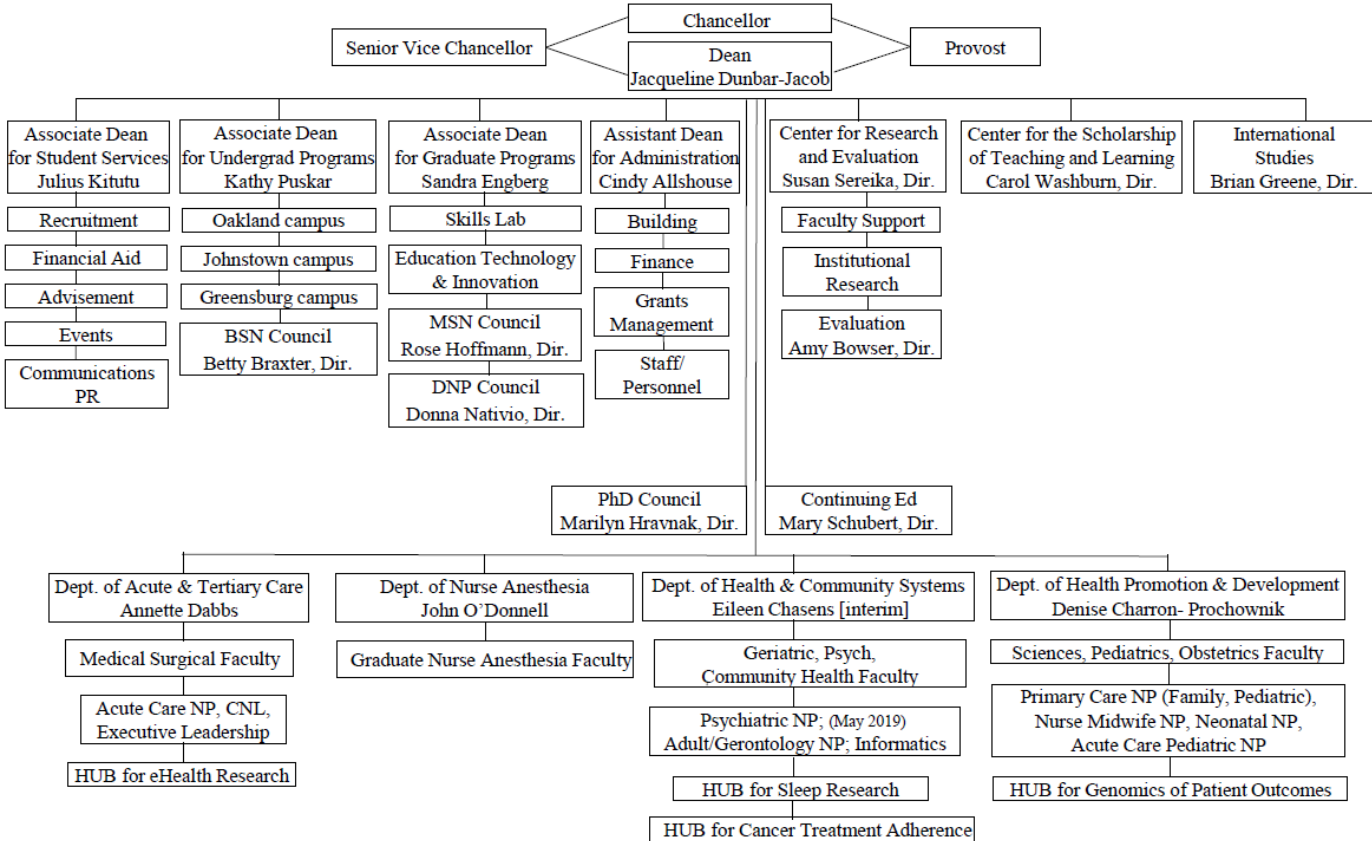
Pitt SON			
Pitt-Oakland (Main Campus)		Pitt-Johnstown	Pitt-Greensburg
MSN Program	BSN Program	BSN program	BSN Program
<i>Areas of Concertation</i> Clinical Nurse Leader Nursing Informatics Neonatal Nurse Practitioner Nurse Anesthesia Nursing Administration	<i>BSN Tracks</i> 4-year Traditional Accelerated Second Degree RN Options	BSN 4-year Traditional	BSN 4-Year Traditional

Overall, the SON has 586 baccalaureate students, 152 master's students, 163 DNP students, and 28 PhD students enrolled (2017-2018 Academic Year). The SON currently employs 86 100% doctorally-prepared full-time faculty and 27 part-time faculty. Pitt Nursing is ranked 7th and 5th in *U.S. News & World Report's* 2019 Best Nursing Grad Schools for MSN Programs and DNP Programs, respectively. *U.S. News and World Report's* 2018 Best Nursing Grad Schools also highly ranked SON in the following concentrations: Administration: 10th, Clinical Nurse Leader: 4th, Nurse Anesthesia: 4th, Nursing Informatics: 7th, Nurse Practitioner Adult/Gerontology, Acute Care: 7th, Primary Care: 12th, Family Nurse Practitioner: 12th, Pediatric, Primary Care: 6th, Psychiatric/Mental Health: 12th. The SON is also ranked 23rd in *U.S. News and World Report's* Best Online Graduate Nursing Programs and 17th in OS World University rankings by Subject. The National Research Council ranked Pitt Nursing 10th among Nursing PhD Programs. College Choice rated the SON the Best Nurse Practitioner Program. SON is ranked 16th by QS Top University's World University Rankings by subject. SON is ranked 4th in NIH funding.

The SON consists of four academic departments: Acute and Tertiary Care, Health and Community Systems, Health Promotion and Development, and Nurse Anesthesia. The Acute and Tertiary Care Department faculty cover topics such as ethics, medical/surgical nursing, and pharmacology at the baccalaureate level, along with several areas of concentration within the Masters and doctoral programs. Health and Community Systems includes faculty whose expertise lies within both inpatient and community settings. Health Promotion and Development includes a variety of undergraduate courses as well as the Master's and Doctor of Nursing Practice areas of concentration Nurse Practitioner programs. The Department of Nurse Anesthesia is comprised of faculty whose primary expertise is in the theory and practice of anesthesia care delivery and notably houses the Doctor of Nursing Practice Nurse Anesthesia Program.

Six administrative departments operate within the SON. The Office of the Dean houses the SON's Dean and four associate deans: The Associate Dean for Graduate Clinical Education, the Associate Dean or Undergraduate Education, the Associate Dean for Student Affairs and Alumni Relations, and the Assistant Dean for Administration. The Personnel Manager and Director of International Affairs also function under the Office of the Dean. The Dean appointed the Director of International Studies in December 2017 to coordinate and support the initiatives for international students including study abroad, visiting scholars, and support services for international students. Student Affairs and Alumni Relations (SAAR) is responsible for student recruitment, advising, orientation, communication, and alumni activities. The Center for Research and Evaluation (CRE) provides form design, data entry and verification, programming, data management, and data analysis services to SON faculty and student researchers. SON program evaluation and institutional research is also housed in the CRE. The Center for the Scholarship of Teaching and Learning in Nursing provides faculty with opportunities in the research of nursing education and faculty development. The office of Educational Technology and Innovation (ETI) provides technology and instructional support services to the School's faculty, staff and students. Professional Development in Nursing (PDN) provides a variety of live and online educational activities to promote lifelong learning for professional nurses. The organizational chart for the Pitt SON is below.

University of Pittsburgh School of Nursing
Administrative Offices



02/2019

The SON has established four Research HUBs: Genomics of Patient Outcomes, Behavioral Mechanism of Symptoms and Cancer Treatment Adherence, Excellence in eHealth Research, and Sleep and Circadian Rhythms. SON has two biological laboratories, a Molecular Genomics Laboratory and a Cellular and a Molecular Pathology Laboratory. Additionally, the school has a newly renovated skills laboratory, thoroughly utilized to maximize students' opportunities for hands-on learning and simulated experiences.

Two of Pitt's regional campuses, Johnstown and Greensburg, have been recently equipped to offer the BSN degree through the same curriculum as the Oakland campus; both are accredited by CCNE through Pitt SON.

The University of Pittsburgh at Johnstown (Pitt-Johnstown) nursing program employs five full-time faculty, with 153 undergraduate students enrolled as of January 2018. Since the new Nursing & Health Science Building opened in 2013, students have benefitted from state-of-the-art learning spaces, as well as a simulation lab that leverages technology to enhance critical thinking and skills development.

The University of Pittsburgh at Greensburg (Pitt-Greensburg) nursing program opened in May 2017, employs two full-time faculty. UPG has enrolled 13 students in its first class of undergraduates. Through partnerships with healthcare providers such as Excelsa Health System and the University of Pittsburgh Medical Center, students will gain clinical experience in acute and long-term care settings, schools, clinics, senior citizens' centers, pediatrics, and a variety of other community organizations and services.

Standard I Program Quality: Mission and Governance

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

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

1. congruent with those of the parent institution; and
2. reviewed periodically and revised as appropriate.

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

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Program Response:

The University of Pittsburgh (Pitt), School of Nursing (SON) mission statement, goals, and programs outcomes (MGOs) are congruent with those of its parent institution: Pitt. The Pitt SON (hereafter, SON) goals come from the mission statement and are congruent with Pitt strategic plan goals. SON program outcomes are here defined as three categories of outcomes, which comprise 1) Student Learning Outcomes, 2) Faculty Outcomes, and 3) Program Achievement Outcomes that are CCNE specified in Standard IV and our Other Outcomes listed in IV-I. Student Learning Outcomes are divided into two groups. First, there are the SON Student Learning outcomes (SLO) for each BSN and MSN programs that reflect the AACN Essentials. These outcomes are listed on our website (BSN, <https://www.nursing.pitt.edu/degree-programs/undergraduate-bsn-program> MSN, <https://www.nursing.pitt.edu/degree-programs/master-science-nursing-msn>). Second, there are the University Student Learning Outcomes associated with characteristics of a Pitt graduate (http://www.pitt.edu/~provost/learning_goals.html). These outcomes include demonstrating competence in writing, quantitative reasoning, global health, and informatics.

SON’s Mission Is Congruent with Pitt’s Mission Statement

The SON mission statement mirrors Pitt’s mission statement. Both mission statements are posted on the Internet (please use links in Table I.A.1 to view). Table I.A.1 shows that Pitt’s mission statement is reflected in corresponding statements in the SON mission statement.

Table I.A.1. Congruence Between Pitt and SON Mission Statements

Pitt Mission Statement https://catalog.upp.pitt.edu/content.php?catoid=132&navoid=11512	SON Mission Statement https://www.nursing.Pitt.edu/about/our-mission-and-philosophy .
1. Provide high-quality undergraduate programs in the arts and sciences and professional fields, with emphasis upon those of special benefit to the citizens of Pennsylvania	1. Provide high-quality undergraduate education in nursing
2. Offer superior graduate programs in the arts and sciences and the professions that respond to the needs of Pennsylvania, as well as to the broader needs of the nation and the world	2. Maintain and develop superior graduate programs in nursing that respond to the needs of healthcare in general and nursing in particular within Pennsylvania, the nation, and the world
3. Engage in research, artistic, and scholarly activities that advance learning through the extension of the frontiers of knowledge and creative endeavors	3. Engage in research and other scholarly activities that advance learning through the extension of the frontiers of knowledge in healthcare

4. Cooperate with industrial and governmental institutions to transfer knowledge in science, technology, and healthcare	4. Cooperate with healthcare, governmental, and related institutions to transfer knowledge in health sciences and healthcare
5. Offer continuing education programs adapted to personal enrichment, professional upgrading, and career advancement interests and needs of adult Pennsylvanians	5. Offer continuing education programs adapted to the professional upgrading and career advancement interests and needs of nurses in Pennsylvania
6. Make available to local communities and public agencies the expertise of the University in ways that are consistent with the primary teaching and research functions and contribute to social, intellectual, and economic development in the Commonwealth, the nation, and the world	6. Make available to local communities and public agencies the expertise of the School of Nursing in ways that are consistent with the primary teaching and research functions and contribute to the intellectual and economic development in healthcare within the commonwealth, the nation, and the world

SON Mission, Goals, and Expected Program Outcomes Are Reviewed/Revised Periodically as Needed

This review occurs every 5 years. The most recent faculty review and approval of the SON mission and goals were in the Total Faculty meeting in November 2018 (See Total Faculty Organization [TFO] minutes 11/18). The BSN and MSN student learning outcomes linked to the essentials were approved in the Total Faculty meeting in November 2017 (See TFO minutes 11/17).

SON Goals Are Congruent with Pitt Goals

Every 5 years, Pitt develops a strategic plan with goals aligned with its mission. Pitt’s strategic plan contains five initiatives: 1) Advance Educational Excellence, 2) Engage in Research of Impact, 3) Strengthen Communities, 4) Build Foundational Strength, and 5) Embrace Diversity and Inclusion. Pitt’s Strategic Plan is available to faculty, students, and other constituents on the Internet (https://www.pitt.edu/sites/default/files/Plan%20for%20pitt_11032016.pdf). Each Pitt school developed school-related goals to advance the five initiatives. The SON developed goals that coincide with each Pitt strategic plan initiative. Table I.A.2 lists the SON goals and the associated Pitt strategic plan initiatives. Please see the 2018 Pitt-SON strategic plan and outcomes and a list of 2019 goals in the Resource Room.

Table I.A.2. Congruence Between Pitt Goals and SON Goals

Pitt Strategic Plan Goals	SON Goals	2017-18 SON Strategic Plan Goals
Advance Educational Excellence	Prepare highly educated and competent nurses ready to enter the workforce	Advance Personalized Education Develop Center for the Scholarship of Teaching and Learning in Nursing
Engage in Research of Impact	Contribute to and disseminate the scholarly evidence-base in nursing and health care	Increase NIH funding by 0.5 million dollars
Strengthen Communities	Provide service to the profession and other communities of interest	Strengthen Alumni Connections through increasing alumni events (See Appendix 4) and strengthen presence on social media
Embracing the World	Contribute to the intellectual and economic development in healthcare within the commonwealth, the nation, and the world Provide high-quality undergraduate education in nursing	Increase international collaborations Increase number of study abroad opportunities for nursing students
Embrace Diversity and Inclusion	Prepare highly educated and competent nurses ready to enter the workforce	Increase diversity of faculty and staff

SON Student Outcomes Are Congruent with Pitt Outcomes

SON BSN and MSN program learning outcomes, based on the AACN Essentials, are congruent with the characteristics of a Pitt graduate. See Table I.A.3.

Table I.A.3. Congruence Between Pitt Characteristics of a Graduate and SON Student Learning Outcomes

Characteristics of a Pitt Graduate+	SON BSN Student Learning Outcomes++	SON MSN Student Learning Outcomes+++
Exhibit mastery of their discipline	Implement holistic, evidence-based, safe patient-centered care across the health-illness continuum, across the lifespan, and in all healthcare settings.	Apply the best available evidence from nursing and other sciences to advance patient education, enhance the accessibility of care, analyze practice patterns, and improve healthcare outcomes.
Think critically and analytically	Synthesize knowledge from liberal education with professional nursing.	Integrates scientific findings from nursing, biopsychological fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse setting.
Gather and evaluate information effectively and appropriately	Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.	Demonstrate the ability to use the steps of evidence-based practice to implement clinical practice guidelines or design projects to improve healthcare delivery.
Understand and be able to apply basic, scientific and quantitative reasoning	Collaborate with members of the interprofessional team to develop an assessment and intervention plan that takes into account the determinants of health and available resources that contribute to clinical prevention and population health.	Applies research outcomes to resolve practice problems.
Communicate clearly and effectively	Incorporate effective communication skills to contribute the nursing perspective to interprofessional teams to optimize patient outcomes.	Use effective communications strategies to develop, participate, and lead interprofessional teams and partnerships.
Use information technology appropriate to their discipline	Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe, effective nursing practice.	Use current emerging technologies and data analytics to enhance nursing practice.
Understand and appreciate diverse cultures (both locally and internationally)	Explore the impact of sociocultural, economic, legal, and political factors influencing patient care quality, workplace safety, and the scope of nursing and other health professionals' practice	Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions.
Work effectively with others	Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings	Apply organizational and systems leadership principals to a clinical setting.
Have a sense of self, responsibility to others, and connectedness to the University	Assume accountability for personal and professional behaviors that demonstrate the nursing standards of moral, ethical, and legal conduct	Advocate for policies that improve the health of the public and the profession of nursing

+ http://www.pitt.edu/~provost/learning_goals.html

++ <https://www.nursing.pitt.edu/degree-programs/undergraduate-bsn-program>

+++ <https://www.nursing.pitt.edu/degree-programs/master-science-nursing-msn>

Pitt requires all degree programs to identify three to five learning outcomes that are consistent with the Pitt's characteristics for all graduates. To date, we have developed four learning outcomes. SON developed global learning outcomes by using the characteristics of a Pitt graduate and tailoring the statement to the SON mission and goals for the nursing student. Table I.A.4 displays the characteristics of a Pitt graduate and the four learning outcomes that SON has currently developed and assessed.

Table I.A.4. Association of Pitt Characteristics of a Graduate and SON Assessments

Characteristics of a Pitt Graduate http://www.pitt.edu/~provost/learning_goals.html	SON Learning Outcomes	SON School-Wide Assessment
Think critically and analytically	Nursing students develop a thesis and synthesis research with their ideas to produce a logical argument for decision-making.	Student writing
Gather and evaluate information effectively and appropriately	Nursing students will apply research and evidence to nursing practices/ problems and will communicate these ideas in writing.	Student writing
Understand and be able to apply basic, scientific and quantitative reasoning	Nurses will use quantitative reasoning skills to care for patients which will be measured through clinical case studies around patient care	Quantitative reasoning test
Communicate clearly and effectively	Nursing students will apply research and evidence to nursing practices/ problems and will communicate these ideas in writing.	Student writing
Use information technology appropriate to their discipline	Nursing students will report confidence in using informatics competencies to record data and use data in patient care.	Student informatics survey of competencies
Understand and appreciate diverse cultures (both locally and internationally)	Nursing students will demonstrate global health competence, defined as an understanding of the major factors that impact the health of people around the world	Global health assessment
Exhibit mastery of their discipline	To be developed	To be developed
Work effectively with others	To be developed	To be developed
Have a sense of self, responsibility to others, and connectedness to Pitt	To be developed	To be developed

Faculty Outcomes are identified in I-D page 14. Program Achievement Outcomes are the SON completion rates (IV-B), licensure pass rates (IV-C), certificate pass rates (IV-D), employment rates (IV-E) and other program outcomes (IV-I) including 1) percent of student graduates who continue on for a higher nursing degree, 2) alumni satisfaction with the nursing program, 3) students' perceived confidence level in the AACN Essentials, and 4) number of nursing opportunities in study abroad programs.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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

1. The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];
2. The Essentials of Master's Education in Nursing (AACN, 2011);
3. The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and
4. Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016].

A program may select additional standards and guidelines that are current and relevant to program offerings.

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

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

Program Response:

The SON has incorporated Professional Nursing Standards and Guidelines (PNSG) into the BSN and MSN programs. Table I.B.1 lists all professional nursing standards and guidelines we follow for the preparation of nursing professionals. The BSN program comprises three BSN tracks including 1) 4-year traditional, 2) Accelerated Second Degree (ABSN), and 3) RN-BSN Online. The MSN program is organized into majors or Areas of Concentration (AROC) that comprise 1) Clinical Nurse Leader (CNL), 2) Neonatal Nurse Practitioner (NNP), 3) Nursing Informatics, 4) Nursing Administration, and 5) Nurse Anesthesia. Our MSN Nurse Anesthesia major and two of the AROCs (NNP and Nursing Administration) are closed to enrollment and will be closed when all students graduate. See III-A (Table III.A.1) for further explanations (page 40).

Table I.B.1. SON Selected Standards and Guidelines

All Programs	
BSN and MSN	Core Competencies in the <i>Interprofessional Collaborative Practice Competencies</i>
Each Program	Standards and Guidelines
BSN	<i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> [AACN, 2008] <i>Quality and Safety for Nurses</i> (AACN, 2012)
MSN	<i>The Essentials of Master’s Education in Nursing</i> (AACN, 2011)
BSN tracks	
RN-BSN Option (ONLINE)	AACN (2012) white paper “Expectations for Practice Experiences in the RN to Baccalaureate Curriculum” http://www.aacnnursing.org/Portals/42/News/White-Papers/RN-BSN-Expectations-White-Paper.pdf
MSN Major and Area of Concentration (AROC)	
Clinical Nurse Leader	American Association of Colleges of Nursing (AACN) http://www.aacnnursing.org/Portals/42/AcademicNursing/CurriculumGuidelines/CNL-Competencies-October-2013.pdf
Neonatal Nurse Practitioner	Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2016]. Population-focused nurse practitioner competences. (NONPF 2013) Nurse Practitioner Core Competencies Content (NONPF 2017) <i>Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner</i> (National Association of Neonatal Nurses [NANN], 2018)
Nursing Informatics	<i>Nursing Informatics: Scope and standards of practice</i> . Silver Spring, MD: American Nurses Association, 2015.
Nurse Anesthetist	<i>Standard for Accreditation for Nurse Anesthesia Educational Program</i> , January 2014. Council on Accreditation of Nurse Anesthesia (COA) http://home.coa.us.com/accreditation/Documents/Practice%20Doctorate%20Standards%20Trial%20Standards_May%202014.pdf <i>Accreditation Policies and Procedures</i> (COA, 2009)

During the 2016-17 academic year, each program reviewed its student learning outcomes (SLOs). Revisions to the BSN program SLOs and MSN program SLOs included the development or rewording of each student outcome to reflect the AACN Essential. Table I.B.2 shows the 2017 SLOs for the BSN and MSN programs. These SLOs are also sequenced across the programs (See Appendix 5). We expect our students to adhere to the *ANA Code of Ethics for Nurses* as evidence in academic policies 305 and 307 (See I-F, p. 18).

Table I.B.2. Associations of AACN Essential Topics and SON BSN and MSN Student Learning Outcomes (SLOs)

Essential Topic	BSN program SLOs	MSN program SLOs
	https://www.nursing.pitt.edu/degree-programs/undergraduate-bsn-program	https://www.nursing.pitt.edu/degree-programs/master-science-nursing-msn

Background for practice	1. Synthesize knowledge from liberal arts education with professional nursing.	1. Integrates scientific findings from nursing, biopsychological fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings
Leadership	2. Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings	2. Apply organizational and systems leadership principals to a clinical setting.
Safety	3. Implement holistic, evidence-based, safe patient-centered care across the health-illness continuum, across the lifespan, and in all healthcare settings	3. Demonstrate the ability to use the steps of evidence-based practice to implement clinical practice guidelines or design projects to improve healthcare delivery.
Scholarship	4. Integrate evidence, clinical judgment, interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.	4. Applies research outcomes to resolve practice problems.
Technologies	5. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe, effective nursing practice.	5. Use current emerging technologies and data analytics to enhance nursing practice.
Health Policy	6. Explore the impact of sociocultural, economic, legal, and political factors influencing patient care quality, workplace safety, and the scope of nursing and other health professionals' practice	6. Advocate for policies that improve the health of the public and the profession of nursing
Communication and collaboration to improve patient and population health outcomes	7. Incorporate effective communication skills to contribute the nursing perspective to interprofessional teams to optimize patient outcomes.	7. Use effective communications strategies to develop, participate, and lead interprofessional teams and partnerships
Clinical Prevention and Population Health	8. Collaborate with members of the interprofessional team to develop an assessment and intervention plan that takes into account the determinants of health and available resources that contribute to clinical prevention and population health.	8. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions
Professionalism	9. Assume accountability for personal and professional behaviors that demonstrate the nursing standards of moral, ethical, and legal conduct.	9. Incorporate ethical principles and identify ethical issues in practices
Nursing Practice	10. Implement holistic, evidence-based, safe patient-centered care across the health-illness continuum, across the lifespan, and in all healthcare settings	10. Apply the best available evidence from nursing and other sciences to advance patient education, enhance the accessibility of care, analyze practice patterns, and improve healthcare outcomes

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Program Response:

SON’s community of interest (COI) comprise external constituents including advisory boards, the University of Pittsburgh Medical Center (UPMC) System, and other clinical partners, Pitt Schools of Health Sciences and the overall Pitt administration. The SON has an advisory board for the entire school, the Board of Visitors, and there are advisory boards for the BSN program and each MSN Major or AROC. A list of advisory board members and their affiliation appears in Appendix 6. Each advisory board provides feedback in relation to the program/major/AROC curriculum, and student and graduate performance.

The Board of Visitors reflects our external constituencies; membership includes individuals from UPMC, UPMC Health Plan, deans of other schools of nursing, Pitt Health Science Administration, alumni, and nursing national organization leaders. At annual meetings, the Board of Visitors offers input about our MGOs. For example, in 2018, a theme addressed was adapting curriculum and infrastructure to address supply and demand challenges (6/2018 BOV minutes), and in 2017, a theme was to align long-term strategic priorities and objectives with short term initiatives (6/2017 BOV minutes).

One of the largest employers of SON nursing students is UPMC. UPMC is a \$19 billion healthcare provider based in Pittsburgh comprising 40 academic, community, and specialty hospitals that employs 4,800 physicians (www.upmc.com/about/facts). UPMC and SON enjoy a close relationship through partnerships, faculty involvement in UPMC, and UPMC staff participation on SON Councils.

Pitt provides SON feedback to the MGOs. The SON Dean works with the Pitt institutional administration, including the Senior Vice Chancellor of Health Sciences, University Provost, and Chancellor of the University of Pittsburgh. Input from institutional administration is incorporated into the SON’s mission and goals (See 2018 School of Nursing Strategic Plan in Appendix 7).

Internal constituencies are faculty, students, and alumni. Faculty provide feedback through surveys and participation in the SON TFO, BSN and MSN Councils, standing Committees, and Department meetings. Input from the student-community of interest is ascertained through several venues, which include the graduating students’ SON End-of-Program Survey, Pitt’s Senior Survey, student representatives on BSN, MSN, and DNP Councils, and the Dean’s BSN Student Advisory Board. Alumni provide feedback to the SON in several ways: Alumni receive surveys at the 6-month, 3-year, and 5-year point after graduation. Alumni have opportunities to respond to their satisfaction with their educational preparation for their nursing practice. Alumni participate on Advisory Boards, speak on industry topics, and have opportunities to gather at regional alumni events. These activities allow alumni to stay connected to the school, provide feedback on the types of program they are interested in, inform current students on industry changes, and have a sense of community with fellow nursing alumni

I-D. The nursing unit’s expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit’s expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Program Response:

Faculty appointment descriptions are found in the Pitt faculty handbook (<http://www.provost.pitt.edu/faculty-handbook>) and the SON’s Guidelines for Faculty Appointment and Promotion (https://www.nursing.pitt.edu/sites/default/files/Guidelines%20for%20Faculty%20Appointment%20and%20Promotion%202011%20-%20Approved_0.pdf). Table I.D.1 provides excerpts from each document that link the SON faculty appointment expectations with the Pitt faculty appointment expectation. Please see the SON’s faculty appointment guidelines in the Resource Room.

Table I.D.1. Congruence Between Pitt and SON Faculty Appointments and Expectations

	SON—Minimum Qualifications for Faculty Appointment by Rank	Pitt Tenured and Tenure-stream Faculty Qualifications http://www.provost.pitt.edu/faculty-handbook/ch2_appt_tenure Chapter 4
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Professor	A. An earned doctorate in nursing or a related field B. Evidence of excellence as a teacher C. Evidence of authoritative knowledge and reputation as indicated by publications, grants or any other validating material. D. Recognized as a leader in a field through research, writing, professional practice, or leadership in professional and learned organizations.	Recognizes the attainment of authoritative knowledge and reputation in a recognized field of learning and the achievement of effective teaching skill. The professor should have attained superior stature in his or her field through research, writing, professional practice, and leadership in professional and learned organizations, as well as having exceeded the standards described for ranks shown (Below).
Associate Professor	A. An earned doctorate in nursing or a related field B. Evidence of excellence as a teacher C. Evidence of sustained scholarly productivity as indicated by publications, grants, or any other validating material D. Expertise recognized at the national/international level	Possesses a doctorate or appropriate professional degree and has substantial experience in teaching and research or applicable professional experience. The person should show capacity and will to maintain teaching effectiveness and the ability for continuing growth as a teacher, scholar, and member of his or her profession. He or she should also have progressed in attaining eminence in a scholarly or professional field. An associate professor must display consistently mature performance in the course and curriculum planning, in guiding and counseling students and junior faculty members, and in participating in the activities of the University.
Assistant Professor	A. An earned doctorate in nursing or a related field is required B. Evidence of or potential for excellence in clinical and/or classroom teaching C. Demonstrated expertise in the area of nursing or expertise in a related substantive area D. Evidence of potential to produce scholarly work	Demonstrated teaching ability, substantial experience in advanced study and research, or professional experience of a kind which would enable him or her to make a comparable academic contribution. The assistant professor should possess a doctorate or appropriate professional degree. He or she should exhibit promise of originality and excellence in some field connected with teaching, writing, research, or the creative arts, and should have demonstrated ability in guiding and counseling students
Instructor	A. Preferred: Earned doctorate Required: Master's degree in nursing or related field B. Indication of knowledge about teaching-learning process as evidenced by educational program or experience teaching C. Demonstrated expertise in area of nursing or related field	Earned doctorate or the highest appropriate professional degree, or provide evidence that he or she is successfully pursuing such a degree and expects to receive it within reasonable time. In some technical fields, professional experience may bear considerable weight; in other areas, teaching experience is essential.

All full-time faculty in the SON must have a doctoral degree (i.e., DNP, PhD, or other doctorate). All faculty regardless of rank or track, except the 4-day week clinical faculty, are expected to demonstrate excellence in teaching and scholarship, which includes annual publications, and service to the school, university, community, and/or the profession. Pitt also has part-time and adjunct faculty. These faculty members are 100% teaching faculty. Table I.D.2 provides excerpts of Tenure-track faculty expectations. The faculty expectations for tenure and non-tenured faculty are in the Faculty Guidelines for Appointment and Promotion (See Appendix 8).

Table I.D.2: Excerpts of SON's Criteria for Faculty Appointment

	Teaching	Scholarship	Service
Tenure Track Professor	A. Nationally and internationally recognized as having attainment of authoritative knowledge	B. Presents peer-reviewed and invited papers at national and/or international meetings	A. Commitment to community service related to professional expertise B. Demonstrates leadership within the research arena

	<p>B. Recognized as a national and international expert in area of specialization</p> <p>C. Recognized for sustained excellence in teaching</p> <p>D. Assumes sustained leadership in curriculum activities</p>	<p>C. Publishes data-based articles and other articles in highly regarded refereed journals</p> <p>D. Conducts a program of research in a well-defined area which is externally funded and peer-reviewed</p> <p>E. Provide consultation and mentorship on research</p> <p>F. Achieves significant recognition and/or awards for professional contributions</p> <p>G. Takes a leadership role in other scholarly activities,</p> <p>H. Mentors faculty</p>	<p>C. Demonstrates ways to improve the interdisciplinary collaborative relationship</p> <p>D. Has chaired or held office in SON and/or University committees</p> <p>E. Assumes leadership, e.g., chairperson, officer, appointed/elected committee member, Board of Directors), state, regional, and/or national professional organizations</p> <p>F. Participates in national committees, including advisory</p>
Tenure Track Associate Professor	<p>A. Has nationally recognized expertise in an area of research</p> <p>B. Demonstrates expertise in nursing or relevant discipline and teaching</p> <p>C. Demonstrates evidence of excellence in teaching</p> <p>D. Assumes leadership in curriculum activities</p>	<p>A. Integrates and analyzes research findings in teaching and practice</p> <p>B. Presents papers at national and/or international meetings</p> <p>C. Publishes data-based research articles and other articles in refereed journals</p> <p>D. Initiates and conducts externally funded peer review research projects</p> <p>E. Achieves significant recognition and/or awards for contributions to one's profession</p> <p>F. Participates in other scholarly activities</p> <p>G. Mentors junior faculty</p>	<p>A. Commitment to community service related to professional expertise</p> <p>B. Demonstrates leadership within the research arena</p> <p>C. Demonstrates ways to improve the interdisciplinary collaborative relationship</p> <p>D. Has chaired or held office in School and/or University committees</p> <p>E. Assumes leadership, e.g., chairperson, officer, appointed/elected committee member, Board of Directors), state, regional, and/or national professional organizations</p> <p>F. Participates in national committees, including advisory committees</p> <p>G. Participates in service to the profession through consultation or continuing education in the SON and/or professional organizations</p>
Tenure Track Assistant Professor	<p>A. Demonstrates evidence of increasing depth in an area of specialty</p> <p>B. Demonstrates competence in nursing or relevant discipline of teaching competency</p> <p>C. Demonstrates evidence of growth toward excellence in classroom and/or clinical teaching</p> <p>D. Actively contributes to curriculum activities through relevant council and committees</p>	<p>A. Integrates research findings in teaching and practice</p> <p>B. Presents papers at state or regional and national meetings</p> <p>C. Publishes data-based research articles and other articles in refereed journals</p> <p>D. Directs funded research projects which may be internally funded and submits applications for external funding.</p> <p>E. Provides consultation on the conduct of research</p> <p>F. Participates in other scholarly activities</p> <p>G. Mentors graduate students</p>	<p>A. Provides community service related to expertise</p> <p>B. Contributes to the interdisciplinary collaborative research relationship</p> <p>C. Serves as a member, chair, and/or holds offices on SON committees. Serves as a member, officer, or chairperson in state and/or regional professional organizations</p> <p>D. Participates in service to the profession through consultation or continuing education in the SON and/or professional organizations</p>

Expected faculty outcomes are defined in the SON annual merit form. In 2016, the SON licensed a school-wide faculty and student productivity database called ProjectConcert. Faculty update their annual self-merit information. The SON self-merit form appears in Appendix 9, and faculty information can be viewed in ProjectConcert under Faculty Information.

