## TABLE OF CONTENTS

### INFORMATION COVER SHEETS (ALL PROGRAMS)

### INTRODUCTION

<table>
<thead>
<tr>
<th>Key Element</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-A</td>
<td>11</td>
</tr>
<tr>
<td>I-B</td>
<td>15</td>
</tr>
<tr>
<td>I-C</td>
<td>16</td>
</tr>
<tr>
<td>I-D</td>
<td>17</td>
</tr>
<tr>
<td>I-E</td>
<td>17</td>
</tr>
<tr>
<td>I-F</td>
<td>18</td>
</tr>
<tr>
<td>I-G</td>
<td>19</td>
</tr>
</tbody>
</table>

### STANDARD I - Program Quality: Mission And Governance

<table>
<thead>
<tr>
<th>Key Element</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I-A</td>
<td>11</td>
</tr>
<tr>
<td>I-B</td>
<td>15</td>
</tr>
<tr>
<td>I-C</td>
<td>16</td>
</tr>
<tr>
<td>I-D</td>
<td>17</td>
</tr>
<tr>
<td>I-E</td>
<td>17</td>
</tr>
<tr>
<td>I-F</td>
<td>18</td>
</tr>
<tr>
<td>I-G</td>
<td>19</td>
</tr>
</tbody>
</table>

### STANDARD II - Program Quality: Institutional Commitment And Resources

<table>
<thead>
<tr>
<th>Key Element</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>II-A</td>
<td>21</td>
</tr>
<tr>
<td>II-B</td>
<td>25</td>
</tr>
<tr>
<td>II-C</td>
<td>33</td>
</tr>
<tr>
<td>II-D</td>
<td>34</td>
</tr>
<tr>
<td>II-E</td>
<td>37</td>
</tr>
<tr>
<td>II-F</td>
<td>38</td>
</tr>
</tbody>
</table>

### STANDARD III - Program Quality: Curriculum, Teaching-Learning Practices And Individual Student Learning Outcomes

<table>
<thead>
<tr>
<th>Key Element</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>III-A</td>
<td>44</td>
</tr>
<tr>
<td>III-B</td>
<td>44</td>
</tr>
<tr>
<td>III-C</td>
<td>55</td>
</tr>
<tr>
<td>III-D</td>
<td>59</td>
</tr>
<tr>
<td>III-E</td>
<td>60</td>
</tr>
<tr>
<td>III-F</td>
<td>61</td>
</tr>
<tr>
<td>III-G</td>
<td>65</td>
</tr>
</tbody>
</table>

### STANDARD IV - Program Effectiveness: Aggregate Student Performance And Faculty Accomplishments

<table>
<thead>
<tr>
<th>Key Element</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV-A</td>
<td>69</td>
</tr>
<tr>
<td>IV-B</td>
<td>76</td>
</tr>
<tr>
<td>IV-C</td>
<td>79</td>
</tr>
<tr>
<td>IV-D</td>
<td>88</td>
</tr>
<tr>
<td>IV-E</td>
<td>94</td>
</tr>
<tr>
<td>IV-F</td>
<td>95</td>
</tr>
</tbody>
</table>
# TABLES:

Table 1: Summary of University & School’s Missions; & Expected Outcomes of School of Nursing Programs   **12**

Table 2: Areas of Concern and Action Plans for Standard I   **Page 20**

Table 3: School of Nursing Expense Summary Fiscal Year 2004-2009   **Page 21**

Table 4: Full-time and Part Time Faculty (all data as of the fall term)   **Page 35**

Table 5: Percentage of Doctorally Prepared Full-time Faculty since AY 1998-2008   **Page 37**

Table 6: Areas of Concern and Action Plans for Standard II   **Page 43**

Table 7: BSN Program Level Objectives   **Page 45**

Table 8: Areas of Concern and Action Plans for Standard III   **Page 68**

Table 9: BSN Data, Source, and Data Collection Process, and Expected Outcomes/Benchmarks   **Page 71**

Table 10: MSN Data, Source, and Data Collection Process and Expected Outcomes/Benchmarks   **Page 73**

Table 11: DNP Data, Source, and Data Collection Process and Expected Outcomes/Benchmarks   **Page 75**