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

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

Program Response:

Description of student and faculty roles in program governance is found in the SON Bylaws, (See SON website, https://www.nursing.pitt.edu/sites/default/files/Bylaws_revised_01_2019.pdf). All faculty teaching in the BSN program are members of the BSN council, and all faculty teaching in the MSN program are members of MSN council. Student representatives serve on each program level council. In addition, one of our COI, the UPMC hospital system, sends an UPMC representative to each council. In these council meetings, faculty do the following: 1) approve any changes in curricular plans and any new or substantially revised courses specific to their program and new or revised policies or bylaw changes that affect their program, 2) develop action plans for evaluation benchmarks (expected) that were not met, and 3) remain informed of governing activities occurring in SON Committees (e.g., Curriculum, Evaluation Steering, By-laws and Policy, Planning and Budget), Dean’s Council, and advisory boards. BSN and MSN students also serve on the following Committees: 1) Evaluation and Steering, 2) Curriculum, 3) By-laws and Policy, and 4) Planning and Budget. Undergraduate students participate in the Dean’s Advisory Committee and meet once per semester. Students elect representatives to provide input to the Dean; she shares input from the students with department chairs, specific faculty, associate deans, and others as relevant. Other examples of student and faculty participant in program governance is in the Academic Integrity Committee. Six MSN students volunteered to serve on the 2017-18 committee. Other avenues of student participation in school governance are through participation and leadership in the Nursing Student Association (NSA), the Graduate Student Organization, and Chi Eta Phi (the diversity sorority).

Faculty participation in the development and revision of policies occurs through the By-laws and Policy Committee, which reviews the SON undergraduate, graduate, and general policies (<https://www.nursing.pitt.edu/resources-students/policies>), and comprises nine faculty, two students, and four staff members (See Appendix 10 for the current standing committee). Program Councils review policies relative to their program. Once approved, the policies go to the TFO for a vote. Administrative policies are reviewed and revised by the Dean’s Council and announced at the TFO monthly meeting.

SON faculty (15%) also participate in Pitt governance primarily through participation on various University Senate standing committees. Faculty participation on various University Senate standing committees are listed in Appendix 11. SON Deans participate on Pitt leadership councils and committees, which include the Provost’s Advisory Committee on Undergraduate Programs, the University Council on Graduate Studies, the Enrollment Management Committee, and the University Council of Deans. Currently, the Dean serves on the University Budget and Planning Committee and the Health Sciences Budget and Planning Committee.

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

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

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

Program Response:

The SON creates and maintains undergraduate academic policies, graduate academic policies, “general” policies (applicable across programs), and administrative policies, which all are posted on the SON website (<https://www.nursing.pitt.edu/resources-students/policies>).

Pitt and SON policies are congruent. SON administrative policy 421 states that any policy enacted by Pitt will automatically be enacted by the SON. Furthermore, The SON By-laws and Policies Committee reviews policies and ensures that any changes to a SON policy remain congruent with Pitt policies. For example, SON grading policies follow the Pitt grading requirement (e.g., Policy 60, 209, and 313). Table I.F.1 lists three other SON policies that are aligned with Pitt policies (<https://www.nursing.pitt.edu/resources-students/policies>).

Table I.F.1. Congruence Between Pitt Policies and SON Policies

SON Policy	Pitt Policy
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Policy 1: Admission & Financial AID: Undergraduate https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy1_Dec%202017.pdf	Policy 07-01-03 Subject: Nondiscrimination, Equal Opportunity, and Affirmative Action www.bc.pitt.edu/policies/policy/07/07-01-03.html .
Policy 437: Student Code of Conduct This policy incorporates the Pitt Promise	Pitt Promise https://www.studentaffairs.pitt.edu/dean/pitt-promise/
Policy 365: Verification of English Language Proficiency for Students Classified as Foreign Students https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy_365%20March_2018.pdf	University Policy 09-02-01 http://www.cfo.pitt.edu/policies/procedure/09/09-02-01.html

The SON ensures the requirements for CCNE accreditation and PA Board approval are met. Policy 430 details the approval process for changes to courses or curriculum where approval is required from PA State and/or CCNE. SON policies also reflect the ANA Code of Ethics including Policy 437: Student Code of Conduct (<https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy%20437%20student%20code%20of%20conduct.pdf>), Policy 307: Academic Integrity and Student Obligations (https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy_307_March_2018.pdf), and Policy 305: Unsafe Student Clinical Performance (https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy_305_2016.03_Final.pdf). The Student Code of Conduct Policy cites the “Code for Nurse,” and the Academic Policy states that students may be found to violate their student obligation if they violate any part of the Code for Nurses. The Unsafe Clinical Performance Policy states that the patient, public and staff have a right to safety, which is paramount and supersedes student learning and skills. The ANA Code for Nurses is noted in the policy as addressing that the nurse must act to safeguard the client and public when safety is affected by any person who is incompetent or unethical. SON faculty must first follow the ANA Code for Nurses and protect the patient’s safety when assigning and supervising nursing student in the clinical setting.

The By-laws and Policy Committee is charged with ensuring SON policies are aligned with Pitt policies. For example, in addition to the policies in Table I.F.1, other SON Policies 444, 311, 310, and 32 reference the Pitt policy numbers to allow individuals to cross-reference what SON and Pitt support. (See SON policy page on website: <https://www.nursing.pitt.edu/resources-students/policies>). Program-relevant student policies are discussed in the BSN First-year Seminar (NUR 0001) and the graduate student Orientation Module (NUR 2044).

A defined process exists by which policies are regularly reviewed as noted in the minutes and by-laws of the policy committee (See Resource Room for minutes). Policies are reviewed every 3 years on a rotating basis or as required and revised as necessary. Revisions to policies are reviewed by appropriate Program Councils (BSN, MSN, DNP or PhD) and changes to undergraduate, graduate, and general policies are approved by the TFO. Revisions to administrative policies (400-level) are approved by the Dean’s Council, sent to the Bylaws and Policy Committee, and presented at TFO for information only.

Several mechanisms exist to make sure students are aware of SON and Pitt policies. Program-relevant student policies are discussed in the BSN Freshman Seminar (NUR 0001) and the graduate student Orientation Module (NUR 2044). Policies are posted on the SON website with a link at the bottom of every webpage.

In the Summer and Fall 2018 terms, graduating students were asked on the end-of-program survey to rate their agreement with the statement, “SON policies are fair and equitable.” Table I.F.2 show the response:

Table I.F.2. Graduating Students’ Agreement on “SON’s Policies Are Fair and Equitable”

Program	Percent of Student Agreement
BSN	88% (n = 64)
MSN	97% (n = 37)

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

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

Program Response:

The SON has a written policy on formal student complaints (SON Policy 424, Formal Student Complaints, <https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy%20424%20kp%202-17%20revisions.pdf>). In Policy 424, complaints are defined as “Any signed, written claim brought by a student alleging discriminatory, improper, or arbitrary treatment.” The policy explains that “No retaliation or adverse action shall be taken against any student for initiating, participating, or refusing to participate in, a formal complaint.” The SON formal complaint process follows Pitt policies 1) 06-05-01, Health, Safety, and Sexual Misconduct, <https://cfo.pitt.edu/policies/documents/procedure06-05-01web.pdf>; 2) 07-01-03, Nondiscrimination, Equal Opportunity, and Affirmative Action <https://cfo.pitt.edu/policies/documents/procedure07-01-03web.pdf>; and 3) Policy 02-03-02, Guidelines on Academic Integrity - Student and Faculty Obligations and Hearing Procedures, <https://www.cfo.pitt.edu/policies/policy/02/02-03-02.html>. Formal complaints involving academic integrity fall under the SON Policies: 1) Policy 306: Academic Integrity (https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy_307_March_2018.pdf), and 2) Policy 306: Faculty Obligations (<https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy%20306%20dec2016sje.pdf>).

BSN students are introduced to the formal complaint process in BSN First-Year Seminar (NUR 0001), in which students share and review policies. MSN students are introduced to the formal complaint process in NUR 2044: Nursing Orientation Module. There is a separate section in the module pertaining only to this process. A link is provided to take students to the policy (<https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy%20424%20kp%202-17%20revisions.pdf>).

Table I.G.1 provides students’ rates of agreement with the end-of-program survey question, “I am aware of the formal complaint process.” The SON’s benchmark (expected outcome) is “50% of student report being aware of the formal complaint process and how to access relevant policies.” There were no BSN and MSN formal complaints in the years 2015-2018.

Table I.G.1. SON Student Report of Awareness of SON Formal Complaint Process

Year	BSN (all tracks and campuses)	MSN (all majors and areas of concentration)
2017-18	168/199, 84.4%	47/60, 78.3%

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

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

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

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<https://www.aacnnursing.org/CCNE>).”

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.”

Program Response:

Pitt is responsible for providing accurate information to all students, faculty, and staff. On the Pitt website (<https://www.pitt.edu/>), the COI has access to information including student admission process, faculty and staff handbooks, human resource information, and campus-wide resources. Pitt documents accurately communicate Pitt’s mission, goals and outcomes, faculty and student policies, academic calendar, and the academic and physical resources that are available to students, faculty, and staff.

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

² *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016).

The SON website provides nursing students, faculty, and staff with information in relation to the school. Accreditation statements are accessed through the “About” tab, and all accreditation statements are accurate. Descriptions about BSN and MSN programs include a program description and the program learning outcomes. Applicants and students locate information about each BSN track or MSN major including a description, the curriculum, admission process, courses, and course descriptions. Faculty and staff contact information also are provided. Nursing policies are available on the website (<https://www.nursing.pitt.edu/resources-students/policies>).

The website and written material are reviewed annually. Leadership in the SON Student Affairs and Alumni Relations (SAAR) works closely together to ensure all recruitment material in print and on the website is accurate for applicants, students, and alumni. All references to information about student affairs, including recruitment and admission policies, transfer of credit policies, grading policies, tuition/fees, academic calendar, and graduation requirements, are annually reviewed by the Associate Dean for SAAR. Each program, major, or AROC reviews its website information and requests revisions as needed to accurately reflect current information including degree/completion requirements and licensure and/or certification examination eligibility. Changes in information are sent to the Associate Dean of Graduate Clinical Education (MSN programs) or the Associate Dean of Undergraduate Education (BSN tracks). The Associate Deans review and approve all edits. This review process occurs between May and August of each year. Graduate Admission policies are reviewed by the By-laws and Policy Committee every 3 years. This committee comprises faculty from each program council to provide input as needed. Undergraduate admission is done at the Pitt Office of Admission and Financial Aid. The Dean reviews all new and revised policies prior to posting on the main web page. The Assistant Director of Marketing and Communication and the Associate Dean for SAAR are responsible for reviewing and ensuring the accuracy of all other website content.

Standard II Program Quality: Institutional Commitment and Resources

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

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

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

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

Program Response:

The SON comprises three campuses. Pitt's main campus is in Oakland (Pitt-Oakland), a Carnegie R1 institution, and two satellite nursing school campuses are located at the University of Pittsburgh at Johnstown (Pitt-Johnstown) and the University of Pittsburgh at Greensburg (Pitt-Greensburg), both undergraduate regional campuses of Pitt. Budgeting for each campus is distinct and the nursing budget on each campus reflects the campus budget. The following describes the fiscal resources of each campus. The budget enables the achievement of the program's mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program.

Fiscal Resources, Budget, and Review Process

Pitt-Oakland Budget. While budgets for the individual units in the Pitt Schools of the Health Sciences vary according to size and programmatic need, they are treated comparably regarding augmentations and reductions. Table II.A.1 presents the total spending (in thousands) for the SON for the previous 3 years, along with the current budget.

Table II.A.1. Pitt SON (Pitt-Oakland) Summary of Expenses (Thousands)

Fiscal Years 2016-2019				
	Actual	Actual	Actual	Budget
	FY 2016	FY 2017	FY 2018	FY 2019
Salaries	\$ 14,431	\$ 14,330	\$ 14,628	\$ 16,272
Fringe Benefits	4,607	4,611	4,710	5,231
Subtotal Compensation	19,038	18,941	19,338	21,503
Travel and Business	777	742	708	873
Other	5,023	4,529	4,863	6,516
Total Expenses	\$ 24,838	\$ 24,212	\$ 24,909	\$ 28,892

The overarching guidelines for planning, budgeting, and review are set by Pitt through the Planning and Budgeting System (PBS), which is fully detailed on the Pitt website (<http://www.academic.pitt.edu/pb/>). Under this system, individual units and departments within those units are given latitude in assessing their needs and setting their budgets germane to Pitt priorities and funding realities. The SON operating budget is determined annually, with oversight by the Senior Vice Chancellor for Health Sciences and the Provost. Changes to the SON operating budget are based on changes to the Pitt budget. Annual adjustments include funds to allow for employee salary increases, to address changes in the fringe benefit costs, allow financial aid to keep pace with tuition increases, and address specific needs of the SON. Salary increase funds are provided to compensate employees performing satisfactorily as well as address merit, market, and equity needs.

Since 2002, tuition incentive plans have returned to the SON 65% of on-site net tuition earned above goals, and later 70% of online tuition. These incentive plans allowed for new and expanded programs. Beginning in the fiscal year 2019, a new plan is to be implemented for graduate programs that will incorporate both where the student is enrolled and who is teaching the course. Undergraduate incentives will be held by the Provost, who will consider individual SON requests for budget augmentation. Consequently, the budget continues to adequately meet operating needs.

Extramural funding for the SON includes gifts from friends and alumni, sponsored projects, and support from UPMC. The National Institutes of Health (NIH) ranks the SON 4th in research dollars awarded. In addition, the SON

receives support from the Health Resources & Services Administration and the Centers for Disease Control and Prevention. Grants awarded during the fiscal year 2018 from all sources totaled \$10.9 million.

Compensation of nursing unit personnel supports the recruitment and retention of qualified faculty and staff. In addition to salary, Pitt offers an extensive and attractive benefits package. The SON faces the same challenges from external sources as those faced by all nursing schools in competing with higher salaries offered in the clinical arena and other universities. Faculty salaries compare favorably to AACN data, are reviewed annually, and periodically adjusted.

Information that reflects the SON’s ability to recruit qualified faculty and staff can be found in recruitment materials available in the Resource Room. Advertisements for senior faculty positions are placed in professional nursing journals. Over the last 3 years (2016-2018), several new positions were recruited for and filled, which the Nancy Glunt Hoffman Endowed Chair in Oncology Nursing, the Director of the Nurse Midwifery program, the Director of Academic Advisement, and the Director for International Affairs. New personnel include 25 faculty hired for informatics, community health, statistics, genetics, nursing administration, nurse anesthesia, acute care, policy, and psychiatric, medical-surgical, pediatric, and gerontological nursing.

Pitt-Oakland Review Process. The SON conducts its own internal reviews and evaluations to examine its fiscal resources on an ongoing basis. Improvements are made through a process beginning with the SON Planning and Budgeting Committee (PBC), whose purpose, as mandated by SON by-laws, is to 1) serve in an executive advisory capacity to the Dean on matters pertaining to strategic planning and budgetary decisions and 2) evaluate the adequacy of resources for the SON strategic plan. Annually, the PBC reviews performance, financial, and personnel data and brings forth resource issues to the Dean for funding consideration. This is evident in the minutes of the PBC. Department budgets are evaluated annually. Departmental requests for personnel are made and approved throughout the year as needs arise. Annually, each department submits a request for non-compensation expenses. Requests are evaluated and approved by the Dean.

For review of SON fiscal resources for new programs, proposals are presented to the SON PBC, then to the Health Sciences PBC, then to a specific university council; if undergraduate, to Provost’s Advisory Committee on Undergraduate Programs (PACUP); if graduate, to University Council on Graduate Studies (UCGS). In addition, new proposals are discussed at Dean’s Council, specific BSN, MSN, or DNP Councils, Department meetings, and TFO meetings.

Pitt-Johnstown Budget. The Pitt-Johnstown Nursing Department budget does not include expense categories such as financial aid and student services. Table II.A.2 presents the total spending (in thousands) for the Nursing Department for the previous 3 years, along with the current budget.

Table II.A.2: Pitt-Johnstown Nursing Department Summary of Expenses (Thousands)

Fiscal Years 2016-2019				
	Actual	Actual	Actual	Budget
	FY 2016	FY 2017	FY 2018	FY 2019*
Salaries	546.7	567.3	650.9	521.0
Benefits	126.7	158.6	172.1	165.3
Subtotal Compensation	673.4	725.9	823	686.3
Travel and Business	0.6	1.1	3	4.3
Other	43.1	17.1	57.5	38.2
Total Expenses	717.1	744.1	883.5	728.8

*Note. FY19 budget does not include adjunct faculty.

The Pitt-Johnstown Nursing Department budget is determined annually using the same process used by the SON. Budgets for academic departments on the Pitt-Johnstown campus are determined annually by the campus President, with consultation from the Vice President for Finance and Administration and Vice President for Academic Affairs. The changes to the Nursing Department operating budget are based on changes to the University budget, such as annual adjustments include funds to allow for employee salary increases, to address changes in the fringe benefit costs, based on annual planning for the Department that occurs at the campus level. Salary increase funds are provided to compensate employees performing satisfactorily and address merit, market, and equity needs. Compensation for Nursing Department personnel supports the recruitment and retention of qualified faculty and staff and includes an extensive and attractive benefits package.

Pitt-Johnstown Review Process. The Pitt-Johnstown campus conducts its own internal reviews and evaluations to examine its fiscal resources for each academic department, including Nursing, on an ongoing basis. Department budgets are evaluated annually. Departmental requests are made and approved throughout the year as needs arise. Requests are evaluated and approved by the campus President.

Pitt-Greensburg Budget. This nursing unit opened for the 2017-18 academic year. The Nursing Program budget at Pitt-Greensburg was developed as a forecast to account for all expenses (personnel and non-personnel) and all revenues and fees over the first 7 years of the program to allow time to build to target enrollment and maintain that level of incoming students for 4 successive years. The budget allowed for a gradual recruitment of faculty and staff and acquisition of equipment and supplies so that all expenses are covered by revenue each year. The budget is assessed and modified regularly to assure that fiscal resources are adequate to fulfill the mission, goals, and expected outcomes of the program. Table II.A.3 presents the total spending for the Nursing Department for the last year, along with the current budget.

Table II.A.3: Greensburg Nursing Department Summary of Expenses (Thousands)

Fiscal Years 2016-2019				
	Actual	Actual	Actual	Budget
	FY 2016	FY 2017	FY 2018	FY 2019*
Salaries			186.1	224.0
Benefits			58.8	70.1
Subtotal Compensation			244.9	294.2
Travel and Business				
Other				
Total Expenses			244.9	294.2

*Note. FY19 budget does not include adjunct faculty.

Pitt-Greensburg Review Process. Budgeting for academic programs at Pitt-Greensburg is accomplished through the Academic Affairs office, which conducts annual reviews of the needs and resources for each program, including Nursing. Division chairs and the Directors for Education and Nursing provide input, as does the campus Planning and Budgeting Committee.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Program Response:

Physical Resources

Pitt-Oakland. The SON occupies the Victoria Building (VB) on the main campus. Built in 1976, the VB comprises five floors that total 116,399 square feet (ft²), including, corridors, restrooms, and mechanical spaces.

The first floor (28,158 ft²) houses lecture halls, classrooms, a clinical research/skills unit equipped with a CLIA-waived lab, makerspace, a student lounge, food service area, and student lockers. Classrooms are equipped with state-of-the-art audio/visual equipment.

The second floor (27,403 ft²) houses an anatomy and physiology/microbiology laboratory, student computer labs, nursing skills lab, student affairs, the educational technology group, continuing education, PhD and DNP lounges, and student study space.

The third floor (27,135 ft²) houses faculty and staff offices, the Office of the Dean (OOD), the Center for Research and Evaluation (CRE), the Acute and Tertiary Care (ATC) Department, the Department of Nurse Anesthesia (DNA), the Center for the Scholarship of Teaching & Learning in Nursing, and an exercise room.

The fourth floor (27,927 ft²) houses faculty and staff offices for two departments: Health and Community Systems (HCS), and Health Promotion and Development (HPD). Two wet laboratories (the Molecular Genomics Lab and the Cellular and Tissue-Based Molecular Pathology Lab) also are housed here. Supported within these same labs are

other small research endeavors headed by nursing faculty. The labs meet all OSHA, HIPAA, IACUC, and EH&S regulatory requirements

The fifth floor (5,776 ft²) houses building mechanical systems and a biobank facility of freezers.

The VB underwent renovations over the last 3 years to turn Student Services and the Advancement & External Relations areas into a new area for SAAR, whose services include advising, recruitment, communications, development, and alumni relations. As part of the same renovation was a total upgrade to the Nursing Skills Lab, which is now a state-of-the-art mock skills lab featuring 18 beds, updated equipment, technological improvements, three simulation spaces with control rooms, a recording studio, and a telehealth space. Simulation activities also are held at the Pitt Peter M. Winter Institute for Simulation, Education, and Research (WISER). The simulation labs at WISER are used by both undergraduate and graduate students and faculty. The Associate-Director of WISER is Dr. John O'Donnell, SON Department Chair of Nurse Anesthesia. Physical space in the VB also was enhanced for doctoral students, offices, conference rooms, and study areas. A section of the first floor of the VB was updated with offices for clinical research/skills examination training and a "makers space" (200 ft², located in room 136 VB) where nursing students can interact with engineering students to design medical products. Examples of how physical space, facilities, supplies, and equipment are sufficient are as follows: First, a complete upgrade of skills lab equipment occurred as part of the renovation. The beds are new Hill Rom units; the operating room tables are state-of-the-art units; two state of the art GE Ultrasound units have been purchased to enhance skill development for a number of procedures; the B-line simulation software facilitates recording and session debriefing; the telehealth space has been furnished to replicate a home bedroom and living room setting. Improvements to the sound system, the lighting, and HVAC have made space highly conducive to learning and a tool for recruitment. Second, cubicles in the ATC department were replaced by private offices to better meet departmental needs. Third, funding is now in place to create, on the first floor, a multifunctional graduate classroom space. Currently, room 138 houses a conference room for research interventions. It will be redesigned to provide a greater service by enabling it to function as classroom space or for graduate procedure training using simulators. Flexible furnishings will enable the room to be used as a traditional classroom, simulation space, or a conference room for research participants. A digital 3D printer also was purchased for teaching-learning.

Pitt-Oakland Physical Resources Review. This past year, Pitt underwent a major review to develop a new campus master plan. The project engaged faculty, staff, students, and the community and all were given the opportunity to participate. The new plan will soon be unveiled. Other examples of the process for regular review of the SON's physical resources include the following: 1) A VB master space plan was developed by the architectural firm, EYP in 2017. The purpose was to review VB space to propose better utilization of space to fulfill the SON's mission and goals. 2) Yearly audits of VB space are done by Pitt. This space review emphasizes space allocation and evaluates requests for additional space. 3) Monthly staff administration meetings are a forum for administrators to voice ideas on ways to enhance space and programs. 4) On-going physical reviews of space utilization compared to academic and research needs are reviewed by the Dean and the Building Manager. 5) Funding for capital renovations is sought annually through requests to the University Classroom Management Committee and Senior Vice Chancellor-Health Sciences. The most recent request to the Classroom Committee is to reconfigure classroom 115 from a traditional classroom to an active learning classroom. This request came about after surveying the faculty about student interactive learning and classroom furnishings.

Pitt-Johnstown. The Pitt-Johnstown Nursing Department is situated in the Nursing and Health Sciences (NHS) building on the University's Johnstown campus. Built in 2013, the NHS is a 26,420 ft² structure inclusive of classrooms, a clinical skills unit including a simulation lab, faculty offices, and student study space.

The Ground floor of NHS houses traditional classrooms, a seminar room, and three chemistry laboratories as well as student study spaces.

The Second floor of NHS houses faculty offices for Nursing Faculty, faculty conference room, a Clinical Skills Classroom and Simulation Lab suite as well as two General Biology Labs and an Anatomy Lab.

All of these teaching spaces are supported by state-of-the-art audio-visual technology and teaching software. The laboratories are in compliance with all regulatory requirements and are regularly inspected by Pitt's Environmental Health and Safety personnel.

Pitt-Johnstown Review Process. Pitt-Johnstown Nursing facilities opened 5 years ago, and physical space has not been targeted for upgrades at this time. The Nursing Department did complete a review of the Simulation Lab equipment in 2017, which led to the purchase and installation of upgraded technology in summer 2018.

The Johnstown Planning and Budget Committee (JPBC) meets annually to review and prioritize upgrades to campus teaching spaces. JPBC includes representation from the faculty of the Nursing Department.

Pitt-Greensburg. The Nursing School resides in Smith Hall, a 43,117 ft² building that opened in 1976. It is home to the science departments and the Pitt-Greensburg Theatre Company. The building houses biology, chemistry, engineering, and physics laboratories, as well as eight general classrooms, study area, and faculty offices.

Currently, one classroom has been renovated on the second floor of Smith Hall as a Clinical Skills Lab. Smith Hall also has an Anatomy and Physiology Lab. A general chemistry lab in 102 Smith Hall accommodates the chemistry class; a biology lab in 124 Smith Hall is used for microbiology. Existing classroom space on campus (Smith Hall Powers Hall, McKenna Hall, and Cassell Hall) that can accommodate nursing classes.

Pitt-Greensburg Review Process. There are plans to build a life science building and renovate Smith Hall. We are in the fundraising phase of the program. Our future annual enrollment in STEM majors is conservatively projected to increase by a minimum of 20% over the next 5 years. Some of the new building features will include 10 general labs, classrooms, nursing a skills lab/classroom, and a simulation suite.

Clinical Sites

Clinical sites are sufficient, appropriate, and available to achieve the mission, goals, and expected outcomes of all programs. The SON is responsible for finding clinical sites for students.

Pitt-Oakland BSN Program. Most BSN clinical sites are at UPMC facilities. The SON is given priority over other nursing schools for placement of our students. Taking into consideration other courses students plan to take during the term as well as other select considerations (participation in Pitt sports activities), SAAR assigns students to the days for each clinical course. Primary faculty responsible for the courses work with clinical placement coordinators at UPMC hospitals to identify clinical units that will provide an effective learning environment and allow students to achieve the learning outcomes (objectives) of the clinical course.

Pitt-Oakland, MSN Programs. CNL is onsite and online, and Nursing Informatics, and Nursing Administration are online AROCs. Students are placed in various places in Western PA and around the country. SON Faculty develop relationships with the clinical site coordinators and work with them to identify clinical sites that will afford students an opportunity to achieve the objectives (learning outcomes) of each clinical/practicum course. For online students in areas without established relationships, students help identify preceptors. Faculty interview preceptors to determine if the clinical site meets the requirements for the course. CNL students are assigned to both acute care and outpatient facilities in order to assure each student meets course objectives and MSN and CNL essentials. Primary faculty in each of the 4 practicum courses are responsible for assure that each clinical placement facility meets the above criteria. Nursing informatics students are assigned preceptors who are informaticist in hospitals.

Nurse Anesthesia MSN students complete clinical rotations in a variety of UPMC and non-UPMC facilities in order to assure that they meet all clinical course objectives and case/hour requirements set by the program and the AANA Council on Accreditation. Each student is required to complete not only more than 2,000 clinical hours and more than 800 cases (a minimum of 600 is required by COA), but also case numbers in all procedural, demographic and specialty case areas. Our students acquire breadth and depth of clinical experiences through required rotations in cardiac, neuro, obstetrics, pediatrics, dental, pain/blocks and community facilities and through requesting optional experiences at enrichment rotations. These enrichment experiences may be at UPMC facilities or facilities outside of Pittsburgh that offer unique practice environments or case availability.

In the neonatal nurse practitioner (NNP) clinical courses the students implement the collaborative role of the nurse practitioner and assume the responsibility for the diagnosis and management of neonatal patients as interdisciplinary team members. The sites for these courses include a Level III neonatal intensive care unit (NICU) at UPMC Magee Women's Hospital and a Level IV NICU at UPMC Children's Hospital of Pittsburgh. These units provide patient populations that include premature and sick newborns with complex medical and surgical diagnoses. Moreover, since Magee is a regional referral center for complicated obstetric patients the students gain experiences in the delivery room resuscitation and stabilization of premature and sick newborns.

Pitt-Johnstown. The primary clinical sites for Pitt-Johnstown campus are at Conemaugh Memorial Medical Center in Johnstown and UPMC Altoona. Other clinical sites include local community agencies for pediatric, obstetric, medical-surgical, psychiatric and community locations. Pitt-Johnstown is given priority over other nursing schools for placement at UPMC Altoona, and we have a good working relationship with Conemaugh Memorial Medical Center for placements. Students have input in the choice of clinical locations and are assigned to a clinical site before the beginning of a new semester. Procurement of clinical sites is managed by the program coordinator and individual student schedules are created by the primary instructor for the associated didactic course.

Pitt-Greensburg. The very first clinical sites began in 2018-19 academic school year when the first cohort of sophomores. BSN clinical sites will be primarily at Excelsa Health, including three hospitals: Westmoreland, Latrobe, and Frick. We are given priority in clinical placements at Excelsa Health, arranged by the Director of Nursing. Additional resources include Children's Hospital of Pittsburgh. Students are placed in a variety of senior living facilities, including Redstone Highlands, William Penn Care Center, and St. Anne Home in Greensburg.

Clinical Site Review Process. Prior to any site becoming a clinical site, faculty visit the site or, if part of an online program, interview the preceptor and to ensure the environment is appropriate to meet course objectives. Once a clinical site is being used, students evaluate the site and preceptor each term (Policy 433 and 434) and clinical faculty review the site and preceptor once a year (Policies 433 and 434) (Policy 433, <https://www.nursing.pitt.edu/sites/default/files/policy-pdf/433%20clinical%20preceptors%20graduate%20revised%202018.pdf>, and Policy 434, <https://www.nursing.pitt.edu/sites/default/files/policy-pdf/434%20clinical%20preceptors%20undergraduate%20revised%202018.pdf>). Faculty clinical site evaluations are attached to the end of policy 433 and 434, and student evaluations of preceptors can be viewed in the Resource Room.

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

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Program Response:

The academic support services are sufficient to carry out the school's **MGOS**. Academic Resources are available campus-wide and within the SON.

University-Level Learning Resource Services

Pitt-Oakland. The University offers a number of learning resource services on the Oakland campus.

Undergraduate: Services include the Academic Resource Center (ARC), Reading Inside your Soul for Excellence (RISE) and the Outside the Classroom Curriculum (OCC). ARC is open to all undergraduates on the Pitt-Oakland campus who want to improve their grades, better manage their time, master complex material, or need to feel more comfortable taking exams. (<https://www.studentaffairs.pitt.edu/drs/resources/>) RISE is a program for all undergraduate students to increase retention and graduation rates while fulfilling the university's commitment to development, academics, socialization, mentoring, global awareness, and community participation (<http://www.rise.pitt.edu/about-program>). OCC offers structure beyond classroom curriculum to maximize both personal and university of Pittsburgh experiences (<https://www.studentaffairs.pitt.edu/occ/>). Once the students complete the OCC, they are awarded a certificate of completion. Pitt is dedicated to providing a safe and healthy living and learning environment for students. The Care and Resource Support (CARS) Team accepts referrals, problem solves, and responds to student behavior identified as reasonably causing concern for students' health, welfare, and safety. The CARS Team has an established liaison in the SON.

Graduate and Undergraduate student services: The Writing Center provides a place for all Pitt-Oakland students to come to work on their writing. The Center is staffed by experienced consultants who have been trained to help others with their writing. The staff can help students with conventional or digital projects. (<http://www.writingcenter.pitt.edu/about-writingcenter>). Disability Resources and Services (DRS) is the designated by Pitt to determine reasonable accommodations and services. Pitt is committed to providing equal opportunities in higher education to academically qualified students with disabilities. (<https://www.studentaffairs.pitt.edu/drs/>) Our students with disabilities are given opportunities to complete work that is in accordance with the University Disabilities Office recommended accommodations. Veteran services and resources are provided through the Office of Veteran Services (<http://www.veterans.pitt.edu/>)

Pitt-Johnstown. The Academic Success Center supports Pitt-Johnstown's mission to offer a high-quality educational experience by providing comprehensive services designed to strengthen learning, promote success, and enhance retention of students (<http://www.upj.pitt.edu/285/>).

Tutoring is offered to meet students' academic needs, with the goal to increase students' academic success in all content areas. Tutoring is offered in the following formats: 1) individual tutoring, 2) drop-in tutoring, 3) supplemental instruction in the specific course, and 4) group tutoring. GOAL is an academic recovery program designed for students who did not do as well as they would have hoped during their first semester in college. The intent is to work with students to identify what did not work from the previous semester and to develop new behaviors to not only correct past problems, but also lay the foundation for a successful college career moving forward. The Mentors for Academic and Personal Success (MAPS) support first-year students in their transition to the academic and social aspects of college. The Academic Alert System represents a team approach of faculty and administrators supporting the academic and personal success of Pitt-Johnstown students. Instructors submit an academic alert to the ASC, identifying

students exhibiting at-risk behaviors impacting academic performance. The students are then connected with resources that meet their needs. Johnstown offers special services to students with disabilities in order to create optimal and equal access for academic success (<http://www.upj.pitt.edu/en/academics/disability-services/>).

Pitt-Greensburg. Pitt-Greensburg Learning Resources Center offers the Writing Center, Study-Skills Center, Disability-Resources Center, and Tutoring Center (<https://www.greensburg.pitt.edu/student-resources/learning-resources>).

The Writing Center is designed to help students during every step of the writing process. Many handouts and books are available for students. Drop-in tutoring for composition is available several hours each week. Students are free to use this service if experiencing any difficulties writing a paper. The writing center communicates with the professor if the student utilizes their services. Free tutoring in various subject areas is available in the Tutoring Center. Walk-in help with academic matters also is available. Tutors are trained, faculty-recommended Pitt-Greensburg students who have earned an A in the course they tutor. Tutoring in nursing anatomy, physiology, and chemistry have been added. Greensburg offers disability resources to all qualifying students (<https://www.greensburg.pitt.edu/student-resources/disability-resources>).

SON Advisement

Pitt-Oakland. BSN students have professionally trained advisors in SAAR who meet with them each term to advise about curricular plans. SAAR offers personalized advising. Students are assigned one advisor throughout the program. The advising team, Director of Advisement, advisors, and staff, have moved beyond traditional advisement for planning schedules to now emphasize individualized, one-on-one academic advising. This includes plotting a career path from the first meeting, exploring the student's vision after graduation, and enriching the out-of-the-classroom experiences in which he or she can participate.

For at-risk students, faculty members and the student advisors work together to make sure that students' progress academically. Advisors receive reports from the faculty members on students who are struggling in class. One of the strategies used with first-year students is to track the mid-term reports. A list of students who receive an unsatisfactory grade "U" at midterm is submitted to the Director of Advisement, who evaluates the problem and passes the report to the advisor. The advisor makes an appointment to meet with the student and plan a path to success in the course(s). The school supports tutoring of freshman students in all of the first-year classes. The tutors are upperclassmen who have excelled in the specific course.

MSN students are advised by faculty. Students are assigned a faculty advisor in their major or area of concentration upon entrance to the program. Following admission, the advisor meets with the student to discuss his/her academic and career goals and to develop an individual program plan (plan of study). The advisor meets (face-to-face or virtually) with the student each term to review academic progress and to plan the coursework that will be completed the next term. Either the student or advisor may initiate additional meetings to address specific student or faculty concerns and to adjust the initial program of study as needed. As needed, the advisor may refer the student to other support services in the SON (SAAR) or at Pitt (Counseling Center or DRS). Prior to the last term of study, the faculty reviews the student's transcript to ensure that all academic requirements will be met by the end of the last term of study. The advisor approves the student's application for graduation, which is then submitted to SAAR.

Pitt-Johnstown. Student advisement is managed by nursing faculty at Pitt-Johnstown. The program coordinator provides advisement for all freshman and sophomore nursing students and manages internal and external transfer requests. Rising junior nursing students are assigned an advisor from the nursing faculty in February of their sophomore year. That assigned advisor will then provide advising until the student graduates. All nursing faculty participates in training in advising. Students who are at-risk are identified by the primary instructor for the course and a plan is developed to strengthen the academic performance of the student, including tutoring, study group participation, review of Kaplan test-taking videos, and review of course support materials. If a student is academically ineligible to continue in the nursing program, then advising is offered for to determine either a new major or transfer to another nursing program as appropriate. Student concerns about mental health issues are referred to counseling through a "Care Report" that links to Student Services.

Pitt-Greensburg. Pitt-Greensburg has an academic advising department. One advisor is assigned to the nursing students to assist with course scheduling. Students meet with an advisor twice a semester and as needed. The advisor works very closely with the SON and vice versa when students are struggling or have any questions.

Other advising services are offered to help the students including 1) Academic Intervention and Monitoring (A.I.M) program, 2) online system BEACON, which alerts other faculty members and the student if there is something important to communicate for the sake of the student's success, and 3) Graduate/Professional School planning.

Library System

Pitt-Oakland. The Health Sciences Library System (HSLS) offers a wide-ranging collection of nursing, biomedical, and health-related journals and books, along with a specialized collection of rare and historical materials. Library users

have access to more than 8,200 electronic journals in the health sciences, 5,101 e-books, and 117 databases or publisher collections of full-text information. The electronic resources include, among others, AccessMedicine, AccessSurgery, AccessPharmacy, CINAHL, ClinicalKey, The Cochrane Library, and other evidence-based medical resources, DSM-5, Faculty of 1000, Embase, Exam Master, MICROMEDEX, Scopus, Stat!Ref textbooks, UpToDate, Web of Science and Journal Citation Reports. A complete list can be found at <https://www.hsls.pitt.edu/databases>.

Falk Library, the physical home of HSLs, offers not only computing and Internet access, but also educational, productivity, and research software packages. Falk features more than 70 publicly-available computers including circulating laptops, and two classrooms equipped for group computer instruction and eight group study rooms. Pitt's wireless network is available throughout the library.

HSLs maintains an active web site <https://www.hsls.pitt.edu/> with over 1,400,000 pages of information accessed per month. The web site contains information about library services, resources, and activities. All Pitt faculty, students and staff can find workshop schedules, links to electronic resources, news items, online course reserves, and lists of new books. They can request copies of books or journal articles not available in HSLs collections and suggest new purchases for library collections. Questions submitted through the Ask-A-Librarian feature typically receive a response in less than 24 hours. HSLs also publishes an online monthly newsletter, *HSLs Update*, to inform users about new developments in its services and resources.

The Research, Instruction, and Clinical Information Services (RICIS) section of HSLs provide assistance to users by answering questions about library resources, conducting in-depth searching of electronic and print resources to answer complex research and clinical queries, and offering individual consultations and bibliographic instruction. The RICIS liaison to the SON, Mary Lou Klem, PhD, MLIS, can

- make presentations to departments or courses about library resources and services
- incorporate library and information management skills into the curriculum
- collaborate on research projects or grants
- perform professional-level literature searches, or validate users' search strategies.

Faculty work with Mary Lou Klem PhD, the SON's liaison librarian, whose interprofessional expertise is used extensively, including updating the nursing portal, assisting in homework design, supporting the BSN students use of library resources, and doing literature searches for publications. BSN faculty also use the eBooks and video library to contain textbook costs for students.

Pitt-Johnstown. Pitt-Johnstown's Owen Library provides a variety of resources to the students and faculty in the university's Nursing and Health Sciences Division. These resources include access to several medical and nursing research databases, print materials, videos, and librarian-led instruction sessions and personal research consultations.

Databases such as Medline, CINAHL, EBSCO's Health Source: Nursing/Academic Edition and MICROMEDEX Healthcare Series offer authoritative, peer-reviewed and scholarly information on medicine and nursing topics. Owen Library has a print collection of nursing resources that cover all aspects of the healthcare field of books and journals. The library regularly purchases the latest editions of the DVD series titled "Current Topics in Respiratory Care" (<http://www.aarc.org/education/group-courses/current-topics-2018/>). April Kelley, MA, MLS, serves as the liaison librarian to the Nursing and Health Sciences Division. She regularly provides in-class information literacy instruction to several nursing classes throughout the academic year. April also offers "drop-in" office hours in the Nursing Building and scheduled personal research consultations.

Pitt-Greensburg. Millstein Library is available to nursing faculty and students at Pitt-Greensburg. The librarian built a specific guide for nursing students that also link with the nursing portal in the HSLs. Additionally, the librarian is added to each course in Course Web and updates as needed. The librarian also provides BSN students with appropriate scholarly support through education in several courses.

Nursing faculty and students have access to the same e-books, e-journal subscriptions, electronic databases, and all other tools as the faculty and students at Pitt-Oakland. Students and faculty are able to easily request that print materials from other Pitt libraries be sent to the Pitt-Greensburg campus for use. In addition, our students and faculty can utilize other shared borrowing and lending services, such as E-ZBorrow through the Pennsylvania Academic Library Consortium, Inc. (PALCI) and an interlibrary loan (ILL) network that spans the globe.

The majority of Millstein Library's print collection, which contains about 70,000 volumes, can be checked out by students, faculty, and staff. In addition, the Millstein Library has a growing DVD collection that contains educational/academic DVDs, popular television series, and feature films.

The Millstein Library does have acquisition funds that can be used to purchase core titles (both books and audiovisual materials) in nursing and is currently creating space in the main stacks to accommodate print nursing acquisitions.

The Millstein Library prides itself as a teaching library, in which they strive to collaborate with faculty in order to contribute to students' learning throughout their tenure at Pitt-Greensburg. The primary ways in which the four

librarians collaborate with Pitt-Greensburg faculty and students in teaching and learning activities is through in-classroom information literacy instruction and through individual or small-group research consultations. Students also have the opportunity to seek help from the librarians on a walk-in basis. The Millstein librarians have worked to establish relationships with the nursing liaison librarians at both Pitt-Oakland and the University's Bradford campus to learn more about how best to work with nursing faculty and students in teaching and learning activities.

The Millstein Library also offers a Digital Media Lab, in which faculty and students can print posters, print in color, use photo and video editing software, and check out equipment (i.e. digital cameras, video cameras, tripods). Students may borrow laptops and iPads from Millstein Library for up to seven days. They have funds that could be used to purchase special equipment for nursing faculty and students, if necessary.

The Millstein Library has two floors with many areas designated for quiet individual study or group study, including both group and individual study rooms. The library has just over 20 computers available for student use, wireless workstations with power outlets, and campus Wi-Fi access. Instructional spaces include a Research Collaboratory, a small room dedicated to working with students in research consultations, and a classroom that can hold about 22 students.

Pitt Information Technology (Pitt IT)

Pitt-Oakland, Pitt-Johnstown and Pitt-Greensburg. Pitt's state-of-the-art Network Operations Center provides secure hosting and monitoring services for enterprise-wide applications and network services. Pitt IT Enterprise Solutions, including Pitt Email (Outlook), network-based firewalls, and web hosting bring the high reliability and consistent security required by Pitt. End-user support is available around the clock through the 24/7 Help Desk and is supplemented with a number of specialized, onsite support programs. Pitt IT also offer software packages to students, faculty, and staff at no cost or reduced cost through Software Distribution Services.

Blackboard, Pitt Learning Management System

Pitt-Oakland, Pitt-Johnstown, and Pitt-Greensburg. The learning management system of Blackboard® is utilized by the university and SON faculty. Updates on Blackboard Learn and Course Web are made by the Center for Teaching and Learning. Course Web (Blackboard Learn) is the Pitt's web-based course and learning management system. The full version of the service is accessible by clicking the Course Web (Blackboard) link at My Pitt. Mobile apps for students and instructors and provide access to the most frequently used features. The LMS Support and Consulting team consists of instructional technologists with expertise in supporting Blackboard, educational video streaming tools, and multimedia. Over the 2015-16 and 2016-17 academic years, the SON had approximately 400 course sections accessed by students on Blackboard. About 325 courses were accessed in 2017-18, as of April 2018.

Simulation Technology

Pitt-Oakland. The SON renovated its skills and simulation center in the Summer of 2017. This state-of-the-art facility now includes 18-bed skills learning area, two simulation rooms, one recording studio, and a telehealth simulation lab (See detailed description in IIB). BSN and MSN students have access to a variety of simulation technology. Nurse Anne simulators and a variety of other equipment are available in the Skills Lab to practice various basic nursing skills. Simulation technology available includes: 1) high fidelity adult, child, infant and pregnant (can deliver) mannequins. 2) Otoscope and ophthalmoscope simulation equipment (OtoSim), 3) Heart and lung sound simulators (SAM), 4) pelvic examination simulators, 5) Male GU exam simulation equipment, 6) Breast examination simulation equipment (MammaCare), 7) anesthesia gas machines, 8) airway trainers, 9) regional spinal and epidural trainers, 10) IV and arterial line trainers, 11) intravenous pumps, 12) portable ultrasound machines, 13) Baby "Stap", 14) Laerdal Neonatal Intubation Trainer, 15). Baby Umbi, 16) Premature Anne, 17) SimNewB, 18) Nita Newborn (VATA), and 19) Life/Form Infant male & female catheterization trainer. Additional simulation technology is shown in Appendix 12.

Nursing students also have the opportunity to use the simulation technology at WISER, a Pitt-UPMC collaboration, with the mission of conducting research and training programs through simulation-based education to provide a safer environment for UPMC patients and its affiliates (<https://www.wiser.pitt.edu/>).

Pitt-Johnstown. Located in the Nursing and Health Sciences Building, the nursing skills and simulation center is a state-of-the-art facility and includes four-bed skills learning area, four high fidelity simulation rooms, an exam room, a nurse's station, and a patient medication preparation room. Additionally, Pitt-Johnstown nursing students utilize a variety of patient simulators including 3G and Classic (high fidelity) mannequin and VitalSim (low fidelity) mannequins. The mannequins are aged across the life-span (Newbie, SimKid, Adult and Geriatric). Student use includes day to day practice of various basic nursing skills to low-volume, high-risk simulation instruction. The department has Mama Natalie (a product to be used with the standardized patient) for simulating abruptio placenta and other complications of birth. In 2018, we added a ventilator that is used in conjunction with the respiratory therapy department for interdisciplinary simulation scenarios.

Pitt-Greensburg. Frick Hospital of Excelsa Health has a simulation training center programs utilizing simulation-based education to provide a safer environment for patients of Excelsa Health System. This facility will be utilized for simulation experiences for students in obstetrics, pediatrics, medical-surgical and intensive care scenarios until the new building is built.

Undergraduate Research Mentorship Program (URMP)

Pitt-Oakland. Undergraduate students have the opportunity to work with a faculty member who is conducting research or quality projects or with doctoral students who are conducting their research or scholarly projects. Students who participate in the Honors College and all other students who express interest in research participate in this mentorship program. Under faculty guidance students work on different aspects of research or quality improvement. Students receive a modest stipend for this work. The URMP gives students an opportunity to develop strong critical thinking abilities. If they pursue graduate education, students will have the skills and understanding of research methods and processes. Students present their work at The National Council on Undergraduate Research (NCUR) Conference or other research conferences as appropriate.

Pitt Online Course Instruction

Following admission to the SON, depending on the major or AROC students they are admitted to, graduate students may enroll as an onsite (face-to-face) or online student. Pitt Online, a division of the University Center for Teaching and Learning, offers graduate professional full online programs commensurate with those offered to students at Pitt-Oakland in terms of quality, faculty, and level of support services. Support services have been designed to provide Pitt Online students with a superior learning environment through virtual access to Pitt's many resources, including digital libraries, academic advisement, and instructional materials. There are 51 unique graduate SON online courses.

Faculty teach courses both onsite and online, and provide the same commitment to quality, rigor, and adherence to the highest professional standards. All courses are designed, developed and taught by SON faculty. Each course is assigned an instructional designer and instructional technologist through Pitt Online. Rosemary L. Hoffmann PhD, RN, CNL is the online program director at the SON. In this role, she communicates directly with staff at Pitt Online, assists faculty to convert their face-to-face courses to an online format, works directly with faculty to develop proposals for additional online programs, and plans continuing education faculty development forums for current faculty addressing state-of-the-art approaches to online teaching.

Since 2009, the SON has offered students the option of completing their degree online asynchronously. The CNL Area of Concentration was the first graduate program at Pitt to offer students this option. The following programs are offered online through Pitt Online. They include MSN CNL, MSN Nursing Informatics, and RN-Options. The RN-Options program was heavily revised to be an online program and this program was approved by the Pitt Provost in 2017.

SON Distance Education. The distance education option also is available for onsite graduate students who reside in the Commonwealth of Pennsylvania and whose address is 50 miles or more from the Pitt-Oakland campus. The distance education courses are offered synchronously with the onsite course through software called WebEx. The ETI department creates the meetings and sends students enrolled in the distance education (D) course an invitation to attend course session. This enables the student to attend an onsite course with other students. In Fall 2018, we had three MSN student registered in distance education courses. A list of active distance education courses appears in Appendix 13.

Review Process of Academic Resources

We systematically examine academic resources through the annual review of BSN and MSN graduates' responses on the SON end-of-program survey. Benchmarks (expected outcomes) are established in the Evaluation Plan. The Evaluation Steering Committee (ESC) examines student responses each year. When student satisfaction falls below the benchmarks, improvements, or action plans, are developed and implemented in the Councils. Other reviews include student feedback to councils and the Pitt senior graduate survey.

II-D. The chief nurse administrator of the nursing unit:

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

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

Program Response:

(Resource Room: Dean Jacqueline Dunbar-Jacob's CV)

Dr. Jacqueline Dunbar-Jacob, PhD, RN, FAAN, has been the Pitt SON Chief Nurse Administrator since 2001. She is a Registered Nurse, a Distinguished Service Professor of Nursing since 2013 and Professor of Psychology, Epidemiology, and Occupational therapy. She received her BSN from Florida State University, a Master's Degree in Psychiatric Nursing from the University of California at San Francisco, and her PhD in Counseling Psychology from Stanford University. Dr. Dunbar-Jacob is academically and experientially qualified to accomplish the Mission, Goals, and Outcomes of the Pitt SON.

Dr. Dunbar-Jacob is a nurse/psychologist who has been involved in the study of patient adherence to treatment in NIH supported individual studies and multi-center trials, addressing a variety of patient populations including rheumatological conditions, cardiovascular risk factors, and diabetes. She has served on NIH advisory committees and on search committees for the NINR and OBSSR directors.

Dr. Dunbar-Jacob's work has been recognized with the Pitt Chancellor's Distinguished Research Award, Pennsylvania Nightingale Award for research, the Pathfinders Award for research by the Friends of the NINR, and by her induction into the Sigma Theta Tau International Inaugural Nurse Researcher Hall of Fame.

Since 1984, Dr. Dunbar-Jacob has been a member of the faculty at Pitt. Her teaching is primarily at the doctoral level, and she has served as an advisor to a number of doctoral students. She was the first director of the SON Center for Research and Evaluation, from 1987 to 1996.

Dr. Dunbar-Jacob was chair of the American Association of Colleges of Nursing Task Force on the Future Research-Focused Doctorate. She is a member of the UPMC Quality Patient Care committee and the UPMC Presbyterian Shadyside Quality Patient Care Committee and the UPMC Insurance Plan Quality Committee. She is an alumna of the Robert Wood Johnson Executive Nurse Fellows program, and past president of the Society of Behavioral Medicine, the Academy of Behavioral Medicine Research, and the Friends of the NINR. Additionally, she has served on the Boards of the American Academy of Nursing and the Society for Clinical Trials and chaired national committees for the American Psychological Association Health Psychology Division and the American Heart Association and served on the NINR National Advisory Council for Nursing Research. She was named in 2015 as one of the 30 most influential nursing deans.

Dr. Dunbar-Jacob has provided outstanding leadership to the SON in achieving its MGOs. She is a member of the Pitt Council of Deans, which provides advice and counsel to the Provost on academic matters and university-wide issues, including policy and practices, institutional advancement, budget, and planning. The Council of Deans is chaired by the provost and meets regularly throughout the academic year. Dr. Dunbar-Jacob also is a member of 1) the Health Sciences Leadership Team, which meets monthly with the Senior Vice Chancellor for the Health Sciences, 2) the Health Sciences Planning and Budget committee, and 3) the University Planning and Budget Committee. Dr. Dunbar-Jacob also interacts with communities of interest (UPMC administration, including UPMC chief nursing officer group) and serves on four quality committees: UPMC system Quality Committee, UPMC Presbyterian-Shadyside and Western Psychiatric Institute Quality Committee, and the UPMC Health Insurance Plan Quality Committee. She is a leader within the community of interest in the Pennsylvania Action Coalition. The Pennsylvania Action Coalition works to promote a healthy Pennsylvania through improvements in the quality, accessibility, and safety of nursing. The Coalition comprises a diverse group of local, regional and state-level stakeholder, who include individuals and organizations from healthcare systems, academic institutions, nursing leadership organizations, businesses, and community organizations that advance healthcare through nursing in Pennsylvania. Dr. Dunbar-Jacob serves as the data champion for this group. She interacts with other nursing program leaders through the state organization of baccalaureate and higher programs (PHENSA) and nationally through her activities with AACN.

She has led several initiatives in the SON from 2016-2018, including supporting the organization of the fourth research hub (Sleep and Circadian Rhythm Research Hub), increasing the number of persons attending the Cameos of Caring Annual Nurse Recognition Event, and increasing enrollment at the SON.

Dr. Dunbar-Jacob has provided effective leadership in the SON as demonstrated through her initiation of major initiatives to accomplish the school's MGOs. For example, she spearheaded the implementation of the DNP program, which is 12 years old (as of 2018). She also spearheaded several initiatives related to instituting the Clinical Nurse Leader (CNL) program, promoting online education, expanding advanced practice programs, organizing the curriculum task forces to enhance curriculum, hosting the Sino-U.S. international nursing conference, enhancing the school's infrastructure by reorganizing student services into SAAR, initiating the renovations of the VB 2016-17, and expanding the roles of the Department Vice Chairs to include the Vice Chair of Research who promotes research support for faculty and grant submission. Another example of her effective leadership is her establishment of a contract with

Nazarbayev University in Kazakhstan to design a professional development program for nurses and a 4-year BSN program. She has formulated a relationship with Capital Medical University in Beijing, China that enables its students to attend the SON for 1 year. Most recently, she supported the development of the Center for the Scholarship of Teaching and Learning in Nursing Education that funds faculty scholarly projects and hired a Director for International Affairs.

As SON Dean, Dr. Dunbar-Jacob consults with faculty routinely to make decisions about SON MGOs. She convenes weekly meetings of Deans Council, Department Chairs, and monthly Total Faculty Organization. She consults with Department Vice Chairs, School of Nursing professors, tenure/non-tenured faculty. In addition, she seeks input from individual faculty on teaching, scholarship, and service innovations

Dr. Dunbar-Jacob over the last 3 years has demonstrated outstanding leadership as evidenced by her appointment as a Distinguished Service Professor of Nursing in 2013. In 2014, she was appointed as an Honorary Professor of Nursing at Capital Medical University in Beijing, China and Advisory Professor of Fudan University. She was appointed as Visiting Professor in Nursing at Taipei Medical University in Taipei, Taiwan for 2017-2020. In 2018, she was awarded the Weingarten Leader of Leaders Awards from the National Student Nurses' Association in recognition of distinguished support and service to nursing students.

Dr. Dunbar-Jacob also convened a two-part workshop on Evidence-Based Management for the Dean's administrative personnel and the Dean's Council during 2017. Additionally, throughout the academic year, there are weekly faculty forums, with an emphasis on teaching and learning practices (CE granted).

II-E. Faculty are:

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

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

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

Program Response:

Faculty Are Academically Prepared

Members of the SON faculty are academically prepared for the areas in which they teach. All full-time faculty are doctorally prepared. Part-time faculty members hold a graduate degree. The SON maintains databases of all faculty with their degree specializations, licensure, clinical practice, and other qualifications. In 2016, SON purchased a software database entitled Project Concert which was implemented to house faculty and course information, including CVs and continuing education credits. Faculty who are nurses all hold current RN licensure and are experienced in their clinical areas. Faculty teaching in the advanced practice clinical courses meet certification requirements as specified by specialty bodies. Advanced practice nursing AROCs are directly overseen by faculty who are nationally certified in that same population-focused area of practice. Adjunct faculty CVs are requested upon appointment and reappointment (See Resource Room for faculty credentials). Tables II.E.1-3 provide the numbers of faculty for each campus.

Table II.E.1. Pitt-Oakland Nursing Faculty Numbers with Total Student Enrollment

	Fall 2016	Fall 2017	Fall 2018
Total Student Enrollment	521	579	653
Faculty			

Full-time	90	87	88
Part-time	24	27	25
Other Affiliated	3	22	3
Total	114	114	113
FTE	100.45	96.32	97.67

Table II.E.2. Pitt-Johnstown Nursing Faculty Numbers with Total Student Enrollment

	Fall 2016	Fall 2017	Fall 2018
Total Student Enrollment	159	164	160
Faculty			
Full-time	5	5	15
Part-time	19*	20*	19*
Other Affiliated	0	0	0
Total	23	25	24

*4 faculty (in 2016 and 2017) 5 faculty (in 2018) have full-time clinical teaching

Table II.E.3. Pitt-Greensburg Nursing Faculty Numbers with Total Student Enrollment

	Fall 2016	Fall 2017	Fall 2018
Total Student Enrollment	n/a	17	42
Faculty			
Full-time	n/a	1	2
Part-time	n/a	0	0
Visiting Instructor	n/a	0	1
Total	n/a	1	3

Workload

Workload expectations are clearly defined. Full-time faculty receive 20% time per semester for scholarship, 5% for service, and 65%-75% for teaching. Pre-tenured faculty in the tenure stream receive additional time to devote to scholarly and service activities. The workload is adjusted for faculty who engage in clinical practice required for certification and licensure and for faculty who engage in funded research. Full-time faculty who are nurse practitioners and must maintain their license are provided with a 10% academic workload for practice. The faculty service requirement may be waived for faculty teaching 80% or greater in the clinical setting. Faculty in administrative and leadership roles are provided with 10%-50% academic workload depending upon the level of administrative work required. The workload for each is listed in Table I.D.3. This table summarizes the workload for all three campuses.

Table II.E.4. SON Faculty Workload Percentage

	Teaching	Scholar/Research	Service	[Practice Adjustment]	Total
Tenure	75 - research funded effort	20 + additionally funded effort	5	[10]	100
Tenure-stream	30	65	5	[10]	100
Non-tenured-full-time	75	20	5	[10]	100
Non-tenured-part-time	100	0	0	[10]	100
4-day clinical instructor	100	0	0	[10]	100

Faculty to Student Ratios

Faculty to student ratios meet the requirements of regulatory and clinical agencies. Faculty to student ratios are adequate for promoting proper supervision.

BSN Program. Direct supervision of faculty to student ratios range from 1:4-1:8. Specifically, faculty-student ratios for ICU, ER, and Pediatrics clinicals at Pitt-Johnstown is 1:4, and at Pitt-Oakland is 1:7, 1:8, and 1:8 respectively. In the BSN precepted courses, Senior Transitions and Community Health, the preceptor to student ratio is 1:1. Faculty overseeing the Transitions course are responsible for groups of seven to eight students (Pitt-Oakland) and 15-20 students (Pitt-Johnstown).

MSN Neonatal Nurse Practitioner. Consistent with National Task Force on Quality Nurse Practitioner Education (NTF 2016), indirect faculty to student supervision is 1:6, and direct preceptor to student supervision is 1:1.

MSN Nurse Anesthesia. Council on Accreditation of Nurse Anesthesia Education Program criteria stipulate that a preceptor cannot supervise more than two students; our preceptor to student ratio is almost always 1:1.

MSN Indirect Clinicals. For CNL, Nursing Informatics, and Nursing Administration, all preceptor-student ratios are 1:1

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- 1. clearly defined and communicated to preceptors;*
- 2. congruent with the mission, goals, and expected student outcomes;*
- 3. congruent with relevant professional nursing standards and guidelines; and*
- 4. reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Program Response:

Faculty are the primary teachers for all practicum and clinical courses and evaluate new clinical sites prior to placing the student to make sure that the site and preceptor will allow students to achieve the learning outcomes of the course. The SON maintains affiliation agreements with all agencies and individuals used for clinical and practicum experiences.

The Roles and Performance Expectations for Preceptors

The roles of the preceptor in teaching, supervising, and evaluating students are clearly defined. A policy on preceptors, SON Policy 434 (undergraduate, <https://www.nursing.pitt.edu/sites/default/files/policy-pdf/434%20clinical%20preceptors%20undergraduate%20revised%202018.pdf>) and Policy 433 (graduate, <https://www.nursing.pitt.edu/sites/default/files/policy-pdf/433%20clinical%20preceptors%20graduate%20revised%202018.pdf>). Preceptors are expected to be academically and experientially qualified to precept in the area they are hired. Lists of preceptors and their credentials for 2017-18 are in the Resource Room. Since 2016, preceptor credentials are recorded in ProjectConcert and Typhon (only for Neonatal Nurse Practitioner and Nurse Anesthesia AROCs).

Faculty orient preceptors to their role and expectations. Copies of the orientation materials for BSN courses and master's majors/AROCs are available in the Resource Room. In addition, preceptors in both the BSN and MSN programs have access to online modules designed to educate preceptors about their role and expectations (<https://www.nursing.pitt.edu/continuing-education/becoming-preceptor>), which are available at no cost, and, on completion of the six modules, the preceptor is awarded 6.5 continuing education credits.

BSN Preceptors. Faculty in the BSN program utilize preceptors for only two courses: Community Health and Senior Transitions. Course materials are provided to the preceptors through one-on-one conversation or email, and the materials clearly communicate role and expectations. BSN preceptors are expected to be BSN-prepared and have a minimum of 1 year of experience. A reoccurring concern with BSN preceptors is the availability of BSN preceptors in the UPMC hospital system. In Senior Transitions, clinical site coordinators who refer staff to serve as preceptors, have been notified that BSN preceptors are needed (See Appendix 14 for Dean's letter requesting BSN-prepared preceptors). The SON is fortunate to have a close association with this hospital system, yet we have struggled to achieve 100% BSN prepared nurses at UPMC clinical sites. Like the Pitt-Oakland, Pitt-Johnstown has had difficulty finding 100% BSN-prepared preceptors its students. In the Pitt-Johnstown area, the percentage of BSN-prepared working nurses is much lower than in Pittsburgh. Local hospitals report approximately 38% of nurses holding a BSN. We address this issue in IV-J. Because Pitt-Greensburg is a new program, we have not had the opportunity to assign preceptors. However, when students begin their senior year, we will follow the SON preceptor guidelines.

MSN Preceptors. Faculty develop relationships with the clinical site coordinators and work with them to identify clinical sites that will afford students an opportunity to achieve the objectives (learning outcomes) of each clinical/practicum course. Preceptors in CNL Program must be master's prepared nurses and working in a CNL-related role. Nursing Informatics students are precepted by experienced nurse informaticists. Nursing Administration preceptors are master's prepared and experienced nurse leaders.

Consistent with the National Task Force on Quality Nurse Practitioner Education (NTF 2016) and the *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs (NANN, 2018)*, preceptors in our Neonatal Nurse Practitioner AROC support the NP students' clinical, educational experiences. Preceptors in the Neonatal Nurse Practitioner AROC are licensed and certified CRNPs, doctors of osteopathic medicine and/or medical doctors consistent with Pennsylvania State Board of Nursing requirements for the education of nurse practitioners and the *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs (NANN, 2018)*. NP program faculty serve as indirect supervisors of the student, supplementing preceptor's teaching, acting as a liaison with the clinical sites and evaluating student progress. They conduct site visits for each student one to two times per semester. The lead faculty for our NNP AROC has the equivalent of a joint appointment with UPMC where she works as an NNP in the neonatal intensive care unit (NICU) at Magee Women's hospital. Thus, she serves as both an indirect supervisor for up to six NNP students doing clinical in a NICU and sometimes as the direct supervisor for no more than one student at a time.