Table 12: BSN Freshman Admission Characteristics   **Page 80**

Table 13: BSN Level Progression Fall 2007, Spring 2008, and Fall 2008   **Page 80**

Table 14: Pre-Licensure/Undergraduate Attrition   **Page 81**

Table 15: Pre-Licensure/African-American Attrition   **Page 81**

Table 16: Average Term to Complete RN-BSN Options Program   **Page 81**

Table 17: BSN Graduation Statistics   **Page 82**

Table 18: BSN Comprehensive Exam Pass Rates by Term of Graduation   **Page 82**

Table 19: NCLEX-RN® Pass Rates for the Last Three Academic Years   **Page 82**

Table 20: Graduates Reporting Employment at Time of Graduation   **Page 83**

Table 21: MSN Attrition   **Page 84**

Table 22: MSN Graduation   **Page 85**

Table 23: BSN Quality Improvement (QI) Program Improvement from Evaluative Data   **Page 88**

Table 24: MSN Quality Improvement (QI) Program Improvement from Evaluative Data   **Page 90**

Table 25: DNP Improvement (QI) Program Improvement from Evaluative Data   **Page 93**

Table 26: DNP Program Admissions   **Page 94**

Table 27: DNP Graduation   **Page 94**

Table 28: Number & Percent of Faculty who as Fellows in American Academy of Nursing   **Page 95**

Table 29: Number & Percent of Faculty Holding Active NIH R01 Grants   **Page 95**

Table 30: Areas of Concern and Action Plans for Standard IV   **Page 96**
APPENDICES

Appendix 1: University of Pittsburgh Organization Chart
Appendix 2: Schools of Health Sciences Organization Chart
Appendix 3: School of Nursing Organization Chart
Appendix 4: Primary Standards and Guidelines Used to Achieve Stated Student Outcomes in Key Element I-A
Appendix 5: Five Year Strategic Plan and Annual Operating Strategic Plans
Appendix 6: Master’s Program Objectives prior to October 27, 2008
Appendix 7: Evaluation Plan for Quality Improvement
Appendix 8: Proposed Evaluation Feedback Loop
Appendix 9: Standing Committees: Purpose, and Membership
Appendix 10: Formal Complaint Summary
Appendix 11: Capital Improvement Summary Since 2000
Appendix 12: Scholarship Opportunities for Minorities
Appendix 13: Comparison of University of Pittsburgh School of Nursing Salary Data to Nursing Salaries Nationally
Appendix 14: Examples of Undergraduate Involvement in Research Studies
Appendix 15: Faculty Profile Summary
Appendix 16: BSN Traditional 4-Year Curriculum (Plan of Study)
Appendix 17: Prerequisites for Accelerated 2nd Degree Track
Appendix 18: Accelerated 2nd Degree Curriculum (Plan of Study)
Appendix 19: RN-Options Curriculum (Plan of Study)
Appendix 20: Master’s Core Curriculum
Appendices 21-34: Master’s Majors/Concentrations Specialty Curricula (Plans of Study)
Appendix 35-44: DNP Majors/Concentrations Specialty Curricula
Appendix 45: Evaluation of BSN Student Performance
Appendix 46: Sample letter to BSN Student Advisors
Appendix 47: HESI Score Analysis 2008 (BSN Comprehensive Exam Analysis Report)
Appendix 48: MSN Comprehensive and Specialty Exam Pass Rates
Appendix 49: MSN Certification Pass Rates
Appendix 50: National Task Force on Quality Nurse Practitioner Education’s (NTF) Criteria for Evaluation of Nurse Practitioner Programs
Appendix 51: University of Pittsburgh School of Nursing Undergraduate Bulletin, Graduate and Professional Bulletin, and Johnstown branch campus Bulletin:
Introduction

The University of Pittsburgh and the University of Pittsburgh School of Nursing have each made notable progress since the last Commission On Collegiate Nursing Education (CCNE) site visit in 1999. The University, under the dynamic leadership of Chancellor Mark A. Nordenberg, has a reputation as a world-class public research university while still maintaining a reputation for excellence in teaching. School progress under the leadership of Dean Jacqueline Dunbar-Jacob mirrors that of the University as the number of applicants continues to increase, better-qualified students are enrolling, and research support continues to grow. Today, the University of Pittsburgh School of Nursing is ranked 5th in National Institutes of Health (NIH) research funding and 7th overall in graduate education by U. S. News and World Report America’s Best Graduate Schools, while Academic Analytics’ Faculty Scholarly Productivity Ranking™ of the Top Performing Individual Programs for 2006-07 places the School of Nursing 8th in the nation.