In our Nurse Anesthesia major, a master's or doctorally-prepared CRNA clinical coordinator is present at each clinical site to work with our faculty to oversee the clinical learning of students who are supervised by a CRNA or anesthesiologist. Preceptors in the Nurse Anesthesia Program are Certified Nurse Anesthetists (CRNA) or anesthesiologists. The program handbook is distributed to each site every year. Faculty visit each site regularly and meet with the coordinator and site preceptors to review student progress and observe students' clinical performance. A faculty member always is on call for any clinical issues or questions.

The Program Ensures That Preceptor Performance Meets Expectations

Faculty evaluate clinical sites and preceptors at least once a year to make sure that the site is still an effective learning site for the students. Students are asked to evaluate preceptors at the end of every clinical course. A benchmark (expected) in our evaluation plan states that 90% of the faculty will rate clinical sites as effective in supporting student learning outcomes. Faculty complete an evaluation called, "Faculty Evaluation of Clinical Site and Preceptors." Our 2017-18 data indicates that more than 90% of BSN faculty rated clinical sites as effective in meeting student learning outcomes. In each MSN AROC, more than 90% of the clinical sites were rated as effective in meeting student learning outcomes, (See the evaluations and tables in resource room). When faculty evaluate a site and find that it does not meet student learning needs, then the site is not used again.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

- 1. Faculty have opportunities for ongoing development in teaching.*
- 2. If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
- 3. If service is an expected faculty outcome, expected service is clearly defined and supported.*
- 4. If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
- 5. Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

Program Response:

The SON has faculty expectations in teaching, scholarship, practice, and service. As such, the SON provides an environment that supports and recognizes these activities. The expected outcomes are clearly delineated in the merit guidelines. The Dean meets quarterly with tenured and non-tenured faculty to provide support. In TFO meetings, the Dean acknowledges faculty honors germane to teaching, scholarship, practice, and service through the announcement of awards and the presentation of flowers.

Support for Teaching

Pitt-Oakland. The Center for Teaching and Learning (TLC) provides institutional support to promote Pitt faculty outcomes. The mission of TLC is to inspire excellence and innovation in teaching, learning, and scholarly activities at Pitt. The TLC endeavors to achieve this mission by providing expertise in instructional design and development; developing and supporting teaching and learning environments; effectively applying current and emerging instructional technologies; delivering services for the assessment, measurement, and evaluation of teaching; collaborating with Pitt partners and external colleagues; delivering professional creative and production services for Pitt events and activities; and providing superior service to the Pitt community. Additionally, the TLC provides orientation and workshops for teaching assistants (<https://teaching.pitt.edu/>).

SON Center for the Scholarship of Teaching and Learning in Nursing (Pitt-Oakland). Launched in the 2017-18 academic year, the Center for the Scholarship of Teaching and Learning (SOTL) in Nursing has begun to support faculty to improve teaching through three initiatives. First, under the direction of Carol Washburn, EdD, a group of volunteer faculty began a learning community called the Scholarship of Learning and Teaching. Faculty meet and support each other in the development, data collection and analysis, and dissemination of a classroom research project. Second, two faculty members were awarded internal funding to support Teaching as Research projects. The first project is exploring whether or not the use of mobile technology improves the quality of the reports by graduate students as they reflect on their clinical experiences. The second project is gathering data to create and evaluate instructional materials for educating student nurses about the health needs of the LGBTQIA population. Third, the SOTL is examining evidence-based teaching strategies used in BSN courses with large enrollments. Large classes are being observed and the data collected will be used as a baseline for efforts towards improvement in the teaching and learning process.

SON ETI Support (Pitt-Oakland). Originally called the Center for Innovation and Clinical Learning (CICL), Educational Technology and Innovation (ETI) provides technological support for teaching. ETI maintains two computer labs that are used for teaching and testing. ETI provides all (1) audio-visual and computer support in classrooms and conference rooms in VB and (2) computer support for faculty and staff in the SON. ETI assists with all the student computer testing, user account creation, alias creation, graphics creation, photography, video recording, and support for courses transmitted via distance education. In addition, ETI assists with the computer technology and repair, B-Line software support for simulation and telehealth technology.

Faculty Forums (Pitt-Oakland, Pitt-Johnstown and Pitt-Greensburg). The SON offers Faculty Forums on teaching. To provide faculty support in teaching, the Dean established teaching-focused faculty forums. There is a minimum of three teaching forums. Topics are selected through faculty expressed interests and data that indicates areas for development. Free CEUs are offered to faculty attending. Table II.G.1 shows a selected sample of Teaching Forums (See Faculty Forums in Appendix 15 for 2016-2019 faculty forums). The forums are held on the Oakland campus with the Johnstown and Greensburg campus connected via teleconferencing.

Table II.G.1. Examples of SON Faculty Forums 2017-18

Date	Time	Topic/Title	Expert Presenter
April 3, 2017	3:30 p.m. to 5:00 p.m.	University Presentation Implicit Bias	Benjamin Reese, Vice President of the Office for Institutional Equity, Duke University
April 17, 2017	3:30 p.m. to 5:00 p.m.	Evolving Changes in Care Delivery	Marion McGowan, PhD, Chief Clinical Officer, UPMC Insurance Services Division
Mar. 5, 2018	3:30 p.m. to 5:00 p.m.	Using Clinical Judgement	Kathie Lasater, Professor of Nursing, Oregon Health Sciences University
July 30, 2018	2:30 p.m. to 4:00 p.m.	Designing, Assessing, and Delivering Effective Feedback on Writing Assignments	Carol Washburn, EdD, Director for the Center for Scholarship in Nursing Education, SON
Oct. 1, 2018	3:30 p.m. to 5:00 p.m.	What Happens When We Have “Diversity” in the Room	Leigh Patel, Associate Dean of Equity and Justice, Pitt School of Education
Oct. 29, 2018	9:00 a.m. to 11:00 a.m.	Specifications on Grading	Paula Leslie, Director, Speech-Language Pathology Program, Pitt School of Health and Rehabilitation Sciences
Nov. 5, 2018	3:30 p.m. to 5:00 p.m.	Personalization of a Large Lecture Class Using Top Hat	Candice L Damiani Department of Biological Sciences, Pitt

SON Continuing Education Department (Pitt-Oakland, Pitt-Johnstown, Pitt-Greensburg). In addition to Pitt’s faculty forums, the SON CE Department has been providing services since it held its first session—the first in the country—in 1941. CE provides both live and online programs that help nurses attain their required yearly CE credits or hours. CE programs cover contemporary, relevant issues over a variety of topics, given by expert presenters. A summary of 2016-2019 Continuing Education activities in Resource Room, and current CEU activities can be found on the website, <https://www.nursing.pitt.edu/professional-development-continuing-nursing-education>.

There are several SON awards that recognize or support faculty teaching efforts. The Dean’s Distinguished Teaching Award recognizes excellence in teaching. Faculty are nominated for this award by their peers or students and an award is given to one tenure and one non-tenure track faculty each year. The Nursing Excellence in Teaching (NET) award is given annually to acknowledge exceptional efforts of a faculty member who has used evidence-based teaching strategies to enhance the educational experience for students. The Distinguished Clinical Scholars Award is awarded yearly to a non-tenure track faculty member to support a project designed to enhance clinical practice and student learning. The Lucie Young Kelly Faculty Leadership Award is given yearly to recognize a faculty member as having outstanding leadership qualities and the potential for outstanding contributions to nursing. The award supports a

scholarly project which can include a teaching project. As noted above, the SON SOTL also provides funding to support teach projects.

Other Pitt-Johnstown Faculty Support. Johnstown Nursing Faculty members have access to the SON resources listed above and have used Webex technology to participate in these faculty development opportunities. In addition, Pitt-Johnstown nursing faculty demonstrate a commitment to teaching excellence through their involvement in opportunities offered by the Faculty Resource Center (FRC). The FRC fosters rich conversations about the best practices in the scholarship of teaching and learning through faculty book discussions, workshops, symposiums, and the Teaching Showcases. Faculty members are encouraged to consider how pedagogy, mentoring, technology, diversity, and research can inform their teaching. Nursing faculty have been presenters at our annual Teaching Showcase, a campus-wide event highlighting exemplary teaching.

Pitt-Johnstown also provides support for faculty development, both through departmental budgets and the Office of Academic Affairs. Nursing faculty have been supported to attend and present at national and international conferences. Excellence in teaching is recognized in a variety of ways, including the annual campus-wide *President's Award for Excellence in Teaching*.

Other Pitt-Greensburg Faculty Support. Pitt-Greensburg faculty are involved with the Community of Advancement of Teaching (CAT). These educational monthly programs are for the faculty advancement and are provided by guest speakers with expertise in the areas which faculty request further training. Each year the faculty group chooses a main theme to focus their education programs on for the school year. For 2017-18, the theme centered on improving critical thinking. In 2018-19 the theme centers on online teaching. This CAT group is supported by grant money and some administrative funds.

Support Services for Scholarship

The SON supports faculty scholarship through a variety of mechanisms. Faculty are given workload effort to focus on scholarship. As reported in II-E p.33, the workload effort awarded for scholarship depends on track, rank, and the extent to which the faculty member's salary is supported by external funding.

Given the scholarly expectations that new tenure-stream faculty must meet to be promoted to Associate Professor with Tenure, the SON has implemented a number of activities to support their ability to meet these expectations. The SON provides time for new tenure-stream faculty to develop their research agenda throughout the pre-tenure period through reduced teaching loads (Section I-D, Table 3) and research mentorship. A time plan has been developed for new faculty to help them with expectations of gaining tenure. Appendix 16 shows the benchmarks (expected) for new faculty to attain tenure over 6 years.

SON Funding Support. Funding is available for tenured/tenure-stream and non-tenure stream faculty. First, all new tenure-stream faculty receive a modest start-up package. Second, tenure-stream faculty can apply for internal funding for pilot research through SON endowments. Third, SON provides a grant manager for each department. Fourth, non-tenure stream faculty are invited to participate in in the Clinical Scholar Program. Fifth, the SON SOTL offers three grants annually for the scholarship of teaching projects.

SON Departments Support (Pitt-Oakland). Each department also provides scholarly support. Departments hold monthly scholarship meetings and mock reviews of grant proposals. Faculty also meet individually with their department's Vice Chair of Research who assists them with specific questions. Moreover, faculty are encouraged to work with interprofessional teams and with senior faculty to develop their research.

SON Center for Research and Evaluation (Pitt-Oakland). To support the SON's research community, the Center for Research and Evaluation (CRE) is staffed with experienced PhD statisticians (3 FTE), systems analysts and programmers (3 FTE), a doctorally-trained scientific editor/writer (1 FTE + 2 as needed), an a doctorally-trained education evaluator (1), and clerical personnel/administrator (2 FTE). PhD-prepared statisticians have combined statistical expertise in observational, quasi-experimental, and experimental designs; exploratory data analysis; data visualization; nonparametric statistics; multivariate general linear models (e.g., regression, analysis of variance [ANOVA] and covariance [ANCOVA]); generalized linear models (e.g., Poisson regression, logistic regression); model diagnostics; longitudinal data analysis (e.g., repeated measures ANOVA, linear and nonlinear mixed effects models, marginal models via GEE methods, hierarchical models); time-to-event/survival analysis; and structural equation models (e.g., path analysis, factor analysis, psychometrics). The CRE's faculty and PhD and DNP student support services include the following:

1. Design and consultation for analysis of data and training in design and data management,
2. Scientific review of proposals submitted through the OSIRIS to the IRB committees,

3. Maintenance and dissemination of information on funding, conference and research development, and training opportunities,
4. Faculty, post-doctoral fellow, and doctoral student development in research methodology,
5. Consultation on research program development,
6. Data management,
7. Survey development, implementation, and monitoring,
8. Support of scholarly writing (editing and review) such as manuscripts and grant proposals, and
9. Monthly continuing education in design and statistical methods.

The CRE also sponsors the Research Methodology Series. These monthly presentations and workshops entail guest speakers discussing career development and current issues and methods in quantitative and qualitative research and these seminars are open to all in the SON community with the emphasis on scholarly production by SON faculty and PhD and DNP students (See Appendix 17). Continuing Education credits are offered for these seminars.

In an effort to the competitiveness of grants submitted for R01 level funding from the National Institutes of Health, the SON established the Pilot/Feasibility Study Program. This program is administered through the Center for Research and Evaluation (CRE) and awards small grants to junior faculty on the tenure track (i.e., Assistant Professors who are not yet tenured) in the SON. This program is targeted at providing support for the conduct of small feasibility studies, the results of which would be included as a preliminary study in an R01 submission to NIH.

Moreover, to help the SON faculty to achieve publication and grant awards through the production of effective academic writing, since August 2015, Brian Greene, EdD (SON Scientific Editor/Writer and SON Director for International Affairs) has edited 127 journal manuscripts and 125 grant proposals written by members of the SON faculty. As of May, 2018, this editorial support has helped generate 41 grants to the faculty that total US\$13 million and 63 publications in scholarly journals. Dr. Greene also presents workshops to SON faculty and students on academic writing in nursing.

Pitt Scholarship Resources (Pitt-Oakland). Two resources are particularly applicable to the SON. The University Research Office, led by Senior Vice Chancellor Rob Rutenbar, PhD, provides overall grants management, consultation, information dissemination, and policy development, and small grants funding for research. Pitt's Office of Research provides consultation to faculty on grant design and review (<http://www.research.pitt.edu/>). Faculty have opportunities to engage with the Chancellors' career development program and apply for funding through the Pitt Seed Money program (<https://upitt.infoready4.com/>). In October 2018, Pitt launched the Institutional Mentoring Program Across a Community of Color (IMPACT) program.

Health Sciences Support (Pitt-Oakland). The SON is part of Pitt's Schools in Health Sciences. Dr. Arthur Levine, Senior Vice Chancellor, oversees six schools that include Nursing, Medicine, Dentistry, Pharmacy, Public Health, and Rehabilitation Sciences. The Offices of Research, Health Sciences (<https://www.oorhs.pitt.edu>) is led by Associate Vice Chancellor for Biomedical Research, Health Sciences, Michelle Broido, PhD, and is designed to foster emerging and established research within and across the six health science schools. This office provides consultation of grants development, review of proposals, budgetary assistance, information relevant to grants development, funding opportunities, and policies, and supports an ongoing lecture series. Additionally, the Office of Academic Career Development offers a required yearlong orientation program for new faculty investigators during their first year (<http://www.oacd.health.pitt.edu/about-oacd>). Nursing faculty can take advantage of the numerous presentations offered by the School of Health Sciences through regular seminar series and planned events (<http://www.health.pitt.edu/>). The School for Public Health's CEED Program offers research development to faculty in underrepresented populations.

Pitt-Johnstown Faculty Support in Research. Johnstown Nursing faculty are eligible for and have competed successfully for research funding available through the Office of the Provost on the Oakland campus. As examples, Johnstown Nursing faculty were recently awarded grant funding through the Provost's *Personalized Education Program* and the Provost's *Innovation in Education* Program. On the Pitt- Johnstown campus, faculty can apply for funding support of scholarly activities through the Mentorship Fund and the College Research Council, both of which provide small grants that encourage and reward undergraduate research mentoring and summer research activity.

Pitt-Greensburg Faculty Support in Research. Pitt-Greensburg students, faculty, and staff make up the Center for Applied Research (CFAR). The mission of (CFAR) is to establish mutually beneficial relationships with community organizations that provide curricular and co-curricular opportunities for students to develop knowledge and skills related to empirical research and expand professional development opportunities for faculty and staff. The Center for Applied Research (CFAR) serves as a campus resource to benefit student learning, facilitate course development, expand professional development opportunities for faculty and staff, and establish mutually beneficial relationships with community organizations.

The primary activities of the Center involve the quantitative and qualitative performance of empirical research. The CFAR provides a valuable resource for research and data collection and analysis for both the campus and Westmoreland County, by working with other institutions/organizations who are pursuing grants and in need of independent evaluators.

Support for Clinical Practice

Full-time 12-month faculty with practice requirements for certification and/or licensure must maintain an active faculty practice. Consistent with PA State Board faculty requirements for nurse practitioner programs, SON faculty teaching clinical courses in the NNP are required to engage in ongoing faculty practice. The SON supports these requirements by giving faculty with faculty practice requirements up to 10% workload credit (200 hours per year) to engage in clinical practice. To be eligible for the Distinguished Clinical Scholar Award (for teaching or clinical projects), faculty members must engage in ongoing clinical practice.

Support for Service

SON faculty are expected to provide service to SON, Pitt, and the profession of nursing. The SON provides support for service activities by allotting up to 5% workload credit for service. If faculty members hold major leadership positions in national or international professional organizations (e.g., president of an organization), the workload allotted to service may be higher.

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

1. are congruent with the program’s mission and goals;
2. are congruent with the roles for which the program is preparing its graduates; and
3. consider the needs of the program-identified community of interest.

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

Program Response:

Expected Student Outcomes Are Congruent with the Program’s Mission and Goals

The SON BSN curriculum is developed, implemented and revised to be congruent with the Pitt mission, the SON mission, and roles for which the program is preparing its graduates. Pitt SON BSN students graduate as nursing generalists who are prepared to work in hospitals or community health organizations throughout the United States. Table III.A.1 shows the association between the SON mission, BSN student learning outcomes (SLO) and a sample of BSN courses that reflect the SLOs.

To understand the BSN clinical courses listed in the tables appearing throughout Standard III, two points must be clarified. First, although clinical courses taught across BSN tracks share many course objectives, they comprise different amounts of credit hours. Therefore, the numbering of clinical courses varies by track. Second, the 4-year Traditional track has changes in clinical course numbering due to revisions in the clinical hours (See III-B, BSN Curricular Revisions). The new BSN clinical course numbers (without “c”) are shown in parentheses. Appendix 18 list these BSN tracks, BSN clinical courses, and the clinical course numbers for each track.

Table III.A.1: Congruence Between SON Mission, BSN SLOs, and Courses with Course Objectives

SON Mission	SLO	Course(s) and Their Course Objectives Associated to SLO
Provide high-quality undergraduate education in nursing.	1.Synthesize knowledge from liberal education with professional nursing.	NUR 0002: Nursing Anatomy & Physiology. 1. Identify the normal structure and function of an animal cell and cell membrane. NUR 0081: Foundations of Nursing Practice. 1. Apply knowledge from biophysical and social sciences to the performance of psychomotor skills across the lifespan. NUR 1050: Nursing Care of Mothers, Newborns, and Families. 3. Discuss knowledge from nursing, the sciences, and the human life span approach to family-centered care for women, newborns, and families.
	2.Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings.	NUR 0051: Introduction to Professional Nursing. 7. Identify aspects of professional values, accountability, responsibility, and leadership. NUR 0086: Nursing Informatics. 2. Examine computer technologies that support the process of patient care.
	3.Integrate evidence, clinical judgment,	NUR 0081: Foundations of Nursing Practice II. 2. Demonstrate the use of the nursing process and clinical reasoning in

	interprofessional perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.	<p>the performance of psychomotor and communication skills to optimize patient outcome</p> <p>NUR 0067: Nursing Research: Introduction to Critical Appraisal & Evidence-Based Practice. 3. Critically appraise published research to guide nursing practice</p> <p>NUR 1060c (1066)/ 1260c: Nursing Care of Clients with Psychiatric Mental Health Problems Clinical 7. Utilize critical thinking and the nursing process to make decisions regarding the management of both complex physical and psychiatric problems of individuals and families.</p>
	4. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe, effective nursing practice.	<p>NUR 1052c (1042)/ 1252c: Nursing Care of Children & Families Clinical. 12. Demonstrate the ability to use clinical information systems and healthcare technology in nursing practice with children and their families.</p> <p>NUR 1120: Advanced Nursing Management of the Adult with Acute/Complex Health Problems 5. Utilize clinical information systems and internet/intranet resources to search, critically appraise research and apply evidenced-based research findings to the nursing management of patients with acute/complex health problems.</p>
	5. Explore the impact of sociocultural, economic, legal, and political factors influencing patient care quality, workplace safety, and the scope of nursing and other health professionals' practice.	<p>NUR 1085: Ethics in Nursing and Health. 1. Identify clinical ethical dilemmas in contemporary nursing and healthcare.</p> <p>NUR 1134: Transition into Professional Nursing Practice. 2. Explain how selected healthcare policies and trends influence the practice of professional nursing.</p>
	6. Incorporate effective communication skills to contribute to the nursing perspective to interprofessional teams to optimize patient outcomes.	<p>NUR 1121c /1221c/ 1021c: Advanced Clinical Problem Solving Clinical. 2. Communicates in a manner that assists individuals, families, groups, and health team members to cope with a critical illness.</p> <p>NUR 1054c: Nursing Care of Older Adults. 5. Collaborate with older adults, family caregivers, and other healthcare providers to identify common risk factors that contribute to functional decline, impaired quality of life, and excess disability in geriatric patients.</p>
	7. Collaborate with members of the interprofessional team to develop an assessment and intervention plan that takes into account determinants of health and available resources that contribute to clinical prevention and population health.	<p>NUR 0082c (0092)/ 1282c: Nursing Management of the Adult with Acute/Chronic Health Problems Clinical. 7. Interact effectively with members of the interdisciplinary healthcare team to provide care that promotes, restores, and maintains the optimal functioning of adults with acute and/or chronic illnesses, including older adults.</p> <p>NUR 1050: Nursing Care of Mothers, Newborns, and Families. 2. Recognize the need for collaboration and interdisciplinary team working the planning, implementation and nursing management of mothers, newborns, and families.</p>
	8. Assume accountability for personal and professional behaviors that demonstrate the nursing standards of	<p>NUR 0082c (0092)/ 1282c: Nursing Management of the Adult with Acute/Chronic Health Problems Clinical. 5. Assume responsibility for own actions in the clinical setting.</p> <p>NUR 1120c (1020)/1220c: Advanced Nursing Management of the Adult with Acute/ Complex Health Problems Clinical.</p>

	moral, ethical, and legal conduct.	11. Assume responsibility and accountability for own decisions in the ethical practice of nursing.
	9. Implement holistic, evidence-based, safe patient-centered care across the health-illness continuum, across the lifespan, and in all healthcare settings.	<p>NUR 0080: Foundations of Nursing Practice I. 2. identify the difference between expected and variations of physical findings for each body system through the lifespan.</p> <p>NUR 0080c (0090): Foundations of Nursing Practice I Clinical. 5. Apply principles of physiologic and psychological safety in the clinical setting</p> <p>NUR 1128c (1130)/ 1228c/ 1127c: Community Health Nursing. 3. Intervene therapeutically to promote, restore, and maintain the health of individuals, families, and aggregates across the life course in community settings, and 8. Apply principles of physiologic and psychological safety in the community clinical setting when caring for individuals, families, and aggregates across the life course.</p>

Table III.A.2. shows the association of the SON mission, MSN SLO, and a example MSN courses that reflect SLOs.

Table III.A.2: Congruence Between SON Mission, MSN SLOs, and Example MSN Courses with Course Objectives

SON Mission	SLO	Course (s) and Their Course Objectives Associated to SLO
Maintain and develop superior graduate programs in nursing that respond to the needs of healthcare in general and nursing in particular within Pennsylvania, the nation, and the world.	1. Integrates scientific findings from nursing, biopsychological fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.	<p>NUR 2004: Pathophysiology Across the Life Span. 1. Relate the physiologic mechanisms of normal body function with pathophysiologic responses.</p> <p>NUR 2034: Advanced Pharmacology Across the Lifespan. 7. Examine genetic, ethical and legal considerations related to the administration of drug therapy.</p> <p>NUR 2031: The Diagnostic Physical Exam Across the Lifespan. 2. Synthesize theories, principles, and techniques from the physical and behavioral sciences central to performing a complete methodical physical examination.</p>
	2. Apply organizational and systems leadership principals to a clinical setting.	<p>NURSP 2092: Leadership Development. 1. Demonstrate key leadership behaviors necessary to meet the challenges posed by the healthcare environment today and in the future.</p> <p>NUR 2009: Leadership Healthcare Policy and Finance. 8. Discuss how institutional vision, mission, goals, and strategic plan affect the role and responsibilities of the nurse leader in a variety of healthcare delivery systems.</p>
	3. Demonstrate the ability to use the steps of evidence-based practice to implement clinical practice guidelines or design projects to improve healthcare delivery.	<p>NUR 2000: Research for Evidence-Based Practice I. 4. Compare and contrast quality improvement projects, surveillance projects, program evaluation projects, and N of 1 projects for their applicability to clinical practice</p> <p>NUR 2034: Advanced Pharmacology Across the Lifespan. 5. Evaluate evidence-based guidelines and/or other parameters used to assess therapeutic response and common side effects of the major categories of pharmacologic agents used in clinical practice.</p> <p>NURSP 2098: Healthcare Quality. 3. Use a variety of sources of information to review outcomes, compare benchmarks of care, and identify potential areas for improvement.</p>

<p>4. Apply research outcomes to resolve practice problems.</p>	<p>NUR 2032: Differential Diagnosis Clinical. 5. Critique current evidenced-based research on various patient diagnoses generated from patient subjective and objective findings.</p> <p>NUR 2000: Research for Evidence-Based Practice I. 3. Synthesize critically appraised evidence that focuses on a PICO question arising from clinical practice.</p> <p>NUR 2011: Applied Statistics for Evidence-Based Practice. 2. Identify the use and assumptions of commonly reported univariate statistical tests.</p>
<p>5. Use current emerging technologies and data analytics to enhance nursing practice.</p>	<p>NURSP 2075: Introduction to Health Informatics. 1. Examine theories and models of nursing informatics, and 8. Organize data into information to affect nursing practice using informatics tools.</p>
<p>6. Advocate for policies that improve the health of the public and the profession of nursing.</p>	<p>NURSP 2092: Leadership Development. 5. Employ effective strategies for managing the ethical and professional challenges inherent in today's healthcare delivery systems.</p> <p>NUR 2009: Leadership Healthcare Policy and Finance. 5. Develop a political voice as a member of the nursing profession to influence healthcare and health policy.</p>
<p>7. Use effective communications strategies to develop, participate, and lead interprofessional teams and partnerships.</p>	<p>NURSP 2092: Leadership Development. 2. Develop effective communication and relationship management skills related to the resolution of frequently encountered organizational issues.</p>
<p>8. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions.</p>	<p>NUR 2010: Health Promotion and Disease Prevention in Culturally Diverse Populations. 4. Develop culturally competent approaches to health assessment and health promotion that address a range of cultural, racial, ethnic, age, and gender groups.</p> <p>NUR 2031: The Diagnostic Physical Exam Across the Lifespan. 8. Incorporate health promotion, cultural considerations, and genetic influences to form a health assessment.</p>
<p>9. Apply the best available evidence from nursing and other sciences to advance patient education, enhance the accessibility of care, analyze practice patterns, and improve healthcare outcomes.</p>	<p>NUR 2032: Differential Diagnosis Clinical. 7. Demonstrate competent, evidence-based skills in history taking and physical examination through the use of standardized patients and simulation equipment.</p> <p>NUR 2010: Health Promotion and Disease Prevention in Culturally Diverse Populations. 5. Apply theories and models central to health promotion and disease prevention within diverse populations.</p> <p>NUR 2011: Applied Statistics for Evidence-Based Practice. 7. Critically appraise the result section of published reports of single research studies.</p>
<p>10. Incorporate ethical principles and identify ethical issues in practices.</p>	<p>NUR 2008: Ethics for Advanced Practice Nursing. 4. Evaluate ethical decisions involving personal and organizational perspectives, competing interests, and conflicts of interests.</p> <p>NUR 2034: Advanced Pharmacology. 7. Examine genetic, ethical and legal considerations related to the administration of drug therapy.</p> <p>NURSP 2097: CNL Clinical Practicum II.</p>

		1. Assume accountability for healthcare outcomes for a specific group of patients within a unit or setting.
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Student Outcomes Are Congruent with the Roles for Which the Program is Preparing its Graduates

To ensure the programs support the expected student outcomes and the roles for which the program is preparing its graduates, SON faculty has crosswalked (i.e., checked the congruence of) all BSN and MSN courses and the course objectives with the AACN Essentials for each program. In addition, we crosswalked specialty area standards with the specific MSN major or area of concentration (e.g., the Neonatal Nurse Practitioner AROC is crosswalked with NONPF core and neonatal competencies). Course objectives not only meet specific AACN Essential Competencies and specialty areas standards as demonstrated in the crosswalks, but also are described more fully in Key Elements III-B and II-IC. The individual crosswalks of the BSN tracks (4-year Traditional, ABSN, RN-BSN Online) and the MSN majors and areas of concentrations (NNP, Nurse Anesthesia, CNL, Nursing Informatics, and Nursing Administration) can be seen in the Resource Room.

Curriculum Committee Oversee Curriculum Revisions. In an effort to enhance the efficiency of curriculum revisions, the Curriculum Committees for the BSN, MSN, and DNP programs were disbanded and a School Wide Curriculum Committee (SWCC) was instituted in 2016. These changes are reflected in the SON Bylaws (Article VI §15). Through the actions of Curriculum Committee, the Triennial Review process has been developed to ensure that courses are reviewed every three years and course objectives are mapped to AACN Essentials and specialty area standards and that course content and methods of evaluation are mapped to the course objectives. There is the Triennial Review form for each the didactic course format and the clinical course format (See Appendix 19 for the didactic course Triennial Review and the Resource Room for both Triennial Review forms).

Consider the Needs of the Program-identified Community of Interest

UPMC as a Community of Interest. UPMC appoints a representative to the Dean's Council, BSN Council, and MSN Council. The role is to facilitate the communication back and forth in relation to the needs, interests, and solutions of both. In addition, Dr. Dunbar-Jacob sits on the Nursing Leadership Council at UPMC, and UPMC and UPMC Quality Boards. Dr Engberg and Dr. Puskar co-lead with the UPMC CNO the Academic Service Partnership Council. In response to needs of UPMC, we have increased enrollment in the undergraduate program. With changes in healthcare environment, we have provided students the opportunity to have placements in ambulatory care and Home Care. In addition, we have added exposure to finance and leadership models in health care to better prepare graduates in healthcare. We are currently in the process of reviewing our Nursing Informatics curriculum to ensure graduates are prepared with the skills needed in clinical arena including UPMC. Across programs students are also conducting mini-quality improvement projects. Our joint program with the School of Engineering builds on the basis of observed needs within the clinical system.

Board of Visitors as a Community of Interest. In 2018, the Board of Visitors (BOV) (See Appendix 6 for names), brainstormed ideas for adapting the SON Curriculum and infrastructure to address supply and demand challenges. Several ideas generated by the Board that are being implemented in the SON are 1) creatively redesigning selected onsite clinical experiences and 2) expanding the role of simulation. (See BOV 2018 summary notes in the Resource Room). For example, the obstetrics and pediatric undergraduate clinicals have expanded the range of experiences to include ambulatory experiences. Therefore, not only have the student experiences expanded, but this practice also has also opened the door to educating more student without overloading the inpatient units. Similarly, the sophomore year has included a telehealth simulation to expose students for this rapidly growing service for patients.

Pitt as a Community of Interest. Three characteristics of a Pitt graduate are to be able to 1) Think critically and analytically, 2) Gather and evaluate information effectively and appropriately, and 3) Communicate clearly and effectively. To address these Pitt graduate characteristics, SON developed a student learning outcome which addresses nursing concerns and ideas through academic writing. Specifically, we expect a Pitt nurse to develop a thesis statement and synthesize research evidence and ideas to produce a logical argument for decision-making or propose an evidence-based solution to a problem. A school-wide evaluation of academic writing indicated that graduating nursing students did not meet the competency benchmark (expected) for writing. A quality improvement plan is described in IV-J.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student

outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response:

The SON BSN curriculum is developed, implemented and revised to reflect the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN 2008) and *Quality and Safety in Nursing Education* (QSEN) (AACN 2012). The BSN student learning outcomes were revised to better reflect the AACN Essentials. These new student outcomes were passed by TFO in November 2017. Each learning outcome is correlated with one of the BSN essentials. As part of the new Triennial Review process (2016-17), faculty were asked to map each of their course objectives to the AACN Essentials and QSEN competencies. An examination of the 4-year traditional crosswalk and ABSN crosswalk show most AACN essentials and QSEN competencies are represented by at least one-course objective. Course objectives for the AACN Essentials on health policy were missing. We are addressing this finding with a quality improvement plan (See IV-J).

The new BSN student learning outcomes and BSN course objectives both reflect AACN Essentials; the broader student learning outcomes are being addressed through BSN course objectives. Table III.B.1 provides an example of BSN 4-year Traditional courses and course objectives that link to the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008). Most of the examples below cite courses within the traditional 4-year Traditional undergraduate curriculum. The ABSN and RN-BSN tracks are highly congruent with the traditional curriculum and therefore also demonstrate a robust match with the AACN Essentials.

Table III.B.1: Congruence Between AACN Essentials, BSN Student Learning Outcomes, BSN Courses, and BSN Course Objectives

AACN Essential	BSN SLOs	Course	Course Objectives
Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice	1. Synthesize knowledge from liberal education with professional nursing.	NUR 0013: Human Anatomy and Physiology 2 NUR 1060c (1066)/ 1260c: Nursing Care of Clients with Psychiatric Mental Health Problems Clinical	NUR 0013: Describe the gross and microscopic anatomy of the kidney and the physiology of urine production. NUR 1060c (1066)/ 1260c: Apply knowledge from nursing, biophysical, and social sciences in the delivery of care to individuals with mental illness and their families.
Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety	2. Apply leadership concepts, skills, and decision making in the provision of high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery in a variety of settings	NUR 0067: Nursing Research: An Introduction to Critical Appraisal and Evidence-Based Practice NUR 0082c (0092)/ 1282c: Nursing Management of Adults with Acute/Chronic Health Problems Clinical NUR 1121c/ 1221c/ 1021c: Advanced Clinical Problem Solving Clinical	NUR 0067: Demonstrate the importance of quality improvement to achieve positive healthcare outcomes. NUR 0082c (0092)/ 1282c: Collaborate with patients to establish realistic, short and long-term goals aimed at promoting, restoring, and maintaining the optimal functioning of adults with acute and/or chronic illnesses, including older adult NUR 1121c/ 1221c/ 1021c: Utilize advanced problem-solving skills to intervene therapeutically to promote, restore, and maintain the maximum health potential of individuals, families, and groups.
Essential III: Scholarship for Evidence-Based Practice	3. Integrate evidence, clinical judgment, interprofessional	NUR 1050c (1057)/ 1250c: Nursing Care of Mothers, Newborns, & Families	NUR 1050c (1057)/ 1250c: Use research and evidenced-based practice guidelines to support family-centered care for women, newborns, and families.

	perspectives, and patient preferences in planning, implementing, and evaluating outcomes of care.	NUR 1052: Nursing Care of Children and Their Families Theory	NUR 1052: Examine evidenced-based research in the planning and implementation of the care of children and their families
Essential IV: Information Management and Application of Patient Care Technology	4. Demonstrate skills in using patient care technologies, information systems, and communication devices that support safe, effective nursing practice.	NUR 0086: Nursing Informatics NUR 1054c: Nursing Care of Older Adults Clinical	NUR 0086: Apply emerging healthcare information technology to the patient and/or healthcare situations. NUR 1054c: Use valid and reliable tools to assess the functional, physical, cognitive, psychological, social, and spiritual status of geriatric patients.
Essential V: Healthcare Policy, Finance, and Regulatory Environments	5. Explore the impact of sociocultural, economic, legal, and political factors influencing patient care quality, workplace safety, and the scope of nursing and other health professionals' practice	NUR 1128: Community Health Nursing NUR 1134: Transition into Professional Nursing Practice NUR 0087: Pharmacology & Therapeutics	NUR 1128: Demonstrate basic knowledge of public health policy, legislation, finance, and regulation at the local, state, national, and global levels. NUR 1134: Describe the relationship between healthcare financing and the provision of nursing. NUR 0087: Discuss legal and ethical considerations in the administration of the drug
Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	6. Incorporate effective communication skills to contribute to the nursing perspective to interprofessional teams to optimize patient outcomes.	NUR 0051: Introduction to Professional Nursing NUR 1085: Ethics in Nursing in Healthcare NUR 0082c (0092)/ 1282c: Nursing Management of Adults with Acute/Chronic Health Problems Clinical NUR 1052: Nursing Care of Children and Their Families Theory	NUR 0051: Differentiate the roles of other members of the interdisciplinary healthcare delivery team. NUR 1085: Construct resolutions for clinical ethical dilemmas in collaborations with healthcare colleagues. NUR 0082c (0092)/ 1282c: Demonstrate effective written and verbal communication skills in interactions with patients including older adults, family members, peers, and members of the healthcare team. NUR 1052: Recognize the need for collaboration and interdisciplinary teamwork with children, families and healthcare providers in the delivery of nursing care.
Essential VII: Clinical Prevention and Population Health	7. Collaborate with members of the interprofessional team to develop an assessment and intervention plan that takes into account determinants of health and available resources that	NUR 0080: Foundations of Nursing Practice I NUR 1120c (1020)/ 1220c: Advanced Nursing Management of the Adult with Acute/Complex Health Problems Clinical NUR 1121c/ 1221c/ 1021c: Advanced Clinical Problem Solving Clinical	NUR 0080: Recognize health promotion and disease prevention strategies. NUR 1120c (1020)/ 1220c: Identify the pathophysiological changes and clinical manifestations of acute and complex health problems in patients being cared for in an acute care environment. NUR 1121c/ 1221c/ 1021c: Incorporate critical thinking skills with the nursing process to manage individuals, families,

	contribute to clinical prevention and population health		and groups experiencing complex health problems.
Essential VIII: Professionalism and Professional Values	8. Assume accountability for personal and professional behaviors that demonstrate the nursing standards of moral, ethical, and legal conduct.	NUR 1990: Senior Seminar NUR 1085: Ethics in Nursing in Healthcare	NUR 1990: Senior Seminar-Demonstrate responsibility for self-directed learning to remediate weaknesses, build upon strengths, and promote the development of skills required for success at the entry level of professional nursing practice. NUR 1085: Explain the influence of professional interactions on ethical conduct and decision-making in clinical ethical dilemmas.
Essential IX: Baccalaureate Generalist Nursing Practice	9. Implement holistic, evidence-based, safe patient-centered care across the health-illness continuum, across the lifespan, and in all healthcare settings	NUR 0020: Pathophysiologic Foundations of Nursing Care NUR 1680: Introduction to Genetics and Molecular Therapeutics NUR 1128c (1130)/ 1228c/ 1127c: Community Health Nursing Clinical	NUR 0020: Identify populations at risk for specific diseases and injuries. NUR 1680: Explain the role that the field of genetics plays in healthcare NUR 1128c (1130)/ 1228c/ 1127c: Intervene therapeutically to promote, restore, and maintain the health of individuals, families, and aggregates across the life course in community settings

Full crosswalks of each BSN track with essentials and QSEN competencies can be found in the Resource Room. These crosswalks document the threading of BSN Essentials and QSEN competencies throughout the varying course objectives in didactic, labs, and clinical courses. The crosswalk of courses offered in the undergraduate curriculum demonstrated a robust match with the AACN Essentials, except for Health Policy.

BSN Curricular Revisions

ELNEC Modules/ Palliative Care. A revision of the BSN curriculum involved the integration of palliative care content through ELNEC. Pitt was one of the first 50 schools in the country to adopt this curriculum for undergraduate BSN students. The ELNEC modules were introduced as a required learning experience in the Senior Level course NUR 1134 “Transitions to Professional Nursing” in Spring 2017. Students complete the six online modules and present the certificate of completion to course faculty. The modules were very well received by students. Undergraduate faculty supported the inclusion of this content to supplement existing course content but recommended that the modules be introduced at the Junior Level to provide this useful content as students begin to learn about serious illness. The ELNEC modules are now in the junior medical-surgical course (NUR 1120 Advanced Nursing Management of the Adult with Acute/Complex Health Problems).

Freshman Seminar Revision. The freshman seminar originally targeted orientation to university services. Additional content has been added to the seminar to help students prepare for college, understand the epistemology of nursing, and think about their career and professionalism. This content includes the variety of roles in contemporary nursing and examples healthcare problems in today’s society.

Diversity Seminar. Based on Pitt’s strategic initiatives to embrace diversity and inclusion (See 2018 Strategic Plan Appendix 7), the SON has developed a BSN Diversity Seminar. In 2018, a new, 1-credit seminar in diversity was approved by TFO, and freshman students began taking this required course in Spring 2019. The seminar introduces students to diversity topics with an opportunity to identify and reflect on personal implicit bias (See class syllabus for topics in Appendix 20). To see how students’ experiences with diverse populations impact their thoughts, assignments have been created for students to reflect on their own experiences. See Resource Room for a sample of implicit bias reflection assignments in a NUR 0053.

Telehealth. A fourth revision was the inclusion of telehealth into the BSN programs in Foundations of Nursing Practice (the BSN course is NUR 0080, and the BSN course is NUR 1281) and Advanced Clinical Problem Solving (NUR 1121), which is offered in all three BSN tracks. Telehealth equipment was purchased by two faculty, Dr. Trish Tuite and Dr.

Becky Faett, who used their Distinguished Clinical Scholar Award funds. Faculty at Pitt-Johnstown provide students with a telehealth experience in the psychiatric mental health rotation.

Reduction of Clinical Hours. A fifth revision was enacted to reconfigure clinical hours for clinical courses. In surveying other schools of nursing in Pennsylvania, we noted that Pitt nursing had 1,300 hours of clinical in the baccalaureate program, which was the highest in the state. The curriculum was revised to decrease the clinical hours from 1,300 to 945 hours (SON Policy No. 412: Clinical Hours for Prelicensure Courses, (https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy412_0118.pdf)). The revisions were submitted to and approved by the Pennsylvania State Board of Nursing. Several clinical courses were decreased by one credit. This change accommodates credits for the Diversity Seminar (offered spring 2019), Freshman Seminar (offered fall 2018), and Health Policy (in development) courses.

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

1. Master's program curricula incorporate professional standards and guidelines as appropriate.
 1. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 2. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
1. Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Program Response:

Students currently are enrolled in five MSN major/AROCs. However, three of these (Nurse Anesthesia, NNP, and Nursing Administration) are closed to admissions and will terminate once the last student graduates. Our MSN programs incorporate professional nursing standards relevant to master's education and to each of our majors/AROCs. All majors/AROCs (CNL, Nursing Informatics, Neonatal Nurse Practitioner, Nurse Anesthesia, and Nursing Administration) incorporate *the Essentials of Master's Education in Nursing* (AACN, 2011). The SON Neonatal Nurse Practitioner AROC not only bases its curriculum on the NONF Core (2017), NNP Specialty Competencies (2013), and NANN Education Standards and Curriculum (2018), but also meets the criteria for Evaluation of Nurse Practitioner Programs (NTF 2016). The MSN Nurse Anesthesia major incorporates the COA Standards (2014). The CNL AROC incorporates the AACN Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice and the Nursing Informatics AROC incorporates the American Nurses Association Nursing Informatics Scope and Standards of Practice. Student in both of our advanced practice MSN options, nurse anesthesia, and neonatal nurse practitioner are required to take separate comprehensive graduate courses in advances pathophysiology (NUR 2004 Pathophysiology

Across the Life Span), advanced health assessment (NUR 2031 The Diagnostic Physical Exam Across the Lifespan) and advanced pharmacology (NUR 2034 Advanced Pharmacology Across the Lifespan). CNL students also take these three courses.

In 2016-2017, the SON Curriculum Committee developed a triennial (every 3 years) review form that requires each course objective in a course be mapped to MSN Essentials and specialty area competencies when it is submitted for review. The first set of courses to complete this process was in September 2017, the beginning of the 2017-18 school year. All MSN course objectives in the CNL, Nursing Informatics, and Neonatal Nurse Practitioner AROCs have been mapped to MSN Essentials and to relevant specialty competencies/standards listed in Table I.B.1 p.12. The Nurse Anesthesia major and the Nursing Administration AROC were crosswalked in 2013-214 and were not scheduled for a crosswalk review until 2017-18. Since both are closed to admission and the courses unique to both have been archived, they did not undergo a Triennial Review with the newer triennial form. The 2013-214 Nurse Anesthesia and Nursing Administration crosswalks are available in the Resource Room.

Our new MSN student learning outcomes and core MSN course objectives both reflect AACN Essentials. The broader student learning outcomes are being addressed through MSN course objectives. Table III.C.1 provides examples of core MSN courses and course objectives that link to the MSN Program Learning Outcomes and AACN Essentials.

Table III.C.1. Congruence Between AACN Essentials, MSN SLO, Courses, and Course

AACN Essential	MSN SLOs	Sample of Course Objectives Meeting SLOs
Essential I: Background for Practice from Sciences and Humanities	1. Integrates scientific findings from nursing, biopsychological fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings	NUR 2004: Pathophysiology Across the Life Span. 1. Relate the physiologic mechanisms of normal body function with pathophysiologic responses. NUR 2034: Advanced Pharmacology. 7. Examine genetic, ethical and legal considerations related to the administration of drug therapy. NUR 2031: The Diagnostic Physical Exam Across the Lifespan. 8. Incorporate health promotion, cultural considerations, and genetic influences to form a health assessment.
Essential II: Organizational and Systems Leadership	2. Apply organizational and systems leadership principals to a clinical setting.	NURSP 2092: Leadership Development. 1. Demonstrate key leadership behaviors necessary to meet the challenges posed by the healthcare environment today and in the future. NURSP 2092: Leadership Development. 3. Practice the application of basic business skills needed in today's healthcare environment in order to advocate appropriately for the profession. NUR 2009: Leadership Healthcare Policy and Finance. 8. Discuss how institutional vision, mission, goals, and strategic plan affect the role and responsibilities of the nurse leader in a variety of healthcare delivery systems.
Essential III: Quality Improvement and Safety	3. Demonstrate the ability to use the steps of evidence-based practice to implement clinical practice guidelines or design projects to improve healthcare delivery.	NUR 2000: Research for Evidence-Based Practice I. 4. Compare and contrast quality improvement projects, surveillance projects, program evaluation projects, and N of 1 projects for their applicability to clinical practice NUR 2034: Advanced Pharmacology. 5. Evaluate evidence-based guidelines and/or other parameters used to assess therapeutic response and common side effects of the major categories of pharmacologic agents used in clinical practice. NURSP 2098: Healthcare Quality. 3. Use a variety of sources of information to review outcomes, compare benchmarks of care, and identify potential areas for improvement.

Essential IV: Translating and Integrating Scholarship into Practice	4. Applies research outcomes to resolve practice problems.	NUR 2032: Differential Diagnosis Clinical. 5. Critique current evidenced-based research on various patient diagnoses generated from patient subjective and objective findings. NUR 2000: Research for Evidence-Based Practice I. 3. Synthesize critically appraised evidence that focuses on a PICO question arising from clinical practice. NUR 2011: Applied Statistics for Evidence-Based Practice. 2. Identify the use and assumptions of commonly reported univariate statistical tests.
Essential V: Informatics and Healthcare Technologies	5. Use current emerging technologies and data analytics to enhance nursing practice.	NURSP 2075: Introduction to Health Informatics. 1. Examine theories and models of nursing informatics. NURSP 2075: Introduction to Health Informatics. 8. Organize data into information to affect nursing practice using informatics tools.
Essential VI: Health Policy and Advocacy	6. Advocate for policies that improve the health of the public and the profession of nursing	NURSP 2092: Leadership Development. 5. Employ effective strategies for managing the ethical and professional challenges inherent in today's healthcare delivery systems. NUR 2009: Leadership Healthcare Policy and Finance. 5. Develop a political voice as a member of the nursing profession to influence healthcare and health policy.
Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	7. Use effective communications strategies to develop, participate, and lead interprofessional teams and partnerships	NURSP 2092: Leadership Development. 2. Develop effective communication and relationship management skills related to the resolution of frequently encountered organizational issues.
Essential VIII: Clinical Prevention and Population Health for Improving Health	8. Design patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions	NUR 2010: Health Promotion and Disease Prevention in Culturally Diverse Populations. 4. Develop culturally competent approaches to health assessment and health promotion that address a range of cultural, racial, ethnic, age, and gender groups. NUR 2031: The Diagnostic Physical Exam Across the Life Span. 8. Incorporate health promotion, cultural considerations, and genetic influences to form a health assessment.
Essential IX: Master's-Level Nursing Practice	9. Apply the best available evidence from nursing and other sciences to advance patient education, enhance the accessibility of care, analyze practice patterns, and improve healthcare outcomes 10. Incorporate ethical principles and identify ethical issues in practices	NUR 2032: Differential Diagnosis Clinical. 7. Demonstrate competent, evidence-based skills in history taking and physical examination through the use of standardized patients and simulation equipment. NUR 2010: Health Promotion and Disease Prevention in Culturally Diverse Populations. 5. Apply theories and models central to health promotion and disease prevention within diverse populations. NUR 2011: Applied Statistics for Evidence-Based Practice. 7. Critically appraise the result section of published reports of single research studies. NUR 2008: Ethics for Advanced Practice Nursing. 4. Evaluate ethical decisions involving personal and organizational perspectives, competing interests, and conflicts of interests.

Full crosswalks of each MSN major and area of concentration with MSN essentials and specialty area competencies can be found in the Resource Room. These crosswalks document the threading of MSN Essentials and specific specialty competencies through course objectives in didactic, labs, and clinical courses. The crosswalk of courses offered in the MSN curriculum demonstrated a robust match with the *AACN Essentials* except for Health Policy.

Meeting the NTF Criteria for the MSN NNP Area of Concentration

Our NNP program meets the NTF criteria. As requested by the CCNE self-study directions, the NTF checklist appears in Appendix 21. The supporting documentation and more detailed responses showing how we meet each criterion can be found in the Resource Room.

Curricular Revisions in the MSN Program

In 2016-17 a SON taskforce reviewed the research courses across programs offered by the SON and made recommendations about the content that should be included in each program (BSN, MSN, and DNP). Based on their recommendations, NUR 2007: Research for Evidence Based Practice II was dropped from the curriculum in the CNL, NNP, and Nursing Informatics AROCs (the Nurse Anesthesia major and Nursing Administration AROC were already closed to admissions so this change was not made to their curricula). At the same time, NUR 2007 was eliminated, NUR 2000 (Research for Evidence-Based Practice I) was revised to incorporate unique 2007 content (clinical practice guideline appraisal, synthesis of research findings across studies, and the design of quality improvement projects). In 2017, NURSP 2098, Health Care Quality also was added to the CNL, Nursing Informatics, and Neonatal Nurse Practitioner AROCs. The Healthcare Quality course incorporates the QSEN Graduate Competencies and aligned more closely with AACN Essential III (Quality Improvement and Safety) and Essential VIII (Clinical Prevention and Population Health for Improving Health). In the Nursing Informatics and CNL AROCs, this course replaced NURSP 2090, Healthcare Outcomes.

Additional CNL Revisions. In addition to the revisions explained above, the CNL AROC made the following changes to better align with the Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice. NUR 2009, Leadership, Healthcare Policy, and Finance, was eliminated. Content from this course on was already included in NURSP 2092, Leadership Development (already in the curriculum), and content related to policy was added to NURSP 2095, Contemporary Issues in Nursing, and the CNL Role Seminar. NURSP 2091, Finance and Economics in Healthcare, was added to the curriculum. This course provides content relevant to the CNL's role in healthcare finance and meets Essential II (Organizational and Systems Leadership), and especially sub-essential 2.4 and 2.5. Clinical Practicum Logs that document student clinical experiences were updated to reflect End-of-Program Learning Outcomes. Clinical Practicum sites for NURSP 2095, Contemporary Issues in Nursing, and the CNL Role Seminar were expanded to include an outpatient facility, which includes (but is not limited to) outpatient clinics, rehabilitation, hospice, primary care, quality improvement departments, and federal funded clinics.

Additional Revisions to the NNP AROC. In addition to the changes noted above, NURSP 2075, Introduction to Health Informatics, was added to the NNP curriculum in 2017 to meet AACN Essential V.

Closing the NNP, Nurse Anesthesia, and Nursing Administration Areas of Concentration. The Nurse Anesthesia majors and the Nursing Administration and NNP AROCs are closed to enrollment and will be permanently closed when all currently enrolled students graduate. Two students remain in the MSN Nurse Anesthesia major, and both will graduate in Spring 2019. The MSN NNPAROC closed enrollment in December 2018. Both of these advanced practice specialties are offered now only at the DNP level. The rationale for closing these specialties at the MSN level is as follows: 1) We believe that CRNAs and NPs should be educated at the DNP level; 2) The Council on Accreditation of Nurse Anesthesia and NONPF have set expectations that Nurse Anesthetist and Neonatal Nurse Practitioners will earn DNP degrees. The Nursing Administration AROC closed enrollment in 2016, and the one remaining student will graduate in December of 2019. Based recommendations from the Nursing Administration Advisory Board meeting 2015 that we target the preparation of health systems executive leaders, we decided to close this MSN AROC and focus our MSN to DNP nursing administration AROC on preparing healthcare system leaders. This MSN to DNP AROC was revised and renamed Health System Executive Leadership. Our CNL AROC shares a number of courses with our MSN Nursing Administration AROC and provides good master's preparation for entry into our post-masters Doctorate of Nursing Practice executive leadership in a healthcare program.

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

4. DNP program curricula incorporate professional standards and guidelines as appropriate.

1. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
5. Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

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

Program Response:

The DNP program was awarded full accreditation in 2014 and will be reviewed in 2024.

- III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).**

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Program Response:

The post-graduate APRN certificate program was awarded full accreditation in 2014 and will be reviewed in 2024.

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

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

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

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

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

The SON is dedicated to providing nursing students with an educational foundation to conduct evidence-based practice, work with interprofessional teams, engage in scholarly activities, and translate health science knowledge to improve the delivery of healthcare. The BSN curriculum is sequenced to build on the foundations of the arts, humanities, and sciences, and the MSN curriculum builds on the foundations of the BSN level nursing knowledge. BSN students are trained to be generalists and MSN graduates are nurses with advanced knowledge in general nursing content as well as in the role for which they are being prepared. All curriculum plans are available on the SON website <https://www.nursing.pitt.edu/>.

Baccalaureate Curricula Build on a Foundation of the Arts, Sciences, and Humanities

4-year Traditional BSN. Education for the practice of professional nursing demands a substantial knowledge of nursing, using the behavioral and biological sciences as a theoretical base. Throughout the 4 -year Traditional track, nursing courses are taken concurrently with courses in the Dietrich School of Arts and Sciences, contributing to the development of the liberally educated practitioner. The first year establishes the foundation for the study of nursing, with an introduction to concepts and theories related to understanding the nursing practice. For example, the sciences of chemistry, anatomy, and physiology, and microbiology are offered freshman year in the BSN curricula as a foundation for pathophysiology (NUR 0020) and the foundational course for nursing (NUR 0080). Clinical study is introduced in the second year with a focus on health promotion and identification of risk factors. Clinical nursing skills are practiced first in the SON's Skills Laboratory. During the first 7-weeks of sophomore clinical, the students engage in clinical experiences in long-term care centers with less acute patients. Over the second 7- weeks, students progress to Medical-Surgical (Med-Surg) transitional units. Similarly, sophomore Med-Surg is foundational to junior Med-Surg; junior

Med-Surg is foundational to senior Med-Surg. Third-year nursing courses target the care of individuals and families of all ages who are experiencing the stress of illness. Clinical experiences take place in acute care settings and in ambulatory settings in selected courses. During the fourth year, student clinical experiences are planned to encourage the synthesis of knowledge gained in preceding years and focus on individuals, families, and communities. Students provide care to those experiencing more complex illnesses and problems. Professional role behaviors and interprofessional collaboration that are introduced in the first year (NUR 0051 and NUR 0001), and augmented during the second and third years, and expanded during the senior year, in which, students complete a culminating clinical course that provides a transition into clinical practice. The program provides a foundation for graduate education in nursing and serves as a stimulus for continuing professional development

Accelerated Second Degree (ASBN). The ASBN track is designed to build on the learning obtained in previous degrees and develop the career path to become a registered nurse. Students enter with a baccalaureate degree in another field with a requirement of 24 credits in general and bio-organic chemistry, statistics, anatomy and physiology I & II, genetics, pathophysiology, microbiology, psychology, sociology, and English composition. The ASBN track is three consecutive terms which follow the same sequencing of nursing courses as described above in the 4-year Traditional program.

RN-BSN Online. The RN-BSN Online track offers registered nurses a pathway to a BSN or higher degree. This track is designed to build on nurses' previous nursing courses and liberal arts courses to enhance their nursing knowledge and practice. Students may transfer in up to 37 credits in general education and up to 31 credits lower division nursing courses. Students complete an additional 52 credits or more if the transfer credits are less than the 68 permitted.

MSB Curricula Build on a Foundation Comparable to Baccalaureate Level Nursing Knowledge

Our MSN program is based on the foundation of a baccalaureate degree in nursing. A BSN is required for admission to our master's program. Students enrolled in our RN to MSN option must complete requirements for our BSN prior to completing their MSN. The purpose of the MSN program is to prepare nurses in a specialized role (CNL or Nursing Informatics), an advanced practice role (nurse anesthesia and neonatal nurse practitioner), research methods, and further study at the doctoral level. The curriculum includes core courses, specialty courses, and role development courses. For each MSN major and area of concentration, the beginning of the program provided a foundation of knowledge used to build new skills and competencies.

The Curriculum Committee reviews the sequencing of BSN and MSN courses to ensure that MSN content builds on BSN knowledge for pathophysiology, pharmacology, informatics, research, and genetics. A specific example that BSN curricular content builds on the MSN curricular content, the Curriculum Committee members have reviewed and approved the BSN and MSN course objective sequencing for the pathophysiology and informatics (See Curriculum Committee minutes 12/11/17).

The Clinical Nurse Leader. The MSN CNL program provides students a strong foundation in advanced physiology/pathophysiology, health assessment, and pharmacology in the first full-time year. CNL coursework covers organizational and management theory, leadership development, finance and economics, healthcare quality, and education and mentoring in the clinical setting by the end of year one. The clinical courses begin with foundation courses in the teaching/learning and preceptor process since the CNL is a leader, educator and active member of the interprofessional team. Because the CNL works wherever healthcare is delivered across the continuum of care, another clinical practicum course targets care in the community or outpatient setting. Finally, graduates leave prepared to use evidence-based practice and research outcomes to enhance clinical practice through the assessment/analysis of a microsystem gap analysis, which helps to build the framework for the development, implementation, and evaluation of a microsystem project.

Neonatal Nurse Practitioner. The plan of study of this MSN program is based on national standards and developed in a logical and defensible manner. Advanced Pathophysiology, Pharmacology, Cultural Diversity, Disease Prevention, and Research for Evidence-Based Practice are offered early in the curriculum and serve as underpinnings for the diagnostic sequence that follows. Those courses are also sequenced for appropriate knowledge building with advanced diagnostic physical examination / history taking and comprehensive neonatal assessment initially followed by differential diagnosis and neonatal management. Neonatal clinical courses are offered in concert with didactic differential diagnosis and management courses to allow for the supervised clinical application of what is learned in the classroom/laboratory. The final clinical course provides a supervised immersion in the NNP role. NP role seminars are offered in first and final terms to provide students with the opportunity for a mentored discussion of the history and progression of the nurse practitioner role, role theory, interprofessional fit, and specialty credentialing.

Nursing Informatics. The MSN Nursing Informatics curriculum is based on the national standards and developed in a logical and defensible manner. Introduction to Health Informatics, Database Management, Methods in Technology

Evaluation and Usability, Information Technology Project Management, Clinical Information Systems, and Informatics Theories and Issues are offered in the first year of the curriculum and serve as underpinnings for health information technology (IT) system management sequence that follows. Healthcare Quality, Health Promotion and Disease Prevention for Culturally Diverse Populations, Leadership Development and Finance and Economics for Healthcare Leaders courses also are sequenced for enhancing leadership for health care leaders. In the second year, students will be learning the new role as a leader, educator, and active member of the interprofessional team in the Nursing Informatics Practicum. Graduates leave prepared to apply statistics for evidence-based practice and use evidence-based practice and research outcomes to enhance the practice through the assessment/analysis of a health IT system gap analysis, which helps to build the framework for the development, implementation, and evaluation of a health IT system project.

Nursing Administration. The MSN Nursing Administration curriculum builds on the student's knowledge of organizational and management theory in the first term followed by leadership concepts of finance and economics for healthcare leaders and leadership development. Advocacy skills are developed in a public policy course in the final terms as well as clinical experiences in a leadership practicum through the nursing administration residency and application of administrative concepts in a course focused on using data to drive decisions. The clinical residency offers students the opportunity to work alongside a clinical leader and develop a project that meets an organizational need including the development of educational strategies, clinical workflows, or practice changes based on quality outcomes. Core courses which provide a foundation for this graduate program include applied statistics, the science of healthcare delivery, research for evidence-based practice, health promotion, genetics, health informatics, and ethics for advanced practice nursing.

Nurse Anesthesia. The BSN-to-MSN Nurse Anesthesia Program is designed to prepare qualified registered nurses to become Certified Registered Nurse Anesthetists (CRNAs). The sequence, organization, and integration of the didactic and clinical courses of the BSN-to-MSN Nurse Anesthesia curriculum also are designed to achieve the terminal objectives of the Nurse Anesthesia program and the outcome criteria established by the AANA COA. Students are provided the opportunity to integrate classroom content with the application of state-of-the-art techniques in the provision of anesthesia care to patients in all risk categories and age ranges in a variety of healthcare settings. Anesthesia and non-anesthesia courses are integrated into a logical sequence throughout. Students begin the program with Basic Principles of Anesthesia and Chemistry and Physics in Anesthesia. The curriculum builds from basic to advanced content with a series of Advanced Principles courses (1, 2, 3) and culminates in a course focused on the Professional Role (NURSAN 2760). In the final term of the program, students are asked to take and pass the NURSAN specific comprehensive examination, which allows demonstration of mastery of the full didactic content. The Nurse Anesthesia Program clinical curriculum is based on a continuum of perioperative anesthesia nursing care including preoperative assessment, formulating an anesthesia management plan, administering anesthetic agents, providing effective consultation during the postoperative recovery period, and conducting post-operative visits.

III-G. Teaching-learning practices:

1. support the achievement of expected student outcomes;
2. consider the needs and expectations of the identified community of interest; and
3. expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Program Response:

With the support of the SON Dean and the guidance of the Pitt mission to inspire excellence and innovation in teaching, members of the SON faculty rely on evidenced-based teaching practices and new innovations and technologies to support the achievement of expected student outcomes and our diverse student interests.

Teaching-Learning Practices Support Achievement of Expected Student Outcomes

Innovation and Technology. The SON is fortunate to possess innovative teaching environments to support student learning of essential skills needed to be an RN. Table III.G.1 provides examples of SON learning environments at the sophomore, junior, and senior levels, with summaries of the learning experiences.

Table III.G.1: SON Innovative Environments and Learning Experience Associated with Expected Student Outcomes

Teaching Experience	Learning Experience
Students train in high simulation scenarios at the Peter M. Winter Institute for Simulation, Education, and Research (WISER) for development of nursing competencies in Medical-Surgical and Obstetrics courses WISER is an institute at Pitt that is a world-class multidisciplinary training and research facility,	While other students observe, students work in a small group during a scenario. A debriefing follows the simulation. Faculty are focused on teaching clinical judgment. Over the sequence of nursing courses, scenarios get more complex as a nursing student become better trained. An example scenario is a patient arresting. At the sophomore level, students are focused on preventing the arrest and developing good communication skills, At the senior year, students are learning how to handle a patient who is arresting.
Telehealth lab	In collaboration with UPMC Telemedicine, the SON has access to Vidyo, a platform for telehealth currently being used by the UPMC Telemedicine Department. Virtual clinic rooms have been designated for the SON to use for telehealth simulation. Through the use of simulation scenarios, SON students use real-time video conferencing and digital diagnostic tools to assess patients and to provide self-management education to patients and their caregivers. The goal is to increase the students' knowledge of telehealth and experience firsthand the advantages and challenges associated with the remote delivery of patient care. Objectives for each scenario are based on the course objectives and the overarching BSN essentials. Structured debriefing sessions of the simulation scenarios are based on the objectives utilizing the GAS (gather, analysis, and summarize) mode.
PSYCHOut!: Mental health instructional video game designed by the faculty of the SON in collaboration with faculty in the Center for Teaching and Learning on mental status. This technology is used in NUR 1060c (1066)/ 1260c	Students watch the video which has multiple scenarios and are asked questions about what they would do at various places in the scenarios. The students are offered several choices and they select an answer which takes them “down that path” and leads to the next related question. Students can either do this video game individually or in groups where they can discuss among themselves what they would do before selecting an answer choice.
AACN’s program is used to support student learning in palliative care. ELNEC modules are in NUR 1120 and 1120c (1020)/ 1220c. (Pitt-Johnstown and Pitt-Greenberg will add when students are juniors).	Modules with real-life scenarios and case studies provide students understanding of palliative care including 1) the role nurses play in supporting families and patients, 2) cultural diversity, and 3) communication skills with patients.
Poverty Simulation experience in Community Health NUR 1128. The poverty simulation engages Senior BSN students in interaction with simulated patients and families depicting social determinants and environmental effects of poverty on health. (Pitt-Greenberg will add when students are seniors)	Students in Spring 2018 provides feedback such as 1) “the poverty simulation was very influential to my learning for this course” and 2) “[I] obtained a deeper understanding of community health with the different (experiences), such as the poverty simulation.”
A Dedicated Education Unit (DEU) is an innovative model for clinical instruction for baccalaureate-prepared nurses. The DEU is a collaboration between academic and service partnerships. The Pitt School of Nursing DEU was launched in September 2015.	Faculty are able to focus on higher order thinking skills such as clinical judgment while clinical supervision is provided by qualified DEU unit staff.

BSN Teaching-Learning Practices Support Student Learning of Course Objectives. Faculty are encouraged to use evidence-based practices in teaching. Table III.G.2 provides examples of BSN faculty teaching practices that 1) teach a course objective, and 2) meets student learning needs.

Table III.G.2: BSN Teaching-Learning Practices in Classroom Environments

Course	Course Objective Listed on Syllabus	Learning Activity	Example of Meeting Student Needs
NUR 0020: Pathophysiologic Foundations of Nursing Care	-Examine the mechanisms of pathophysiologic responses to disease and injury. -Relate pathophysiologic responses to disease and injury with clinical manifestations.	Students complete five case studies; each relate a pathophysiological disease to a case study. They answer three questions	Provides the opportunity for students to apply the concepts learned in class to a patient. Helps to integrate the theory with clinical application and provide deeper learning. McLean SF. Case-based learning and its application in medical and health-care fields: A review of worldwide literature. <i>JMedEducDev</i> , 2016. 3
NUR 0051: Introduction to Professional Nursing	- Differentiate the roles of other members of the interdisciplinary health care delivery team. -Explain the essential characteristics and the steps to beginning an evidence-based approach to clinical practice.	In class group assignment where students practice communicating important clinical information back to a physician.	This course is the student's initial exposure to nursing. Activities are used to expose students to the nursing profession and expectations in the clinical environment. Keller, KB et al. Implementing successful interprofessional communication opportunities in health care education: A qualitative analysis. <i>IntJMedEduc</i> , 2013, 4:253-259.
NUR 0080: Foundations of Nursing Practice I	-Identify the difference between expected and variations of physical findings for each body system through the lifespan. -Use the steps of the nursing process to prioritize patient care decisions.	Large class enrollment/ interactive classroom. Students are constantly asked questions, (i.e., "What would you do?"), as the content is being introduced.	Students think about and discuss what would cause a pressure wound prior to the instructor explaining the proper positioning. Interactive lectures help students make more connections between new knowledge and prior knowledge Brame, C. (2016). Active learning. Vanderbilt University Center for Teaching. 2/2/20 from https://cft.vanderbilt.edu/guides-sub-pages/active-learning/
NUR 0088: Introduction to Basic Statistics for Evidenced-based Practice	-Perform basic parametric and nonparametric statistical tests using existing datasets. -Explain how appropriate use of statistical methods and interpretation of results strengthen evidence-based nursing practice	Students complete a critical evaluation of a research article (group project) to determine how credible and strong the research is in providing evidence about certain nursing practices based on the knowledge they acquire in this statistics course	This gives the student the opportunity to critically participate in a close consideration of what evidence there is to support practice and further to consider the quality of that evidence; this gives them tools they need for thinking about the relative merit of practices in the context of evidence from research (writing & group projects)
NUR 1054: Nursing Care of Older Adults	-Apply knowledge of cultural differences and the influence of attitudes, roles, language, culture, race, religion, gender, technology, health care policy, and lifestyle on the biological, psychological, and social functioning of older adults.,	Group assignments where students watch/read an instructor vetted video/book and write a paper focusing on how older adults are portrayed in humanities	Students are sensitized to subtle manifestations of ageism in the media and how they affect the care of older adults Quitadamo IJ & Kurtz MJ. Learning to Improve: Using writing to increase critical thinking performance in general education biology. <i>CBE Life Sci Educ</i> . 2007, 6(2):140-154.
NUR 1054c:	-Act therapeutically to promote quality end-of-	WISER related simulation of an older non-verbal	Students in small groups of 8 or 9 are expected to use critical judgment skills

Nursing Care of Older Adults Clinical	life care for geriatric patients, including pain and symptom management, as essential, desirable, and integral components of nursing practice.	adult in three different levels of respiratory distress	to “think like a nurse” while interacting with videotaped situations representing a non-verbal older adult who 1) has aspirated, 2) recently had a stroke and is in respiratory distress, and 3) has a daughter who is distressed when the patient is “Comfort Measures Only” and is experiencing Cheyne-Stoke respirations. Weller JM et al. Simulation in clinical teaching and learning. Medical Journal of Australia. 2012, 196(9):594.
NUR 1060c (1066)/1260c: Nursing care of Clients with Psychiatric Mental Health Problems	-Identify effective, cognitive, and behavioral deviations from normal growth and development in children, adolescents, adults, and geriatric patients.	Evidence-based practice group presentation of a variety of psychiatric treatment research topics	Encourages a deeper understanding of a specific treatment topic and allows the use of research concepts to assess evidence base for treatment, encourages group work Brame CJ & Biel R. Group work: Using cooperative learning groups effectively. Retrieved 2/2/20 from http://cft.vanderbilt.edu/guides-sub-pages/setting-up-and-facilitating-group-work-using-cooperative-learning-groups-effectively/
NUR 1121: Advanced Clinical Problem Solving	-Demonstrate competence in multicultural interactions during high fidelity human simulation and case studies. -Utilize critical thinking skills to interpret and intervene in potentially life-threatening situations during high fidelity simulation.	2. Three-part exam administered at WISER: online quiz focusing on emergency care; a scenario based and short answer exam focusing on clinical judgment, prioritization, and application of theory; an individual scenario focusing on the first 5 minutes of care required to stabilize a patient.	2. WISER exam tests the students’ ability to critically think, use clinical judgment, and synthesize all of their experiences from clinical over the course of the program through simulation.

MSN Teaching-Learning Practices Support Student Learning of Course Objectives. MSN programs are onsite (Neonatal Nurse Practitioner and Nurse Anesthesia) and online (CNL, Nursing Informatics, and Nursing Administration). Students in the Neonatal Nurse Practitioner program work in the ICU units at the nationally recognized UPMC Magee Women’s Hospital and Children’s Hospital of Pittsburgh. Nurse Anesthesia students participate in our top-ranked program and clinical sites at UPMC. Table III.G.3 provides examples of MSN faculty teaching practices that 1) teach a course objective and 2) meets students’ needs.

Table III.G.3: Examples of MSN Teaching-Learning Practices that Meet Course Objectives and Student Needs

Course	Course Objective(s) in the syllabus	Learning Activity	Example of Meeting Student Needs
NUR 2000: Research for Evidence-based Practice I	-Utilize electronic databases to identify relevant research on a clinical topic - Critically appraise published practice guidelines and studies, including systematic reviews, to evaluate their quality and applicability to clinical practice -Synthesize	Students work in groups to do a critical appraisal of research papers. Then students share with the entire class for feedback on a group’s findings. Instructors guide student discussions by asking questions.	Students develop the knowledge and learn the skills of conducting a critical appraisal of a research article

	critically appraised evidence on a clinical topic		
NUR 2031: The Diagnostic Physical Examination Across the Lifespan	-Utilize clinical decision-making skills related to history taking and physical examination with problem-based learning.	Students role-play history taking with a lab partner, one plays the patient and the other plays the parent of a child	Supports clinical decision-making skills
NURNP 2571: General Management of the Sick Neonate Theory	-Summarize the necessary measures to resuscitate and stabilize an infant at delivery and on transport. -Perform neonatal resuscitation according to the certification guidelines provided by the AAP and the American Heart Association. -Meet the criteria to be certified as a neonatal resuscitation provider	Students practice scenario (resuscitate and stabilize a compromised infant in the delivery room) on neonatal high-fidelity simulators with decreasing guidance from faculty	Teaching is designed for faculty to introduce, model, guide, and then finally, oversee students' skills to resuscitate an infant
NURSP 2092: Leadership Development	-Demonstrate key leadership behaviors necessary to meet the challenges posed by the healthcare environment today and in the future. Develop effective communication and relationship management skills related to the resolution of frequently encountered organizational issues	Online via discussion board posts and live classes via group discussions demonstrate the application of content related to leadership development	Encourages students to apply course content to cases. Identify personal leadership styles and traits, learn new skills related to leadership (i.e., effective communication and conflict management) and the art of practicing as a transformational leader. Experiences working together and leading teams.
NURSP 2098: Healthcare Quality	- Identify criteria used to determine the significance of a quality improvement study.	Students use the SQUIRE guidelines to critically appraise a published quality improvement project and submit their appraisal in a table format indicating if the criteria were met or not met and why.	Students are encouraged to use standard guidelines to determine the rigor and clinical significance of a published quality improvement project. The exercise assists students with their scholarly reading and writing skills
NURNP 2540 Pediatric Well Child Care Theory	-Consider ethnic, cultural, and socioeconomic variations among children and families and strategies for designing culturally competent health care.	Students are provided a link to implicit bias testing through Harvard University and asked to choose several topic areas to complete an implicit bias test prior to class	After a lecture on implicit bias, class discussion occurs about how implicit bias can affect care.
NURSP 2540: Pediatric Well Child Care Theory	-Synthesize theories, principles, and techniques from the physical, developmental, and behavioral sciences central to designing primary health care for well children, including developmental and behavioral issues -Design developmental assessments to evaluate for developmental/behavioral issues common to children and adolescents	Students participate in assessing the development of children in videos, doing case reviews on the development and behavioral issues, and performing evaluation activities using websites.	Activity support student learning to identify components of a wellness and health promotion plan for children and adolescents and help students design developmental assessments to evaluate developmental and/ or behavioral issues.

SON Faculty Apply Vygotsky's Zone of Proximal Development to Support Student Learning. Members of the faculty frequently apply Vygotsky's Zone of Proximal Development to teach students advanced skills. The following MSN Neonatal Nurse Practitioner example demonstrates how faculty scaffold learning of skills and competencies over the didactic and clinical course. Students in the Neonatal Nurse Practitioner program master the ability to resuscitate and stabilize a compromised infant in the delivery room. Faculty plan student learning through introducing knowledge, modeling, guiding, and then finally, overseeing students' skills to resuscitate an infant. In NURNP 2571, students first learn how to perform neonatal resuscitation according to the certification guidelines provided by the AAP and the American Heart Association (AHA) and students participate in lecture reviews and discussions of the neonatal resuscitation program (AAP and AHA). Once students have basic knowledge, they watch the faculty do the procedure using neonatal high-fidelity simulators, and then faculty guide students through this procedure. Finally, students practice scenarios on neonatal high-fidelity simulators with less required guidance from faculty. With the basic skill learned, students take the clinical course NURNP 2572.

Considering the Needs of Our Community of Interest

(See II-G for considering the needs of the SON faculty's teaching, who is one of our community of interest).

BSN Honors Students. Students who are accepted into the SON with a minimum SAT score of 1350 are invited to participate in the University Honors College (<https://www.nursing.pitt.edu/degree-programs/undergraduate-bsn-program/bsn-honors-options-0>). These BSN Honors students work with a faculty committee to develop a research-based thesis. These students present at the National Council of Undergraduate Research Conference or other research conferences appropriate to their topic.

English as a Second Language (ESL) Students. Pitt offers several avenues of generalized support (e.g., the Pitt Writing Center, the Pitt Academic Resource Center, and special courses in ESL offered by the Pitt Department of Linguistics) for ESL students who speak a different language other than English at home or are international students whose language is other than English. English language learners (ELLs) enrolled at the Pitt School of Nursing (SON) indeed have access to this support. In addition, to supplement this generalized support, the Pitt SON provides further support to its ELLs in need through specific mechanisms coordinated by the Pitt SON Director for International Affairs. For example, in the event that a particular faculty member or advisor deems that academic or cultural support for an ELL student in the BSN program is necessary, the Pitt SON Director for International Affairs can be alerted and make an assessment and coordinate support.

In the wake of increased international activities at Pitt, the Pitt SON has initiated an exchange program with Capital Medical University, School of Nursing (CMUSON) in China. For this program, small cohorts (i.e., three to six students) of CMUSON undergraduates come to Pittsburgh in their junior year and complete the coursework based on the Pitt SON ABSN program. To ease the CMUSON students' transition into learning in the curriculum, several lines of academic and cultural support are provided by the Pitt SON to the students and associated instructors, and this support can be adapted for ELLs in the 4-year Traditional BSN program if necessary. To date, the CMUSON students receive a tailored program orientation upon arrival in Pittsburgh provided by the Pitt SON ABSN Advisor and Pitt SON Director for International Affairs.

Currently, the SON offers a course to support ELL students' command of clinical terminology. Clinical Language for ELL Students (NUR 0161), blends (a) the SON's massive open online course (MOOC) on the Coursera platform titled, Clinical Terminology for U.S. and International Students, with (b) in-classroom learning experiences tailored for the ESL student and coordinated with the students' first-experiences in a U.S. clinical practice site. This 1.5 credit course assists the ELL student to understand and use medical and nursing terms commonly seen or heard in American clinical settings. Students are taught to analyze, define, and use complex medical terms, common clinical expressions, and abbreviations. The 6-week course offered through the MOOC employs audio and video that support learning the terms as they would naturally occur in the clinical setting. The classroom sessions (5 2-hour sessions) include a focus on terms and abbreviations that pose difficulty, pronunciations, role-playing clinical conversations, and discussion about social/cultural issues encountered in the clinical setting.

Adult Learners. SON provides options for adult learners to participate in our programs. These options are onsite, online, distance education, and our continuing education program. Our distance education is defined as student participation in a course via video conferencing. Graduate-level students outside of a 50-mile radius are provided this option for attending class in 10 MSN level courses.

Online Students. Pitt Online, a division of the University Center for Teaching and Learning, offers graduate professional programs commensurate with those offered to students on the Pittsburgh Campus in terms of quality, faculty, and level of support. Faculty selected for Pitt Online teach courses both onsite and online, and provide the same commitment to quality, rigor, and adherence to the highest professional standards.

Through Pitt Online, the same high-quality programs offered in traditional classroom settings are available to qualified applicants regardless of their geographical location. Support services have also been designed to provide Pitt Online students with a superior learning environment through virtual access to the University's many resources, including digital libraries, academic advisement, and instructional materials. The SON online programs in MSN Clinical Nurse Leader (CNL) and MSN Nursing Informatics.

Dr. Rose Hoffmann is our faculty Pitt-SON liaison between nursing faculty and Pitt Online. She supports faculty's online teaching by 1) consulting with faculty, instructional designers, and instructional technologist in course development, 2) encourages implementation of the latest and best practices in online teaching, and 3) keeps all faculty up-to-date on changes in Pitt Online and recruitment.

The curriculum model for distance learners incorporates orientation to Pitt Online to assist with onboarding and orientation about distance education and logistics of online activities. The Pitt Online student orientation letter is in the Resource Room.

Exposing Students to Individuals with Diverse Life Experiences, Perspectives, and Backgrounds

One of Pitt's strategic initiatives is to recognize, and support diversity. Effective January 1, 2019, a new Vice Chancellor in Health Sciences began a position to oversee Pitt development of diversity and inclusion. Working in conjunction with Pitt's expectations, the new 1-credit BSN seminar in diversity is being taught in the Spring 2019 term. The seminar introduces students to diversity topics and an opportunity to identify and reflect on personal implicit bias. (See III-B BSN Curriculum Revisions for further description). The MSN Diversity Seminar is currently being developed and will continue the study around the appreciation of working in diverse patient settings.

Currently, Pitt-Oakland students have clinical in an urban tertiary care setting which serves the Pittsburgh area and Pitt-Johnstown and Pitt-Greensburg students have clinical in tertiary care settings. Faculty provide opportunities for student exposure to diversity in their clinical. BSN students all experience diversity in their Community Health course. Appendix 22 provides a listing of diverse settings in which our BSN and MSN students complete clinical experiences.

We also recognize a need to better document student exposure to individuals with diverse life experiences, perspectives, and backgrounds. We are building a tracking database for the student to complete in ProjectConcert to record their experiences with diverse patient populations and their participation in events related to diversity. The data collected will be the following: 1) diversity of patients which the student interacts with, 2) student membership in a group or organization supporting diversity, and 3) student participation and/ or voluntary work at events that serve diverse populations.

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

- 1. enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- 2. foster interprofessional collaborative practice; and**
- 3. are evaluated by faculty.**

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Program Response:

Planned Clinical Practice Experiences

BSN Planned Clinical Experiences. Effective in Fall 2014, clinical courses were separated from the didactic courses and made pass/fail. The revision to the 4-year Traditional and ABSN programs occurred for SON to be in compliance with Pitt Policy 02-01-02. (See letter to the State Board in Resource Room)

BSN planned clinical experiences begin with a focus on patient safety and the safety of self. Prior to entering clinical, students also complete over 20 training modules in areas including patient safety, HIPAA, infectious diseases, and one's role in emergency preparedness and disaster response.

Clinical courses progress over the years in areas of patient safety, bedside nursing skills, therapeutic communication, patient education, medication administration, interprofessional collaboration. A planned clinical experience across all clinicals is the post-conference reflection. Post-conference reflections are planned for students to reflect on and synthesize new information with previous knowledge as students review their work from the day in order to make ongoing improvements in their judgment and care. Students also use what they have learned from their co-requisite courses to synthesize their assessment findings for the purpose of developing a detailed plan for the care of at least two of their patients during the term.

4-year Traditional and ABSN Clinical Experiences. In the 4-year Traditional sophomore year and ABSN first semester, students are introduced to clinical experiences in NUR 0080C (0090): Foundations of Nursing Practice. Students in this course spend a 7-week session at an assisted living facility where they learn basic care of patients such as nurse-patient communication, basic physical skills such as vital signs, support for activities of daily living, and patient-family education. Clinical courses progress to more complexity from caring for stable patients to patients with multiple acute care issues. For example, in the next sophomore clinical course (NUR 0082c [0090]), students are expected to continue to use the nursing process, physical assessment techniques (including vital signs), therapeutic communication, and knowledge from their other classes as they continue to develop their clinical judgment under the guidance of one experienced clinical instructor for each eight students. As the term progresses, students also add medication administration techniques to their psychomotor skill set, at the same time they expand their clinical judgment to include mechanisms of action of medications, patient teaching about medication, analysis of appropriate pre-medication lab values and vital signs, follow-up on the effectiveness of all medications, side effects that may be observed, potential interactions among medication or between medications and food, and medication adherence, and medication reconciliation. Students in this setting often have the opportunity to communicate with the bedside nurse or other members of the inter-professional team regarding concerns they may have identified with the patient’s total regimen. The cumulative clinical experiences in senior year are 1) caring for patients with acute care issues by working in interprofessional teams, and 2) caring for populations of patients in the community with a variety of healthcare workers and agencies

RN-BSN Online Clinical Experiences. In the current RN-BSN Online program, planned clinical experiences in NUR 1021c: Advanced Clinical Problem Solving follow the same plan as in the 4-year Traditional and ABSN courses in advanced clinical problem-solving. However, after the program coordinator’s discussions with RNs interested in the program, she is developing a precepted clinical experience.

Table III.H.1 provides specific examples of planned clinical experiences across BSN clinical courses that support course objectives linked to student learning outcomes

Table III.H.1: BSN Planned Clinical Experiences in Courses and Associated to Course Objectives

Course	Course Objective	Planned Clinical Experience
NUR 0082c (0092)/ 1282c: Nursing Management of Adult with Acute/ Chronic health Problems Clinical	Collaborate with patients to establish realistic short- and long-term goals aimed at promoting, restoring, and maintaining the optimal functioning of adults with acute and/or chronic illnesses, including older adults	Faculty plan clinical teaching focused on therapeutic communication and therapeutic interventions so that students can provide for the safety of themselves and the patient as they implement infection control practices, and provide for the patient’s hygiene and comfort. Students use learned skills in NUR 0080c (0090) with a variety of patients or residents, including older adults and people from various cultures
NUR 0082c (0092)/ 1282c: Nursing Management of Adult with Acute/ Chronic health Problems Clinical	Demonstrate critical thinking and decision making to plan, implement, and evaluate therapeutic nursing interventions to promote, restore, and maintain the optimal functioning of adults with acute and/or chronic illnesses, including older adults	Students care for patients for two days in a row so that they can quickly expand their use of clinical judgment by being able to see the progress or lack of progress that a patient has made over time. This allows for “knowing” the patient. The final planned clinical activity is for the students to complete three comprehensive care plans that include information from their second clinical day so that they can see if their implementations and those of other members of the healthcare team were effective.
NUR 1120c (1020)/ 1220c Advanced Nursing Management of Acute and	Demonstrate professional behaviors in the safe and ethical practice of nursing of individuals and families	Students are required to read, <u>Being Mortal</u> by Atul Gawande. After reading the book, students engage in discussions with their clinical instructor and their clinical group on topics such as end-of-life care, preserving dignity in the dying and hospice care.

Complex Health Problems		
NUR 1120c (1020) / 1220c Advanced Nursing Management of Acute and Complex Health Problems	Critically appraise research evidence to apply findings to clinical practice.	As part of the care plan assignment, students are required to search the literature to find a nursing research article that would improve the care of their assigned patient. They are required to review the article and provide a short critique of the article.
NUR 1054c: Nursing Care for Older Adults Clinical	Collaborate with older adults, family caregivers, and other healthcare providers to identify common risk factors that contribute to functional decline, impaired quality of life, and excess disability in geriatric patients. Act therapeutically to promote, restore, and maintain the health of geriatric patients and their families	Students have the opportunity to observe the work performed by interprofessional providers to optimize residents' functioning, including accompanying their sub-acute rehabilitation and nursing home residents to PT, OT and speech therapy rounds to see how swallowing assessments are performed (when the opportunity arises). In addition, each student spends time with a nursing care manager and some students have the opportunity to attend interdisciplinary morning rounds within the long-term care facilities to see how teams work together for the good of the residents. These experiences are discussed during weekly post conferences
NUR 1121c/1221c/ 1021c Advanced Clinical Problem Solving	Course objectives 1 through 6	Complete care plans for two of their patients that address pathophysiology, social history, cultural and spiritual history, and nursing management for two problems and describe an education issue. For one of the patients, the student must find a research article that demonstrates a way to improve or support the current care the patient is receiving.
NUR 1121c/1221c/ 1021c Advanced Clinical Problem Solving	Utilize critical thinking skills to interpret and intervene in potentially life-threatening situations. Communicates in a manner that assists individuals, families, groups, and health team members to cope with a critical illness.	Complete simulations in the WISER center focusing on emergent care for patients. Eleven scenarios are completed. Students also complete six scenarios targeting the acute management of patients in a long-term care facility or in the home using telehealth equipment. Communicate with graduate nurse practitioner students to obtain the medical orders to care for the patients.
NUR 0086: Clinical Informatics (indirect clinical experience)	Apply emerging healthcare information technology to patient and/or healthcare situations.	Students build a SharePoint calendar of CE opportunities for nurses and collaborate in the conversion of paper documentation into electronic documentation and build three web-based training modules using Adobe Captivate 3.0 for EMR usage. They participate in regression testing, interface testing, training, and go-live support for an EHR agent application. Students search the literature for improving the documentation for infusion practice and survey development for gap identification I central line care documentation in pediatric ICUs and assist in the development of an educational sensitivity tool for the clinician, using focus groups and PowerPoint.

MSN Planned Clinical Experiences. Through each MSN program, clinical experiences are planned so that skills are developed over time. Table III.H.2 presents examples of planned clinical experiences reflecting how a course objective is planned and taught in a clinical course. In addition, each planned clinical experience involves an interprofessional collaborative learning experience.

Table III.H.2: MSN Planned Clinical Experiences in Courses and Associated to Course Objectives

Course	Course Objective	Planned Clinical Experience
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NURNP 2572: General Assessment & Management of the Sick Neonate Clinical	Perform the interventions to resuscitate and stabilize a compromised infant in the delivery room	Perform neonatal resuscitation according to the certification guidelines (content learned in NURNP 2571)
NURSP 2096: CNL Clinical Practicum I	Perform a comprehensive microsystem assessment and synthesis of the microsystem's quality, safety, and risk data for the identification of problems and gaps in care	Students complete a microsystem gap analysis paper in which s/he presents quality, safety, and risk data to identify a gap in care for which s/he will propose a quality improvement project to fill the care gap (indirect clinical)
NURSP 2097: CNL Clinical Practicum II	"Lead change initiatives to decrease or eliminate discrepancies between actual practices and identified standards of care using continuous quality improvement methodology, current evidence, analytics, and risk anticipation	Students implement, evaluate, and disseminate the project designed in NURSP 2096. The instructor holds regular evaluative meetings with the student during the project implementation and attends the project presentation at the student's microsystem. (indirect clinical)
NURSP 2373: Nursing Administration Residency	-Use effective communications strategies to develop, participate, and lead interprofessional teams and partnerships	Students participate in team meetings to complete a project that is of mutual interest for the student and the clinical agency. Students submit the project to the clinical faculty member for review prior to implementation within the agency. Students communicate their observations about leadership styles and how they have contributed during team meetings in a bi-weekly journal with clinical faculty. The clinical preceptor provides a summary at the end of the rotation that identify how the student met the goals that were developed by the student at the beginning of the term. (indirect clinical)
NURSP 2373: Nursing Administration Residency	Implement a clinical initiative identified as an issue in the practice environment.	Students implement a clinical initiative based on the institution's identified needs and students' goals within the institution. For example, an MSN student in 2016 participated in the development of a clinical guideline within the departments and involved physical therapists, surgical residents, nurses from the PACU, and supply chain representatives to ensure that necessary equipment was available to care for patients undergoing total knee surgery.
NURSP 2085: Nursing Informatics Practicum II	Evaluate the role elements of leader, manager, communicator, decision-maker, and systems thinker in a healthcare organization.	Most students are engaged in practicum experiences in the informatics department at hospitals. The team in the informatics department includes team members from multidisciplines, such as analyst, informatics nurse, project manager, clinicians, and super user. They usually work on implementing or updating part of or whole information systems. The experience will include communication to all personnel including clinicians, analysts, informatics nurses, registration staff, Patient access, HIM staff, interfaces, lab, and billing.
NURSP 2086: Nursing Informatics Practicum II	Examine the leadership roles of communicator, systems thinker, and decision-maker.	The interprofessional experience varies based on the student's practicum project. Mostly, students are involved in a health IT system project (e.g., implementation, education, and evaluation) in a health informatics department at hospital settings. The health IT team is usually a multidisciplinary team- typically including nursing informatician, physician, analyst, clinicians, IT staff, and/or super user. In the course, a student will be involved mostly as a nursing informatician and play the role of communicator, systems thinker, and decision-maker and

		interact with various team members and across the hospital.
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Planned Clinical Practice Experiences Foster Interprofessional Collaborative Practice

BSN Interprofessional Collaborative Experiences. Interprofessional education is defined as interactive educational activities involving two or more professions that foster teamwork to improve patient care. The SON BSN program adheres to the BSN Essential VI, Interprofessional Communication and Collaboration for Improving Patient Health Outcomes. The BSN program integrates several examples of evidence of interprofessional communication and collaboration. The BSN student compares the role of nursing with that of other healthcare team professionals, such as medicine, pharmacy, and social work. Table III.H.3 provides specific examples of planned clinical experiences across BSN clinical courses with interprofessional collaborative experiences.

Table III.H.3: BSN Planned BSN Interprofessional Experiences

BSN Course	Interprofessional Experience
NUR 0080c (0090): Foundations of Nursing Practice I	Students primarily learn how to interact with patients, staff nurses, nursing assistants, and unit secretaries. They have observational experiences in the operating room and are encouraged to observe other disciplines as they perform their work on the units, which normally includes physical therapy, occupational therapy, MDs, physicians' assistants, nurse practitioners, and enterostomal therapy.
NUR 0082c (0092)/ 1282c: Nursing Management of Adult with Acute/ Chronic Health Problems	Students spend 4 hours working with the outpatient Dialysis team (compromised of a dietician, technician, physician, and RN); Students spend 4 hours working with the Interventional Radiology team (physician, technician, RN, respiratory therapist); Students spend 4 hours working with the inpatient wound care team (RN, wound care specialist, case manager, physician, and nurse practitioner).
NUR 0082c (0092)/ 1282c: Nursing Management of Adult with Acute/ Chronic health Problems Clinical (ABSN)	Students observe care delivery in the operating room (OR) where they have the opportunity to observe the OR team (surgeons, anesthesia, surgical tech, and circulating nurse plus other disciplines based on the procedure); Students are encouraged to participate in patient bedside rounds with other interprofessional providers (physicians, physical therapists, occupational therapists, respiratory therapists, and social workers) during their clinical experience; Students accompany patients for procedures and therapy sessions (PT, OT, etc.), attend the interprofessional forums, and present their patients in post-conference addressing interprofessional collaboration and considerations during the presentation.
NUR 0086: Nursing Informatics (indirect clinical)	Students participate in training medical residents, physicians' assistants, and attending doctors on Sunrise CPOE (analyze patient discharge process policies and participate in meetings and discussions concerning policies)
NUR 1052c (1042)/ 1252c: Nursing Care of Children and Families	Traditional as well as accelerated BSN students are encouraged to be involved with team members present during the clinical day with the patient they are caring for. Team members such as child life specialist, physical therapy, physicians, social workers, and diabetic educators are some of the common interprofessional team members our students interact with.
NUR 1054c: Nursing Care for Older Adults Clinical	Students have the opportunity to observe the work performed by interprofessional providers to optimize residents' functioning, including accompanying their sub-acute rehab and nursing home residents to PT, OT and speech therapy rounds to see how swallowing assessments are performed (when the opportunity arises). In addition, each student spends time with a nursing care manager and some students have the opportunity to attend interdisciplinary morning rounds within the long-term care facilities to see how teams work together for the good of the residents. These experiences are discussed during weekly post conferences.
NUR 1120c (1020)/ 1220c: Advanced Nursing Management of Adults with Acute/ Complex Health problems	Students provide direct care to patients, coordinating with all members of the team as the patient's individualized plan of care indicates. These include patient care technicians, respiratory therapists, physical therapists, dietitians, occupational therapists, social workers, pharmacists, nurse practitioners, physician assistants, and physicians. Students also participate in interdisciplinary patient rounds

NUR 1121c/ 1221c/ 1021c: Advanced Clinical Problem Solving	Students participate in multidisciplinary rounds in the intensive care unit
NUR 1134c (1135)/ 1234c: Transitions into Professional Nursing Practice	Students participate in case study conferences in which pharmacy, nursing, OT, PT, and PA students work together on a case study to form a plan of care.
Room of Horror- medical and nursing students	BSN undergraduate students and Pitt’s School of Medicine students participate together in identifying medical errors in simulated activities at the SON skills lab. During the activity, “Room of Horrors,” a patient room is set up with seven errors such as wrong medication, unnecessary medical equipment, and gloves to which the patient is allergic. A medical student is paired with a nursing student; they enter the room and work together to identify the errors and then chart their findings.
Center for Interprofessional Practice and Education- Annual Forum	A panel of professionals discusses the unique role of each discipline in a patient care scenario. Nursing students participate with medical students, pharmacy students, and health and rehabilitation science students in observing the panel interaction and asking questions from the audience.

Other examples of interprofessional communication and collaboration are evident in the senior BSN transitions course (NUR 1134c (1135), 1234c), in which the students learn concepts of teamwork, team building, and role boundaries and delegation activities. See Table III.H.4.

Table III.H.4: Opportunities for Interprofessional Collaboration (IPC) for BSN Seniors in Transitions (NUR 1134c (1135)/1234c)

Type of IPC	Explanation of Experience
Neuro infusion outpatient clinic	Two students attend the clinic’s interprofessional meetings weekly with the RN, MD, Social Worker, OT, and PT.
Law and nursing students in a health law course and CHP cerebral palsy clinic	Nursing students are in a flipped classroom and clinic with law students. They learn about the determinants of health and the effects on equity in healthcare. They attend class and together they design a project to address an area to improve health equity. The class is small, and usually a maximum of three to four nursing students per term participate.
Biomedical Engineering Design Course- developing innovations in patient care	Nursing and biomedical senior students work together as a group in a clinical unit, in the classroom, and in the lab. Student nurses attend predetermined design classes with engineering students. The nursing student and engineers form design teams in which they develop an innovation that meets a healthcare need. Twelve nursing students participated in 2017-18
Renal Clinic team	Two students in the Spring term work in the renal clinic and with the renal team for a total of 96 hours.
UPMC Healthcare Plan	Students work with an interprofessional team (i.e., social worker, OT, Pt, and RN) in the outpatient setting. They learn about the nurse liaison role, continuity of care, insurance and some aspects of pay for performance. A maximum of 11 students per term can participate. Approximately 12 students total participated this past year.
Dental Clinic at Pitt Dental School	Nursing students help dental students with initial assessments; nursing students increase their knowledge of dental care. A total of two to four students participate in a session. Two sessions are offered. Each session is 32 hours.

MSN Interprofessional Collaborative Experiences. MSN students are licensed RNs with some interprofessional collaboration experience. The interprofessional collaborative experiences in the MSN program support deeper knowledge and skill in their specialized role. Table III.H.5 provide interprofessional opportunities MSN students have in clinicals.

Table III.H.5: Planned Interprofessional MSN Clinical Experiences

MSN Interprofessional Opportunities	Interprofessional Collaborative Learning Experience
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Primary Care Process @ Pitt (a student organization)	Students are invited by the student group called Primary Care Process. Students from varying health sciences come together one evening and work through a case in small interprofessional groups. For example, the 11/2018 case addressed an adolescent with osteogenesis imperfecta presenting with potential child abuse.
NURNP 2028: Role Practicum for Neonatal Nurse Practitioner	Students participate as student NNPs in a multidisciplinary team as they assume care responsibilities with a preceptor for neonates in NICU. The team consists of staff nurses, neonatologist, neonatal fellow, pediatric residents, nutritionist, pharmacist, respiratory therapist.
NURSP 2095: Contemporary Issues in Nursing and the CNL Role	Students are engaged in practicum experiences in an outpatient or community setting. There are usually several different team members, but it depends on the area. For example, students are placed in the Heart Vascular clinic at UPMC Presbyterian. They work with MD and NP to identify barriers to patient compliance and follow up appointments. They speak to other IP members prior to discharge (such as pharmacy and social work) to determine which patients are referred to the clinic and possible compliance or noncompliance issues.
NURSP 2096 and 2097: CNL Clinical Practicum I & 2	Students are required to form and lead a team of professionals to complete a performance improvement project. Typically, most of the time these projects involve at least one other profession outside of nursing, and many times often they involve several other professions. However, the projects are highly individualized, and the nature and types of other professions that are involved vary depending on the identified performance gap. Students are required to identify additional stakeholders other than nursing and must get instructor permission if their project is to involve nursing only. For example, one student designed and completed a project entitled, "Rx Express—Meds to Beds" designed to improve adherence to medications upon discharge from the UPMC Hamot hospital. The student assembled and led a team of pharmacists, nurses, care managers, physicians, and members of the hospital quality department to implement a rapid ordering and delivery system for discharge medications in which the medications would be ordered by the physician prior to discharge, transmitted to the pharmacy, and delivered to the patient's bedside in time for discharge. Another student implemented a CNL position in an oncology-bone marrow transplant unit at Penn State Hershey Medical Center. This project involved assembling and leading a team of physicians, nursing administration (including the Chief Nursing Officer), staff nurses, members of the quality department, and finance department leaders. The CNL role implementation has led to decreased central line-associated bloodstream infection rates through improved compliance with the use of using a new central line bundle and a new nurse-led rounding procedure for all patients with central lines.
NURSAN 2751: Team Training in Patient Safety	Interprofessional Crisis Management Training with anesthesiology residents.

Planned Clinical Experiences Are Evaluated by SON Faculty Members

Members of the SON Faculty are responsible for student evaluations. BSN clinical faculty are assigned no more than 8 students in a clinical group. Through observations and clinical assignments, faculty evaluate student clinical performance. In BSN-precepted courses, faculty visit each clinical site three or four times a semester to talk with the preceptor. They are available for more communication as needed. Faculty determine the final course grade by evaluating the completion of all clinical requirements, including the clinical assignments, the preceptor's evaluation of the student, and the completion of required hours. In MSN-precepted onsite courses, faculty visit each clinical site to speak with the preceptor and evaluate the student's clinical performance once each semester. In MSN-precepted online courses, faculty communicate with the preceptor via face-to-face web meetings or the phone. MSN faculty communicate with the preceptor as often as needed but it is always more than once a term. Faculty determine the final course grade by evaluating the completion of all clinical requirements, including the clinical assignments, preceptor and faculty evaluation of the student's performance, and the completion of required hours. Clinical courses in each BSN track and MSN major or area of concentration provides nursing students (onsite and online) the opportunity to develop professional competencies and to prepare students for their nursing role.

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

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where

preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

Individual Student Performance Is Evaluated by the SON Faculty

Evaluation of student performance is an important aspect of faculty teaching and workload. Formative and summative evaluations are processes incorporated into each course to assess students' competence and the effectiveness of a teaching strategy. At the beginning of each course, students are presented a syllabus and faculty present the course objectives (student learning outcomes) and how the objectives will be taught and assessed. Due dates are also provided to the students on the first day. Faculty do not change or add evaluations once the course begins. All students are evaluated by faculty. In precepted clinical courses, preceptors provide feedback of student performance to faculty. Faculty take into account preceptors' evaluation of student performance when assessment overall student performance. The statements confirming that faculty are responsible for grading all courses and clinical experiences are located in the Clinical Teaching Policy 433 (graduate) and 434 (undergraduate). These state that faculty retain the responsibility for the evaluations of students and in SON Faculty Academic Integrity Policy 306 which states all faculty are responsible for student grades and to provide grades in a timely manner.

Individual Student Performance Reflect Achievement of Expected Student Outcomes

As part of the Curriculum Committee's Triennial Review Process for each course, faculty are asked to identify what type of evaluation is used to assess whether students have met the competence level of a course objective. The Triennial Review form links essentials and specialty area competencies to course objectives and, in turn, assessments are linked to the course objectives. These documents indicate the plan for individual student assessments being done to meet student outcomes (See Appendix 19 for Triennial Review Form for Didactic Courses, and see Resource Room for clinical and didactic Triennial Review Forms). Evidence of student achievement is linked to expected student outcomes at a program level and is located in Standard IV-C (Licensure Pass Rates) and IV-D (MSN Certificate pass rates). Individual assignments located in the Resource Room reflect how students meet the expected course objectives.

Evaluation Policies/ Procedures for Individual Student Performance Are Defined and Consistently Applied

The SON grading policy is documented in Policy 60: Grading System, and Policy 209: Grading Policy. The policies are found on the SON website (Policy 60, <https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy%2060%20-%20Final%20for%20posting%2012-16.pdf>, and Policy 209, https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy_209_2016.02_Final.pdf). Table III.I.1 presents the grading scale appearing in all course syllabi for which students earn a letter grade.

Table III.I.1: SON Grading Scale

Table III.I.1: SON Grading Scale	
A+	97-100
A	94-96
A-	90-93
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-76
C-	70-73
D+	67-69
D	64-66
D-	60-63
F	Less than 60

According to Policy 435 (<https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy%20435%20course%20materials%208-17.pdf>) the faculty are required to develop and describe the grading point systems within their syllabus.

Please see Resource Room and Blackboard/Course Web for the examples of: 1) measurements of student performances (didactic and clinical), 2) evaluation tools for exams, quizzes, presentations, papers, projects, peer

ratings, and 3) more documentation confirming that faculty are responsible for grading all courses and clinical experiences.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response:

Curriculum and Teaching-Learning Practices Are Evaluated at Regularly Scheduled Intervals

Faculty use data from faculty and student evaluations of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Student evaluations of teaching are requested by faculty at the end of each course. We call this student-reported response to the course “the OMET.” In every course, students respond to the same nine questions on teaching effectiveness (this evaluation is described further in IV-G). Faculty can also add more personalized questions in relation to their own course, teaching, or specific activities. Table III.J.1 is a table indicating that faculty have used the OMET scores to make changes to their course or teaching-learning practices. It summarized a 2017 faculty survey question, “Do you use OMETs or other course evaluations to make changes to your teaching or course?”

Table III.J.1: Faculty Percent that Use OMET to Foster Ongoing Improvement in Teaching

Faculty Track	Yes	Sometimes	Not Frequently	Not at All
Tenured/ Tenured-Stream (n= 31)	75%	25%	0%	0%
Non-Tenured (n= 48)	71%	23%	1%	0%

Department Chairs meet annually with members of their full-time and part-time faculty to discuss their teaching and review their scholarly and service activities that informed the quality of their teaching over the past academic year. During the evaluation meeting, department chairs review the faculty member’s progress meeting their past teaching goals and performance, including their OMET scores, and discuss goals for teaching for the upcoming year.

Faculty that reported not using OMET scores stated that OMETs are somewhat problematic because the student response rate is very low. Faculty find it hard to make major decisions about their teaching when the student response to the OMETs are less than 50%. In addition, OMETs are not administered if enrollment is below 5 students thus many clinical practicum courses cannot use OMETs. Faculty were then asked (2017 faculty survey) whether they relied on other data sources to foster ongoing improvement. The following Table III.J.2 displays a list of other data sources and the number of faculty who rely on each.

Table III.J.2: Data Sources Where Faculty Get Data to Inform Changes in Teaching-Learning Practices

Other Sources of Data Used to Improve Teaching	Number of Faculty Who Stated Using the Data Source
Directly Asking Students for Feedback	22
Journal Articles/ Research	18
Other Faculty/ Mentor/ Peer Review	17
Professional Organizations/ Accreditation requirements/ Map to national standards	5
Webinar/ Faculty Forum	4
Student performance on assignments/ exams/ Item Analysis	4
Kaplan Results	1
Center for Teaching and Learning	1
Data from Online Adaptive Learning	1

The curriculum is regularly evaluated by faculty and revised as appropriate. (See III-A and III-B for references to the Curriculum Committee and faculty’s Triennial Review process for each course).

Evaluation Data are used to Foster Ongoing Improvement

Even though aggregate faculty OMET data indicate that we are meeting the benchmark (expected) for teaching, faculty and SON are continually working to improve the quality of teaching. As mentioned in II-D and listed in

Appendix 15, faculty participate in SON faculty teaching forums to learn how to use evidence-based teaching practices. Another SON resource to help improve teaching is the Center for the Scholarship of Teaching and Learning in Nursing (CSTLN). The CSTLN is currently conducting observations of BSN large enrollment courses and developing an observation tool to assess teaching strategies used in large enrollment classrooms. As the observation tool is used across courses, a picture will be developed of how faculty are teaching in large enrollment courses. From these results, a quality improvement plan will be developed. Faculty have also commented (as documented in the comments of the Faculty Resource Survey 2017) that they use direct communications with their students to help assess the effectiveness of their teaching methods and assignments. One faculty, Dr. Rose Hoffmann, conducted a faculty survey in 2016 to assess online teaching strategies to determine online faculty development topics

Curriculum is Regularly Evaluated by Faculty and Revised as Appropriate

Faculty are responsible for evaluating and revising the curriculum as appropriate. The evidence for this appears throughout this document. Faculty evaluate and revise curriculum through the Curriculum Committee and Triennial Review process, taskforces, and refreshing the curriculum process. Refreshing the Curriculum was a faculty retreat on October 17, 2016 resulting in 15 taskforces for faculty to continue to examine potential curricular innovations. To date, from this process BSN and MSN curricular revisions have occurred in relation to research, global health, and quality of healthcare content. Research courses have been revised (III-C), a health care quality course (NURSP 2098: Healthcare Quality) has been added to the MSN program (III-C, MSN Council 12/12/16), and global health objectives have been incorporated into BSN courses (BSN Council Minutes 11/16 to 1/17, 4/17) and MSN courses (MSN council minutes 11/14/16 to 3/13/17). Other curriculum revisions occurred when there are advances in the nursing profession as evidenced by recommendations from national nursing organizations. For example, ELNEC modules were added to BSN programs as a result of faculty reviewing AACN Palliative Care Competencies (BSN minutes 3/14/16, 10/16, and 10/9/17).

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

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

Program Response:

Program Response for all Standard IV Outcomes:

For all outcomes measured and presented in Standard IV, we use a consistent format. We present the benchmarks, our word for “expected outcomes,” and the data for the actual findings. Benchmarks (expected) and actual results are presented in tables below which include columns for 1) benchmark (expected) statement, 2) the actual findings for 2017-18 academic year, and, if the benchmark (expected) was not met in 2017-18, the findings for the previous 2 years, 3) data sources, and 4) the terms “met” or “not met” to indicate if the benchmark (expected) was met or not met. Any “not met” benchmark (expected) indicates a discrepancy between the benchmark (expected) and actual results. These discrepancies require a quality improvement plan, if the quality improvement is part of Standard IV-H and IV-J.

Program Response for IV-A.

A Systematic Process Is Used to Determine Program Effectiveness

The Evaluation Steering Committee (ESC) functions in accordance with Pitt’s Bylaws describing the committee (Article VI § 6) (Resource Room: University of Pittsburgh School of Nursing Bylaws). Faculty from each program level council, BSN, MSN, DNP, and PhD, review evaluation data and convey feedback to faculty within the councils.

SON has a Total Faculty-Approved Evaluation Plan. The most recent one was TFO approved in November 2017 (See Appendix 23). The Evaluation plan is organized by the CCNE key elements. For each element, the SON has written strategies, benchmarks(expected), data source, and data collection dates. Using the data collection dates in the Evaluation Plan, yearly Quality Improvement Review (QIR) reports are developed that contain the key elements that need to be assessed for the year. QIRs are developed for each of the BSN, MSN, and DNP programs, and one QIR report for the School-wide key-elements. The QIR report includes the key element, strategies, data sources, benchmarks (expected), findings, action plans for “not met” benchmarks (expected), and follow-up review of actions plans implemented the previous year(s). The 2017 Evaluation Plan and the BSN, MSN, and School-wide 2017-18 QIR reports are in the Resource Room. For an example in this report, The BSN QIR 2017-18 is in Appendix 24.

One faculty member is selected to be the program representative on the ESC. This faculty member collects the QIR data and presents it to the ESC. The Director of Evaluation completes the School-wide QIR. After the ESC approves the QIR report, the program representative takes the QIR to the appropriate Program Council with the focus on benchmarks (expected) that were “not met.” Each Council evaluates the QIR report and develops an action plan for benchmarks (expected) not met.

Faculty, student and program outcomes are determined to be successful if the benchmarks (expected) are met. Benchmarks (expected) are statements that are measurable with quantitative and qualitative data. The SON employed a Director of Evaluation to oversee the evaluation process including the collection of data for the student, faculty and program outcomes. In 2016, a software system, ProjectConcert, was licensed and implemented to create a depository database for student and faculty outcomes. Each faculty member and the student have an account to record ongoing academic, research and scholarship activities. ProjectConcert also holds other faculty and student documents. Other data collected are through SON and Pitt surveys and assessments. Table IV.A.1 lists specific recurring surveys and timelines.

Table IV.A.1: SON Assessment Tools and Times When Administered

Measurement Tool	When Administered	Required By:
Student End-of-Program Survey (EOP)	Last term of student enrollment	SON
Alumni Survey	6-month, 3-year, and 5-year post graduation	SON
Faculty Resource Satisfaction Surveys	Every three years - last administered Summer 2017	SON
Faculty Clinical Site/ Preceptor Evaluation	Annually	SON
Student Evaluation of the Preceptor	Each term student is precepted	SON
Senior Survey	Annually to graduating senior	Pitt's Office of Institutional Research
OMETs (student evaluation of course/ teaching)	Every Term	Pitt's Center for Teaching and Learning
Student Learning Outcome Assessments Writing Quantitative Reasoning Informatics Global Health	Each Assessment is reviewed every 4 years	SON

Evidence that the systematic process of evaluation is implemented to determine program effectiveness is illustrated in meeting minutes that track the flow of evaluation data from the ESC to Councils, to the Dean's Council and back to the council for implementation. The annual QIR reports demonstrate the ongoing systematic review. The previous benchmarks (expected) not met on the 2015-16 and 2016-17 QIR reports are reviewed again during the 2017-18 QIR process. Faculty record the findings for the implemented action plan and report if the benchmark (expected) is met or not met. If the benchmark (expected) is met, the action plan is closed. If the benchmark (expected) is still not met, the action plan is reviewed for further action. The not met benchmark (expected) will be on the following year's QIR report and faculty will review again. Through this systematic review process, the findings indicated a need to assess evaluation tools as well. For instance, the 2015-16 End-of-Program survey provides information on student level of satisfaction with resources and teaching; however, the students' responses did not provide enough insight into "why." Beginning in the Spring 2017 term, if students reported not satisfied on any question, students were asked to provide a reason. The 2016 Faculty Resource Survey did not accurately divide responses by faculty track (i.e., tenure, non-tenure). The 2017 Faculty Resource Survey was improved and re-administered in Summer 2017. The School has a better understanding of faculty opinions on the different types of research and academic support resources.

IV-B. Program completion rates demonstrate program effectiveness.

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- 1. the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- 2. the completion rate is 70% or higher over the three most recent calendar years;*
- 3. the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- 4. the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Program Response:

The degree completion rates are based on the stipulated terms to complete the program/track (BSN) or major/AROC (MSN) in each respective approved curriculum. For example, BSN Accelerated Second Degree track is completed in three terms, and the 4-year Traditional BSN track is completed in 8 terms. In the MSN program, each major or AROC has specified number of terms to completion for full-time and part-time students. For instance, CNL full-time AROC is completed in 4 terms and CNL part-time AROC is completed in 8 terms. In the computation, cohorts included each program track/major/AROC who graduated in 2017. In Table IV.B.1 the overall BSN and MSN completion rates for 2017 are calculated using 1) The total number of students who enrolled at the beginning of each program, and 2) The total number of students who enrolled at the beginning of each program excluding the students who were inactive due specific identified factors: family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution. The completion rate algebraic formula is provided in Appendix 25.

Inactive is defined as students who enrolled but did not remain in the program due to identified factors such as family obligations, personal reasons, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education. A student may remain active for three terms, if enrolled for only one term within the academic year, before being identified as inactive. Active is defined as students who enrolled in the program but have not graduated. SON completion rates indicate that we meet the CCNE standard of 70% or above.

Table IV.B.1: BSN and MSN 2017 Completion Rates with Active and Inactive Students

SON Benchmark (expected)	Actual findings	Data Sources	Benchmark (expected)	
The completion is 80% or higher.	2017 Completion Rates		Data collected from Student Affairs and Alumni Relations	
		% Completed (including Inactive and Active Students)		% Completed (excluding Inactive Students)
	Pitt-Oakland BSN	90.8		98.8
	MSN	81.5		89.8
	Pitt-Johnstown BSN	75.6		94.7
			MET	

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- 1. the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- 2. the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- 3. the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- 4. the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Program Response:

SON prepared BSN students to pass the NCLEX exam. Our overall 2018 pass rate is 90.54%. Table IV.C.1 provides the NCLEX scores for each BSN track and campus. Please note that Pitt-Greensburg’s first graduating class is in 2021. SON NCLEX pass rates indicate that we meet the CCNE and the Pennsylvania State Board of Nursing standard of 80% or above. However, we did not meet our benchmark (expected) of 95% pass rate. We describe our quality improvement plans in IV-J. (See Appendix 26 for NCLEX scores by track, campus, and years 2016-2018)

Table IV.C.1: 2018 NCLEX Scores

CCNE and SON Benchmark (expected)	Actual findings	Benchmark (expected)	
The NCLEX-RN pass rate is 80% or higher. (CCNE)	2018 NCLEX Pass Rates by Track and Campuses	CCNE 80%- MET	
The NCLEX-RN pass rate is 95% or higher. (SON)		SON 95%- Not Met	
		Division	Pass Rate
		Pitt-Oakland ABSN	86.67
	Pitt-Oakland Traditional 4-yr	95.33	
	Pitt-Johnstown Traditional 4-yr	85.00	

IV-D. Certification pass rates demonstrate program effectiveness.

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

Elaboration: The master's, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- 1. the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- 2. the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- 3. the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- 4. the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Program Response:

Three MSN area of concentrations, CNL, Nurse Anesthesia, and NNP, are described on the website as preparing students to take a certification exam. In Table IV.D.1 the 2018 certification pass rates are provided for each area of concentration. SON certification pass rates indicate that we meet the CCNE standard of 80% or above.

Table IV.D.1: 2018 MSN Majors and Areas of Concentration Pass Rates

CCNE Benchmark (expected)	Actual findings	Data Sources	Benchmark (expected)	
The certification pass rate is 80% or higher.	2018 MSN Certification Pass Rate		Certification Reports and Student Responses to Program Coordinators	
	Certification Organization	Certification Exam (by specialty area)		2018 Certification pass rates
	CNC	Clinical Nurse Leader		100% (n= 7)
	AANA-COA	Nurse Anesthetist		97.7% (43/44)
	NCC	Neonatal Nurse Practitioner	100% (n=7)	

IV-E. Employment rates demonstrate program effectiveness.

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

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

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

Program Response:

BSN Program Employment

Table IV.E.1 provides SON’s data for BSN student employment. Data is collected within 12-months by asking students at graduation where they are employed, administering the 6-month survey, and through faculty-student communication. We meet the 70% or higher CCNE benchmark (expected). The individual student employment table is in the Resource Room.

Table IV.E.1: 2017-18 BSN Employment, Benchmark (Expected) and Actual Findings

CCNE Benchmark (expected)	Actual findings	Benchmark (expected)
The employment rate is 70% or higher.	2017-18 BSN Graduates Employment Rate	
	Employment Status	Total number Students who Graduated (n=225) Number of Students with Alumni Data (n=192)
	Employed in Nursing	81.7% (n=184) 95.8% (n=184)
	Full-time Graduate School	3.6% (n=8) 4.2% (n=8)
	Unknown	14.6% (n=33)
		MET

MSN Program Employment

The provost annually requests graduate-level employment. Within 12-months of graduation, SON collects employment data via the post-graduation surveys, student communication with their advisor, and alumni contacts. In 2017-18, 54 students graduated of which six are Clinical Nurse Leaders, two are Neonatal Nurse Practitioners, 42 are Nurse Anesthetists, two are Nursing Informaticists, and two are Nursing Administrators. Table IV.E.2 provides MSN employment numbers. We meet the CCNE standard of 70% or above. The individual student employment table is in the Resource Room.

Table IV.E.2: 2017-18 MSN Employment, Benchmark (Expected) and Actual Findings

CCNE Benchmark (expected)	Actual findings	Benchmark (expected)
The employment rate is 70% or higher.	2017 -18 MSN Graduate Employment Rate (n=54)	
	Students	N Percent
	Employed	53 98
	In full-time graduate school	0 0
	Unemployed	0 0
	Unknown	1 2
		MET

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

1. *Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.*
2. *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
3. *Faculty are engaged in the program improvement process.*

Program Response:

SON has met the CCNE specified criteria for completion, licensure, certification, and employment. However, response rates for the undergraduates are not complete and we are resolved to improve those response rates. We currently inquire from students about employment during a graduation rehearsal. Even though not all students attend graduation, many are not sure of where they will be working. Similarly, the response rates to the alumni survey indicate that all targeted alumni do not respond. We plan a more aggressive follow-up to those alumni for whom we have no employment information.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program’s mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

1. *are identified for the faculty as a group;*
2. *specify expected levels of achievement for the faculty as a group; and*
1. *reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response:

We present eight faculty outcomes associated with the expectation of faculty educational degrees, teaching effectiveness, scholarship (i.e. research or scholarly projects), and service in the nursing profession. Full-time faculty have expectations in teaching, scholarship, and service. Part-time and adjunct faculty have teaching expectations which means they are not included in the scholarship and service benchmarks (expected) and findings. However, many part-time faculty are engaged in scholarship and service. Faculty outcomes benchmarks (expected) for demonstrating program effectiveness are written in the evaluation plan and are approved by vote at Total Faculty (e.g., TFO minutes Nov 2017). Benchmarks (expected) and actual results are presented in tables below. Discrepancies between the benchmark (expected) and actual findings are addressed by a quality improvement plan. These plans are written in Standard IV-H.

Faculty Educational Degrees

Outcome 1: Faculty with Doctoral Degrees. Outcome 1 states that full-time Pitt-Oakland faculty are doctorally prepared. Pitt-Johnstown and Pitt-Greensburg faculty are hired by the Pitt-Johnstown and Pitt-Greensburg and follow those campuses faculty expectations. Pitt-Johnstown faculty are 100% doctorally prepared and one Pitt-Greensburg faculty has recently been hired with an MSN and plans to continue toward a DNP. Table IV.G.1 indicates that this benchmark (expected) is met. A list of faculty educational degrees is detailed in the faculty credential excel spreadsheet in the Resource Room.

Table IV.G.1: Full-time Faculty are Doctorally Prepared

Benchmark (expected)	Actual findings	Data Sources	Benchmark (expected)
100% of full-time faculty will be doctorally prepared	100% of full-time faculty are doctorally prepared	Faculty credential table from Office of the Dean	MET

Teaching

Teaching effectiveness is examined by two assessments completed by students, 1. End-of-Program Survey (EOP) and 2. Student course evaluations. First, the Evaluation Steering Committee (ESC) determined whether the teaching effectiveness benchmark (expected) on the Evaluation plan is met using student reports on the EOP. The EOP survey is

an exit survey given to all graduating students. Please note, we do not have a graduating class from Pitt-Greensburg until 2020-2021 so there is no EOP survey data from Pitt-Greensburg. Second, department chairs annually use course evaluations when evaluating faculty teaching effectiveness. All Pitt faculty, students and staff call these course evaluations “OMETs”.

Outcome 2: Teaching Effectiveness and End-of-Program Surveys. Table IV.G.2 provides teaching effectiveness benchmarks (expected) and BSN and MSN EOP results. Results below are averages of all questions pertaining to teaching effectiveness on the EOP surveys. Students responded to each question using a Likert scale in which (1) = Very Dissatisfied, (2) = Dissatisfied, (3) = Satisfied, and (4) = Very Satisfied. Student scores represent the number of students who rated as being satisfied or very satisfied with teaching practices. BSN and MSN EOP questions and scores in relation to teaching practice survey are in the Resource Room.

Table IV.G.2: BSN Faculty Teaching Effectiveness Reported in BSN 2017-18 End-of-Program Survey Results

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)
80% of the BSN students will report being satisfied with teaching-learning practices	Percent of BSN Graduates Reporting Satisfaction with Teaching Practices		EOP Survey -BSN graduates were asked to rate their level of satisfaction with teaching practices on 13 questions
		Pitt-Oakland	
	% of BSN students satisfied with teaching	92 (n=164)	100 (n=36)

Table IV.G.3: MSN Faculty Teaching Effectiveness Reported in MSN 2017-18 End-of-Program Survey Results

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)
80% of the MSN students will report being satisfied/ high satisfied with teaching-learning practices	90% of MSN Students reported satisfied with teaching practices	EOP survey-MSN graduates were asked to rate their level of satisfaction with teaching on 5 questions	MSN- MET

Outcome 3: Teaching Effectiveness and OMETs. At the end of every course, students electronically complete the OMETs. In 2016, Pitt instituted the Student Evaluation of Educational Quality (SEEQ) scale as the official Pitt OMET (See survey in Resource Room). Across Pitt courses, faculty are evaluated by students on the same questions 1-9. SON added 5 additional questions to all nursing OMETs. All but one question is scored on a scale from strongly disagree (1) to strongly agree (5). Each faculty member receives an OMET report of class averages on each question and all student comments. To demonstrate teaching effectiveness, faculty averages should be above a 3.5 score. Courses with five or less students do not receive the Pitt OMET evaluation. Students in these low enrollment courses, such as the clinical practicum courses, complete a qualitative questionnaire. Faculty receive the student comments for review. Table IV.G.4 indicates SON benchmark (expected) for OMETs and actual course evaluation average for teaching effectiveness. Teacher effectiveness is a measure of one item on the evaluation that states, “Express your judgment of the instructor’s overall teaching effectiveness.” The score is the average score on the one item across all courses taught in 2017-18 academic year in a program at a specific campus. (See Resource Room for excel table of faculty averages on all questions). We met the benchmark (expected).

Table IV.G.4: Student OMET Evaluation of BSN and MSN Faculty on Instructor’s Overall Teaching Effectiveness

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)	
Faculty will have an average score above a 3.5 (agree).	BSN and MSN Students’ Average of Overall Instructor Effectiveness			OMET evaluations.
	BSN Pitt-Oakland	BSN Pitt-Johnstown	BSN Pitt-Greensburg	
	4.12	4.12	1 faculty member- no average available	4.17

Outcome 4: Active Research Funding. Pitt is a very intensive research doctoral university (Carnegie 1) and internal and external funding is expected. Tenured and tenured-stream faculty are expected to have active funding. Table IV.G.5 indicates the benchmark (expected) and actual active funding over the last 3 years for tenured and tenure-stream faculty was not met. A quality improvement plan is discussed in IV-H. An addendum to this funding data is that non-tenured faculty's active funding has increased over the last three years with 21% of non-tenured faculty funded in 2018.

Table IV.G.5: Percent of Full-time, Tenured or Tenure-Stream Faculty with Active Funding

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)							
85% of tenured and tenure-stream faculty will have active funding	2018 Faculty Active Funding		Grants Management Office database	NOT MET						
	<table border="1"> <tr> <th>Pitt Tenured</th> <th>Pitt Tenure- Stream</th> </tr> <tr> <td>83% (19/23)</td> <td>82% (18/22)</td> </tr> </table>				Pitt Tenured	Pitt Tenure- Stream	83% (19/23)	82% (18/22)		
	Pitt Tenured	Pitt Tenure- Stream								
	83% (19/23)	82% (18/22)								
	Previous 2-year Faculty Active Funding									
<table border="1"> <tr> <th></th> <th>Pitt Tenured</th> <th>Pitt Tenure- Stream</th> </tr> <tr> <td>2017</td> <td>78% (18/23)</td> <td>77% (17/22)</td> </tr> <tr> <td>2016</td> <td>63% (14/22)</td> <td>55% (11/20)</td> </tr> </table>			Pitt Tenured	Pitt Tenure- Stream	2017	78% (18/23)	77% (17/22)	2016	63% (14/22)	55% (11/20)
	Pitt Tenured	Pitt Tenure- Stream								
2017	78% (18/23)	77% (17/22)								
2016	63% (14/22)	55% (11/20)								

Outcome 5: Faculty Publications. Faculty are asked to disseminate their research and scholarly findings. Table IV.G.6 provides the number of faculty publications for 2017-18 which are aggregated for an overall percentage of faculty who published. We met the benchmark for Tenured and Tenured-stream faculty, but did not meet the benchmark (expected) for Non-tenured faculty. A quality improvement plan is discussed in IV-H.

Table IV.G.6: Percent of Full-time Faculty that Published in 2017-18

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)																
100% of full-time faculty will have publications	Percent of Full-time Faculty with Publications			Journal publications	NOT MET														
	<table border="1"> <tr> <th colspan="3">Pitt-Oakland</th> <th rowspan="2">Pitt-Johnstown</th> <th rowspan="2">Pitt-Greensburg</th> </tr> <tr> <th>Tenured</th> <th>Tenure-Stream</th> <th>Non-Tenure</th> </tr> <tr> <td>100 (23/23)</td> <td>100 (22/22)</td> <td>81 (31/37)</td> <td>67 (3/5)</td> <td>100 (1/1)</td> </tr> </table>					Pitt-Oakland			Pitt-Johnstown	Pitt-Greensburg	Tenured	Tenure-Stream	Non-Tenure	100 (23/23)	100 (22/22)	81 (31/37)	67 (3/5)	100 (1/1)	
	Pitt-Oakland					Pitt-Johnstown	Pitt-Greensburg												
	Tenured	Tenure-Stream	Non-Tenure																
	100 (23/23)	100 (22/22)	81 (31/37)			67 (3/5)	100 (1/1)												
Percent of Full-time Faculty with Publications in the Previous 2-yrs																			
<table border="1"> <tr> <th rowspan="2"></th> <th colspan="2">Pitt-Oakland</th> <th rowspan="2">Non-Tenure</th> <th rowspan="2">Pitt-Johnstown faculty</th> </tr> <tr> <th>Pitt Tenured</th> <th>Pitt Tenure Stream</th> </tr> <tr> <td>2016-17</td> <td>100 (23/23)</td> <td>95 (21/22)</td> <td>76 (31/41)</td> <td>100 (5/5)</td> </tr> <tr> <td>2015-16</td> <td>91 (21/22)</td> <td>95 (19/20)</td> <td>70 (32/46)</td> <td>100 (5/5)</td> </tr> </table>				Pitt-Oakland		Non-Tenure	Pitt-Johnstown faculty	Pitt Tenured	Pitt Tenure Stream	2016-17	100 (23/23)	95 (21/22)	76 (31/41)	100 (5/5)	2015-16	91 (21/22)	95 (19/20)	70 (32/46)	100 (5/5)
	Pitt-Oakland			Non-Tenure	Pitt-Johnstown faculty														
	Pitt Tenured	Pitt Tenure Stream																	
2016-17	100 (23/23)	95 (21/22)	76 (31/41)	100 (5/5)															
2015-16	91 (21/22)	95 (19/20)	70 (32/46)	100 (5/5)															

Outcome 6: Faculty Presentations. Faculty are encouraged to present their research and scholarly findings. Table IV.GV.7 provides the number of faculty presentations for 2017-18 which are aggregated for an overall percentage of faculty who presented. We meet the benchmark (expected).

Table IV.G.7: Percent of Full-time Faculty Who Made a Presentation in 2017-18

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)															
90% of full-time, tenured/ tenured-stream faculty and 75% of full-time non-tenured stream faculty will make presentations	Percent of 2017-18 Full-time Faculty with Presentations			Self-merit evaluations and Project-Concert	Tenured and tenured-stream- MET													
	<table border="1"> <tr> <th colspan="3">Pitt-Oakland</th> <th rowspan="2">Pitt-Johnstown faculty</th> <th rowspan="2">Pitt-Greensburg faculty</th> </tr> <tr> <th>Tenured</th> <th>Tenure-Stream</th> <th>Non-Tenure</th> </tr> <tr> <td>100 (23/23)</td> <td>100 (22/22)</td> <td>78 (29/37)</td> <td>100 (5/5)</td> <td>100 (1/1)</td> </tr> </table>					Pitt-Oakland			Pitt-Johnstown faculty	Pitt-Greensburg faculty	Tenured	Tenure-Stream	Non-Tenure	100 (23/23)	100 (22/22)	78 (29/37)	100 (5/5)	100 (1/1)
	Pitt-Oakland					Pitt-Johnstown faculty	Pitt-Greensburg faculty											
Tenured	Tenure-Stream	Non-Tenure																
100 (23/23)	100 (22/22)	78 (29/37)	100 (5/5)	100 (1/1)														
				Non-tenured stream- MET														

Service in the Nursing Profession

SON is fortunate to have faculty who are leaders in the nursing profession who are committed to the quality of patient care, advancing the knowledge in nursing research and education, and advancing the nursing profession.

Outcome 7: Faculty Service on a Board. Pitt nursing faculty are leaders in the nursing profession through their service to professional organizations and their communities. One example of leadership is participating in an organization’s board. Board membership can include service on an editorial, advisory, professional nursing organization, or other business or school boards. Table IV.G.8 indicates that we meet the benchmark (expected).

Table IV.G.8: Percent of Full-time Faculty Who Serve on a Board in 2017-18

Benchmark (expected)	2017-18 Actual Findings	Data Sources	Benchmark (expected)
60% of Faculty Serve on a Board	67% of full-time faculty serve on boards (n= 62/93 full-time faculty across campuses)	ProjectConcert, Self-merit data	MET

Outcome 8: Service to the Community. Pitt defines community service as volunteering time and expertise to the nursing profession and the community (local, state, regional, national and international). Table IV.G.9 reports the percent of faculty who participate in community activities. We meet the benchmark (expected).

Table IV.G.9: Percent of Full-time Faculty Who Participate in Community Service in 2017-18

Benchmark (expected)	2017-18 Actual Findings	Data Sources	Benchmark (expected)
75% of faculty serve in the community	Full-time faculty who serve in the community 83% (n= 76/ 92 full-time faculty)	ProjectConcert, Faculty Self-Merit data	MET

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

- Elaboration: The program uses faculty outcome data for improvement.*
2. Faculty outcome data are used to promote ongoing program improvement.
 3. Discrepancies between actual and expected outcomes inform areas for improvement.
 4. Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
 5. Faculty are engaged in the program improvement process.

Program Response:

Faculty outcome data are used to promote ongoing program improvement.

SON’s evaluation plan includes faculty outcomes and are reviewed in the school-wide QIR. Quality improvement plans for benchmarks (expected) not met are developed in Dean’s Council and taken back to departments. QIs involve supporting faculty to reach the faculty expectations. Our examples of action plans for faculty support are in the following discussion on the not met faculty benchmark (expected) in active funding and publications.

Discrepancies between actual and expected outcomes inform areas for improvement

Faculty Outcome 4: Tenured and Tenure-Stream Faculty with Active Funding. Although tenured and tenure-stream faculty with active funding fell below the benchmark (expected), we can see an improvement in the number of faculty with funding over the last three years. SON ranks 4th in the 2019 NIH funding. One of our challenges in meeting the benchmark (expected) is having long-term tenured faculty near retirement who have no funding. We have elected to use their services in other ways. Research Methodology Series provide faculty development in current research topics and skills. Guest researchers and statisticians are invited to present (See Appendix 17). A six-year plan has been developed for new junior tenured-stream faculty to help them with expectations of gaining tenure. The plan includes support in teaching/ mentoring students, research, and service. This plan guides the support given to junior faculty by Vice Chairs on Research. Appendix 16 shows the benchmarks (expected) for new faculty to attain tenure. A mid-tenure review is also a support structure in place to guide faculty research and publications.

Faculty Outcome 5: Faculty Publications. In 2014, SON initiated a requirement that all faculty publish. In 2015, SON initiated the linkage of merit and publication. In 2016, SON initiated the linkage of first or senior author and merit. (See TFO minutes 9/26/16) In 2018, departments have initiated writing groups. We have hired a writing editor/partner to consult specifically with non-tenured faculty.

Changes to Foster Achievement of Faculty Outcomes are Deliberate, Ongoing, and Analyzed for Effectiveness.

The Evaluation Plan and the school-wide QIR are used to assess ongoing faculty development toward meeting all faculty outcomes. Our data indicate that the trends in active funding and publications have improved over three years. We also use outside sources such as our rankings to measure the effectiveness of our faculty development. For example, in 2018, SON was ranked 5th in NIH funding and in 2019 SON is ranked 4th.

IV-I. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Program Response:

We present 7 “Other” Outcomes which include the following: 1) Students who continue into a graduate-level nursing degree, 2) Graduating students’ perception of their confidence on each AACN essential, 3) The Number of BSN nursing students in Study Aboard programs and number of nursing-specific Study Abroad opportunities, 4) The number of students participating in Mentored Research, 5) the Number of students with presentations or publications, 6) Alumni satisfaction with the program, and 7) Alumni with notable achievements. Outcomes 2 (graduating student perception of their confidence on each AACN Essential) and 3 (the number of BSN nursing students and the number of nursing specific programs in study abroad opportunities) are linked respectively to the new program student learning outcomes linked to essentials developed in 2017 and 2017 strategic plan goals. For the other outcomes for which we do not have a benchmark in our 2017 Evaluation Plan, we note that we are collecting baseline data to create 2019 benchmarks (expected).

Other Outcome 1: Students Continue on for Graduate Degree

Students Who Continue into Another Nursing Degree This outcome is congruent with the SON philosophy to “advance the science and practice of nursing”, the SON mission to “engage in research and other scholarly activities that advance learning”, and SON’s goal to “prepare highly educated and competent nurses”. Table IV.I.1 provides the SON alumni data on BSN and MSN students who continued on to a graduate degree within 6-months, 3-years, and 5-years. We have met our benchmarks (expected) (See Table IV.I.1).

Table IV.I.1: Students Continue Toward a Higher Nursing Degree Within 5-Years of Their Graduation

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)
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25% of BSN students and 5% of MSN students will enter a graduate program within 5 years of graduation.	Percent of Graduated Students Who Continued on for Another Nursing Degree				Alumni Surveys at 6 months, 3-years and 5-years post-graduation	BSN- MET MSN- MET
	BSN Graduates	Graduation year	% response	% of the graduates		
	6-month survey	2017	39	5.2		
	3-year survey	2014	38.7	38.8		
	5-year survey	2012	44	49.0		
	MSN Graduates	Graduation year	% response	% of the graduates		
	6-month survey	2017	27.7	6.7		
	3-year survey	2014	36.3	13.7		
	5-year survey	2012	47.4	8.1		

Other Outcome 2: Graduating Students’ Perception of their Confidence on each AACN Essential

This outcome is congruent with our BSN and MSN Student Learning Outcomes that are associated with the AACN essentials. On the End-of-Program surveys, BSN and MSN graduating students are asked how confident they are in relation to each essential. For the End-of-Program survey, we selected sub-essentials to represent each Essential. Students are asked to rate their level of confidence in each sub-essential from Poor (1) to Excellent (4). BSN and MSN students’ who rated their levels of confidence on an essential at Good (3) or Excellent (4) were considered to have a satisfactory level of confidence. Sub-essentials were averaged together to calculate the confidence level for the parent Essential. In 2017-18 there was one RN-BSN graduate who reported being confident in all essentials. Pitt-Johnstown graduates reported confidence in each essential. Pitt 4-year and Accelerated 2nd Degree graduates did not report confidence in Essential 5: Health Policy. Table IV.1.2 summarizes BSN students’ level of confidence in relation to the AACN Essentials. See Resource Room for the full data set. We will address what we are doing to improve student confidence in Health Policy in IV-J.

Table IV.1.2: Percent of BSN Students Reporting Confidence in AACN Essentials

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)		
Developing a Baseline	2017-18 Percent of BSN Students’ Confidence in Essentials		End-of-Program Survey	MET all essentials except for Health Policy NOT MET- Health Policy Essential	
	Essential	Pitt-Oakland (n= 163)			Pitt-Johnstown 4-year (n=36)
	I	92.9			100
	II	94.9			100
	III	94.6			98.1
	IV	96.4			100
	V	75.1			98.1
	VI	96.5			99.1
	VII	92.3			99.3
	VIII	97.3			100
IX	94.6	100			
Essential V: Health Policy over the Last Three Years		End-of-Program Survey	MET all essentials except for Health Policy NOT MET- Health Policy Essential		
Academic Year	Pitt-Oakland			Pitt-Johnstown	
2015-16	65			61	
2016-17	70.8			100	
2017-18	75.1	98.1			

In 2017-18, MSN students reported confidence in all essentials except Essential II. Upon further examination, of 3 statements that MSN students rated their confidence in Essential II, the one statement in which students did not report confidence or meet the benchmark (expected) was “Financing of Healthcare.” Table IV.1.3 indicates MSN student level of confidence.

Table IV.1.3: MSN Students Report of Confidence in AACN Essentials

Benchmark (expected)	Actual Findings	Data Sources																																												
Baseline Data	<p>2017-18 Percent of MSN Students’ Confidence in AACN Essentials (n=60)</p> <table border="1"> <thead> <tr> <th>Essential</th> <th>Percent Confident</th> </tr> </thead> <tbody> <tr> <td>I</td> <td>80</td> </tr> <tr> <td>II</td> <td>74.3*</td> </tr> <tr> <td>III</td> <td>90</td> </tr> <tr> <td>IV</td> <td>95.5</td> </tr> <tr> <td>V</td> <td>88.3</td> </tr> <tr> <td>VI</td> <td>82.2</td> </tr> <tr> <td>VII</td> <td>96.1</td> </tr> <tr> <td>VIII</td> <td>89.4</td> </tr> <tr> <td>IX</td> <td>92.9</td> </tr> </tbody> </table> <p>*MSN Students’ Confidence on Essential II Three Areas Assessed</p> <table border="1"> <tbody> <tr> <td>Culturally responsive care</td> <td>98.2</td> </tr> <tr> <td>Developing New models of care</td> <td>80</td> </tr> <tr> <td>Financing of Healthcare</td> <td>53.3</td> </tr> </tbody> </table> <p>Students Report of Confidence in Financing of Healthcare by Major/ Areas of Concentration</p> <table border="1"> <thead> <tr> <th>MSN major/ Area of Concentration</th> <th>Number of Total Responses</th> <th>Number of students Confident</th> </tr> </thead> <tbody> <tr> <td>CNL</td> <td>7</td> <td>6 (87%)</td> </tr> <tr> <td>Nursing Informatics</td> <td>1</td> <td>1 (100%)</td> </tr> <tr> <td>NNP</td> <td>8</td> <td>5 (62%)</td> </tr> <tr> <td>Nursing Admin</td> <td>0</td> <td>0</td> </tr> <tr> <td>Nurse Anesthesia</td> <td>45</td> <td>18 (40%)</td> </tr> </tbody> </table>	Essential	Percent Confident	I	80	II	74.3*	III	90	IV	95.5	V	88.3	VI	82.2	VII	96.1	VIII	89.4	IX	92.9	Culturally responsive care	98.2	Developing New models of care	80	Financing of Healthcare	53.3	MSN major/ Area of Concentration	Number of Total Responses	Number of students Confident	CNL	7	6 (87%)	Nursing Informatics	1	1 (100%)	NNP	8	5 (62%)	Nursing Admin	0	0	Nurse Anesthesia	45	18 (40%)	Student End-of-Program Survey
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Upon examination of the data, the reason for not meeting this benchmark (expected) is explained by 18 of 45 Nurse Anesthesia students and 5 of 8 NNP students reporting a lack of confidence in the “Financing of Healthcare.” Nurse Anesthesia and NNP MSN students do not take a specific finance course. They do complete NUR 2009: Leadership and Healthcare Systems: Policy, Organization, and Financing of Health Care, a zero-credit module with some content on financing but based on student responses, this content is not sufficient. In 2017-18, a course focusing on healthcare finance (NURSP 209: Finance and Economics for Healthcare Leaders) was added to CNL and Nursing Informatics majors. The MSN Anesthesia major and NNP AROC are closed to admission. Students entering the DNP Nurse Anesthesia and NNP programs take the NURSP 2019: Finance and Economics for Healthcare Leaders.

Other Outcome 3: Number of BSN Nursing Students in Study Aboard Programs and Number of Nursing-Specific Study Abroad Opportunities

One of our newer SON strategic goals is to 1) Encourage more of our BSN students to take advantage of the various study abroad opportunities offered by Pitt Study Abroad and 2) Increase the number of study abroad opportunities for our students that are nursing specific. Table IV.1.4 provides data from the last three academic years and projected data in 2018-19. The table depicts our increase toward both goals.

Table IV.1.4: Study Abroad Opportunities for Nursing Students Over the Last Three Years and 2018-19

Benchmark (expected)	Actual Findings										
Developing a Baseline.	<p>Study Abroad Data Between 2015 and 2019</p> <table border="1"> <thead> <tr> <th></th> <th>2015-16</th> <th>2016-17</th> <th>2017-18</th> <th>2018-19</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		2015-16	2016-17	2017-18	2018-19					
	2015-16	2016-17	2017-18	2018-19							

	BSN student participants in any study abroad program	17	40	44	66 [#]
	Nursing-specific programs *	2	5	8	10
* = programs offered by SON # = projected number, as of November 2018					

To accomplish the goal of increasing the number of students in study abroad programs and increase the number of abroad opportunities, we (1) have established a Director for International Affairs who serves as an internal and external liaison to create, promote, and sustain our various inbound and outbound international operations—which include study abroad, (2) are emphasizing the value of study abroad in enhancing knowledge of healthcare delivery to our nursing students in orientation activities, advising sessions, and didactic courses, and (3) are collaborating with Pitt Study Abroad to create more short-term study abroad opportunities (e.g., spring break and 2-week programs in May-“Maymester”) that are commensurate with the constraints of our BSN curriculum. Because these programs are open to all Pitt students, all the programs are, in terms of participants, interdisciplinary. In terms of curricular design that features an interdisciplinary focus (i.e., specifically designed with two or more disciplines in mind), at least one of our current programs (i.e., *Healthcare Delivery in Beijing* for Nursing and Anthropology students) is interdisciplinary, and two of our upcoming programs (i.e., *Plus3—Healthcare Management in Argentina* for Nursing and Business students and *Himalayan Wilderness First Responder* for Nursing and Anthropology students) are interdisciplinary.

Other Outcome 4: Number of Students Participating in Mentored Research

Outcome 4 and 5 focus on the SON’s interest in increasing student involvement in research. Undergraduate students have opportunities to work with nursing faculty members on research either through the honors college or the Undergraduate Research Mentorship Program (URMP). Honor students and any other student with a cumulative grade point average (GPA) of 3.5 can do a thesis and graduate with a BSN-H degree. Students are involved in an array of research experiences and are encouraged to publish and/or present their work. Table IV.1.5 provides a summary of students in URMP and mentored by both nursing faculty and the Doctoral students.

Table IV.1.5: BSN Students Involved in Undergraduate Research

Benchmark (expected)	Actual Findings		
Developing a Baseline	Year	Number of URMP Students Participants	Number of Honors Students with Thesis
	2017-18	104	3
	2016-17	108	3
	2015-16	110	2

Other Outcome 5: Number of Students with Presentations or Publications

Table IV.1.6 indicated the number of students who presented or published nursing research or other scholarly projects in the 2017-18 academic year.

Table IV.1.6: Student Presentations and Publications in 2017-18

Benchmark (expected)	Actual Findings				
Developing a Baseline	Year	Number of BSN Presentations	Number of BSN Publications	Number of BSN Honors Thesis	Number of MSN Presentations
	2017-18	19	4	3	6 (4 students)

Other Outcome 6: Alumni Satisfaction with the Program

Outcomes 6 and 7 are congruent with SON mission to “Provide high-quality undergraduate education in nursing” and “Maintain and develop superior graduate programs”, and SON’s goal to “Prepared educated and competent nurses ready to enter the workforce.” Table IV.1.7 provides the SON alumni data on BSN and MSN students who are satisfied with the education they received in their nursing program. The following tables indicate that we met the benchmark (expected).

Table IV.1.7: Nursing Alumni Report of Satisfaction with Their Education

Benchmark (expected)	Actual Findings	Data Sources	Benchmark (expected)			
80% of the alumni will report satisfaction with their nursing educational experience.	Percent of Graduated Students Satisfied with Nursing Program		Alumni Surveys at 6 months, 3-years and 5-years post-graduation	BSN- MET MSN- MET		
	BSN Graduates	Graduation year			% response	% of students satisfied
	6-month survey	2017			39	98.7
	3-year survey	2014			38.7	98.8
	5-year survey	2012			44.4	97.5
	MSN Graduates	Graduation year			% response	% of students satisfied
	6-month survey	2017			27.7	94.7
	3-year survey	2014			36.3	100
	5-year survey	2012			37.4	100

Other Outcome 7: Alumni with Notable Achievements

Table IV.I.8 indicates the number of notable alumni recognized for their leadership in nursing in a variety of workplaces. Specific names of our alumni are posted on the website (<https://www.nursing.pitt.edu/alumni/notable-alumni>)

Table IV.I.8: Numbers of Alumni Recognition in Service to the Nursing Profession

Academic Deans	Professional Organizations	Academic Organizations	Hospital/ Health Administration	Industry	Federal Government	International	Military
15	4	5	18	8	4	3	1

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

6. Actual program outcomes are used to promote program improvement.
7. Discrepancies between actual and expected outcomes inform areas for improvement.
8. Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
9. Faculty are engaged in the program improvement process.

Program Response:

In this section, we address five quality improvement plans developed and implemented by faculty. These quality improvement plans include the following: 1) Student Satisfaction Ratings for Pitt-Oakland Advising (II-C), 2) Shortage of BSN-prepared Preceptors for BSN Students (II-F), 3). BSN and MSN student writing scores on the 2015-16 school-wide writing assessment (III-A), 4) Changes in our BSN and MSN programs to reflect relevant Health Policy Essentials (III-C), and 5) SON benchmark (expected) for NCLEX pass rate (IV-C).

QIRs Demonstrating Program Improvement

Program outcome data is used by faculty to foster ongoing program improvement. Program data is reported to BSN Council and MSN Council during the "QIR report" in which the ESC representative presents the findings on key-elements. Key-elements in the review are selected from the evaluation plan which are labeled for the years' evaluation. Program councils, with input from the Dean's council, develop action plans when benchmarks (expected) are not met. Review of the action plan is done by the BSN and MSN Councils and the ESC.

Quality Improvement 1: Student Satisfaction with Pitt-Oakland Advising (II-C). BSN senior student satisfaction on advising comes from the SON BSN End-of-Program survey. Students rate their satisfaction on four questions using a Likert scale (1= Very Dissatisfied, 2= Dissatisfied, 3= Satisfied, and 4= Very Satisfied). We meet the benchmark for Pitt-Johnstown senior students' satisfaction with advising (99%). The data in Table IV.J.1 indicate the percent of Pitt-Oakland BSN student who rated their interactions as very satisfied or satisfied. The data indicate that we are not meeting our benchmark advising at the Pitt-Oakland.

Table: IV.J.1: Percent of Pitt-Oakland BSN Students Satisfied with Academic Advising

Benchmark (expected)	Actual Findings			Data Source
90% of the BSN students will report satisfaction with student resources	Pitt-Oakland BSN Students Satisfied with BSN Advising			BSN End-of program surveys 2015-2018
	Academic year	Total number of responses	% BSN and ABSN student satisfaction	
	2017-18	165	63%	
	2016-17	136	86%	
	2015-16	102	80%	

Resulting Changes. There was a high turnover rate in advisors during the 2016-17 academic year. The 2017-18 graduating seniors reported not being satisfied again because of the changes in advising staff. The school implemented personalized advisement, following the university’s personalized education initiative targeting the undergraduate students. In addition, the undergraduate advisors became members of the National Academic Advising Association (NACADA) in 2017. All the advisors, at that time, completed advising modules and attended a local conference in Pittsburgh. Since then, they continue applying the advising skills acquired from this training. Any new advisor is registered as a member of NACADA, and has to go through their training. In the first-year seminar class, students complete a questionnaire that asks them to identify specific interests in nursing and beyond. This information is entered into every student’s account in the School of Nursing -SAAR Shadow Database (STARS). The information helps the advisors start a discussion on academic planning as each student starts the nursing program. These interests may change as they advance in the program, but the advisors are able to keep track. The advisors are thus determined to work with the students to personalize their education and to have excellent experiences in the school and the university. In addition to SAAR efforts to address student dissatisfaction, SON is going to survey the students to see what their advisement expectations. The results will assist in gauging whether the student expectations are congruent with what Pitt and SON offer as academic advising. The procedure for advising the accelerated second-degree students has also been changed from only being advised by the Director to adding a section of advisement by the SAAR advisors. These students have to meet with the SAAR assigned advisors at least once a term.

For comparison of student satisfaction with SON advisement and student satisfaction with other Pitt undergraduate schools’ advisement, see Appendix 27. Senior students across all Pitt schools also completed Pitt’s Senior survey in 2015-16 and 2016-17. On the Pitt Senior survey, a statement said, “Rate your advising experience during your time at Pitt.” Students rate their advising experiences on a Likert scale 1 (Poor) to 5 (Excellent). Out of 5 undergraduate schools’ advisement programs, SON ranked third in 2016-17. Pitt did not send out the survey in the 2017-18 year.

Quality Improvement Plan 2: Shortage of BS- prepared Preceptors (II-F). While there is not a shortage of BSN-prepared nurses in the United States, there is a BSN-prepared nursing shortage in South Western PA. UPMC is trying to address this issue by encouraging their nurses to become BSN-prepared and asking Pitt SON to increase BSN student enrollment, thus providing more BSN prepared nurses. Table IV.J.2 provides our benchmark (expected) and the last 3-years of BSN prepared preceptors for the Transitions course.

Table: IV.J.2: Percent of BSN-Prepared Preceptors for BSN Courses

Benchmark (expected)	Actual Findings				Data Sources
100% BSN Prepared Preceptor	Percent of BSN-prepared Preceptors for BSN Transitions Courses				Primary Faculty Teacher for courses
		2016-17	2017-18	2018-19	
	Pitt-Oakland Transitions	70%	75%	89%	
	Pitt-Johnstown Transitions	73%	51%	84%	

Resulting Changes. Over the years, the following actions have been taken to correct this problem:

1. In 2016-17, the action plan included encouraging RNs to become BSN-prepared through the new Pitt RN-BSN online program.
2. In 2017-18. The Dean’s Council decided to send a letter to each nursing unit explaining that we need to be in compliance with the PA State Board, and we must have BSN-prepared nurses. Faculty will take the letter to clinical units to remind the units that Pitt SON requires BSN-prepared nursing students.
3. Dean Dunbar-Jacob is also in contact with UPMC CNOs. Her report states that CNOs are aware of the BSN-prepared nurse is required for precepting, but the information does not always get to the nurses at the unit

level. We believe the letter given to the nursing unit will serve as a reminder that our BSN nursing students need BSN-prepared preceptors.

4. On December 10, 2018, an email letter from the Dean stating we need BSN prepared preceptors was sent to hospital coordinators responsible (or will be responsible) for assigning preceptors to our BSN students at all three campuses. (See Appendix 14 for Dean’s email letter)

Quality Improvement 3: BSN and MSN Student Writing Scores on the 2015-16 School-wide Writing Assessment (III-A). In 2015-16, a faculty learning outcomes task force evaluated BSN, MSN and DNP academic writing by reviewing selected classroom writing assignments which were previously completed and graded. The task force read the papers for their first time and used a BSN or MSN writing rubric developed for this assessment to rate the quality of academic writing. Papers were assessed for statement of the purpose, use of evidence, synthesis of ideas, and organization. In Table IV.J.3, our findings indicated that our SON writing process needed to be more systematically applied and students were not meeting the benchmark (expected) for good academic writing.

Table IV.J.3: BSN and MSN Graduating Student Scores that Meet the Writing Assessment Benchmark (E0xpected)

Benchmark (expected)	Actual Findings from 2015-16 Assessment	Data Source						
80% of the BSN and MSN graduates will achieve “competence” rating on our 2015-16 SON rubric’s writing criteria.	BSN Benchmark (expected) = 80% of the papers will have a score of 3 or 4	2015-16 writing assessment						
	Percent of students with a score of 3 or 4							
			Purpose	Development	Organization	Synthesis / evidence	Syntax, Mechanics	APA
	Junior papers* (n=36)		47%	44%	50%	33%	55%	53%
	*Only paper for Seniors and Juniors that met the criteria for academic writing was the Junior-level ethics paper.							
	MSN Benchmark (expected)= 80% of MSN papers are expected to receive a score of 3 or 4							
	Percent of students with a score of 3 or 4							
	Purpose	Organization	Development and Evidence-based Support		Writing Quality			
Final MSN Papers (n=16)	56%	50%	38%		75%			

Resulting Changes: Results of the writing assessment indicated that BSN students were not writing enough and few BSN and MSN writing assignments focused on academic writing. The task force developed a school-wide writing rubric and in 2016-17 requested each didactic course have an individual writing sample. (See Appendix 28). The goal of the rubric was to help students and faculty focus on academic writing (e.g., state a clear problem, present argument in a logical order, synthesis different pieces of research/ information to support a point-of-view, drawn a conclusion, and write with clarity). A September 19, 2016 faculty forum, “Writing Rubric for all Faculty: Learning Outcomes,” focused on orienting faculty to develop students’ academic writing skills by using the rubric components and developing an assignment that is evaluated by the rubric. Some faculty worked with the Scientific Editor and Director of Evaluation to develop assignments linked to the rubric, or to change an existing assignment to incorporate the 6 components stated on the rubric. Over the year, student papers were collected. Some faculty expressed frustration with the writing because students were not picking up papers for feedback. Program OMET scores for the statement, “This course helped me improve my writing skills,” were the only SON faculty scores below a 4.00. Faculty needed support. On September 11, 2017, the Director of Evaluation and Director of International Affairs did a faculty forum called, “Reflecting on Writing Assignments and Using Writing Assignment as a Learning Activity.” Faculty discussed how to use writing in their classroom and the presenters provided several ideas including as peer-review teaching PowerPoint and using low-stakes assignments. Evaluation of student writing is scheduled for 2019-2020.

Quality Improvement 4. Changes in BSN and MSN Programs to Reflect Health Policy Essentials (III-C). As part of the 2017-18 End-of-Program survey, students were asked to rate their confidence in relation to health policy (BSN Essential V and MSN Essential VI). Only 76.8% (4-year BSN) and 74.3% (ABSBN) of BSN students on the Oakland campus rated their

confidence as good or excellent. While the percentage was higher for MSN students, it was only 82.2%. These results prompted us to examine the extent to which this content was covered in these programs.

Resulting Changes: Dr. Grant Martsolf, an expert in health policy, was hired for the 2017-18 academic school year. Dr. Martsolf was asked to head a task force of faculty to review and make recommendations in relation to health policy content in the BSN, MSN and DNP courses. The task force was charged with three tasks: 1. Review health policy education within the Pitt Nursing programs, 2. Review health policy education at peer institutions across the country, and 3. Make recommendations regarding strengthening health policy education. The task force report concluded that health policy essentials are not well covered (See Appendix 29). The recommendations related to BSN and MSN programs are as follows: 1) Add a required health policy course to the BSN curriculum, and 2) Add a required health policy analysis course to MSN curriculum and incorporate policy-based case study throughout the curriculum. Currently, a .5 credit health policy course will be offered to ABSN students in the Summer 2109 and we are developing the 2-credit BSN health policy course to be taught in Fall 2019. Discussion for the MSN programs are to have MSN students take the existing health policy course in the DNP program (NUR 3012: Public Policy in Health Care).

Quality Improvement 5. SON benchmark (expected) for NCLEX Pass Rate (IV-C). While our NCLEX pass rates meet and exceed CCNE and Pennsylvania State Board of Nursing benchmarks, they have not met our benchmark (Table IV.J.5) which has prompted ongoing quality improvement efforts. Table IV.J.5 summarizes our NCLEX scores for the 2017-18 benchmark (expected) and findings.

Table IV.J.4: BSN NCLEX Scores Do Not Meet the 95% SON Benchmark (Expected)

Benchmark (expected)	Actual Findings	Data Source
95% of the BSN students will pass the NCLEX the first time.	Academic Year 2017-18 = 94.4% Calendar year 2018= 90.5%	NCLEX

Resulting Changes: SON BSN faculty developed several strategies in order to improve student NCLEX® performance after reviewing and analyzing students’ profiles who failed NCLEX®. The SON invited Kaplan consultants to orient faculty to Kaplan benchmarks test scores at BSN Council in March and April 2016 and sent Kaplan Blueprints to faculty teaching each specialty exam. SON implemented Kaplan practice tests in August 2016 and organized several conference calls with a Kaplan consultant throughout 2016 and 2017, inviting the Kaplan consultant to attend BSN Council in June 2017 to discuss low Kaplan pass rates. As a result of these discussions, the council charged a BSN task force to review preparation strategies for NCLEX. The task force reinforced with faculty the importance of identifying students not meeting the test benchmark and requiring remediation. Students were referred to a faculty developed NCLEX®/Kaplan remediation webinar (100 attended). Task force members developed a school policy on NCLEX® preparation and guidelines for remediation which is SON Policy 117: NCLEX Preparatory Examinations-Prelicensure Baccalaureate Students (https://www.nursing.pitt.edu/sites/default/files/policy-pdf/Policy117_Dec2017.pdf). The NCLEX® Task Force reviewed the National Board for Certification of School Nurses (NCSN) reports for Pitt’s average in each category of care. The NCLEX® Bridge to Success flyer was shared with all freshman nursing students, along with a video developed by Pitt students and Dr. Puskar, Associate Dean for Undergraduate Program, on NCLEX® success. A flyer was developed for faculty on NCLEX tips. Task force members communicated with Pitt-Johnstown representatives on a regular basis about student scores. The SON instituted a tracking system of students who score low on Kaplan benchmark tests early in their program which alerts advisors, the faculty overseeing the Kaplan testing program, and didactic course professors.

The NCLEX Task Force met five times during the months of May through August 2017, utilizing the following activities to inform their recommendations: (1) Review of students’ (names redacted) scores on Kaplan tests and the NCLEX, (2) Review of syllabi for the courses in which students failed to meet Kaplan benchmark scores, (3) Interviews with key faculty members at each undergraduate level, (4) An interview with the Kaplan representative, and (5) Communication with key administrative faculty and staff. The Task Force recommendations were as follows: (1) Actions that will identify and support students’ critical thinking abilities, (2) Actions to increase effective coherence of the BSN program, integration of Kaplan testing in courses, and effective sequencing of courses, and (3) Actions to support students’ awareness, participation, cooperation and advancement through the program.

The SON developed a comprehensive initiative, Bridge to Success, to help BSN students prepare to take the NCLEX-RN® exam. Bridge to Success preparation includes 15 Kaplan practice exams and diagnostic and predictor exams with tutoring and remediation for students as needed. See Appendices 30 and 31, for the Bridge to Success flyers distributed to students, “Strategies for Student Success,” and faculty, “Strategies for Faculty,” and see Appendix 32 for a copy of the published article on NCLEX-RN preparation at SON.