The board of trustees, the faculty, staff, and administration are committed to making the University of Pittsburgh one of the nation’s preeminent research universities—an institution that provides high-quality undergraduate and superior graduate programs; is engaged in research, artistic, and scholarly activities advancing knowledge and transference of that knowledge in science, technology, and health care; offers continuing education programs; and relates to the surrounding community. The School of Nursing shares this commitment and, as this self-study demonstrates, is succeeding in meeting it to the fullest extent. (Resource Room: Periodic Review Report to the Middle States Association Commission on Higher Education by the University of Pittsburgh, June 2007. See also University Fact Books: http://www.ir.pitt.edu/factbook/)

University History and Locations

The University of Pittsburgh of the Commonwealth System of Higher Education is a nonsectarian, coeducational, state-related, public research university made up of five campuses located throughout western Pennsylvania. The Pittsburgh campus in Oakland is located in the cultural and medical center of Pittsburgh within an hour’s commuting distance for the metropolitan area’s 2.4 million people. The Johnstown campus, a four-year undergraduate college in Cambria County, serves the region at the foothills of the Allegheny Mountains. The Bradford campus, a four-year undergraduate college located in the Allegheny Mountains at the Pennsylvania-New York border, serves the predominantly rural areas of western Pennsylvania and western New York. The Greensburg campus is a four-year undergraduate college located east of Pittsburgh that serves Westmoreland County and the eastern Pittsburgh areas. The Titusville campus is a two-year college located in northwestern Pennsylvania.

One of the top public research universities in the nation, the University of Pittsburgh was founded as The Pittsburgh Academy in 1787, the year the United States Constitution was adopted, and located in a log cabin in the Pennsylvania wilderness near the head of the Ohio River. Thirty-two years later, the Pittsburgh Academy became the Western University of Pittsburgh. In 1908, the school moved to a new, much larger location in Pittsburgh’s Oakland neighborhood and changed its name to the University of Pittsburgh. The first graduate degree was conferred in 1836 and the first doctoral program was developed in 1884. A private institution for most of its past, the University of Pittsburgh became state-related in 1966, establishing a relationship with the Commonwealth of Pennsylvania that continues to benefit both partners. Today, the University of Pittsburgh is an elected member of the
Association of American Universities and is ranked sixth nationally among public research universities, according to The Center for Measuring University Performance (CMUP). As of federal FY 2006, the University was ranked 7th nationally among all universities in NIH dollars funded ($447 million after Harvard, Johns Hopkins, University of Pennsylvania, University of California at San Francisco, and University of Washington), and 4th in the number of NIH grants awarded, trailing only Harvard, Johns Hopkins, and University of Pennsylvania.

Moreover, successful Pitt proposals accounted for nearly $427 million of the $25.4 billion awarded by the National Science Foundation, according to the most recently available figures. Joining Pitt in the top 10 are Johns Hopkins University, the University of Washington, the University of Michigan, the University of Pennsylvania, the University of California at Los Angeles, Duke University, Columbia University, Stanford University, and the University of California at San Francisco. (Resource Room: CMUP report.)

**University Environmental Assessment**

The CMUP 2007 annual report noted the challenges top public research universities face today such as competition with private institutions and national competition in general (not simply local or regional) for faculty, staff, and funding; budgetary competition with non-educational sectors; public opposition to revenue increases; and increasing demands for taxpayer control. CMUP also noted a shift to reinvestment in higher education as a mechanism to drive economic development. While Pennsylvania lags in exploiting the possibilities this model offers, the University and the school are strongly situated and taking advantage of the elements driving these opportunities where they exist, capitalizing on research, technological development, and occupationally-focused education and training, among other factors. The recent economic downturn is impacting the University of Pittsburgh as it is all universities. However, through the strength of the University’s strategic and budgetary planning, plans are in process to minimize negative effects of the current economic environment.

**University Governance**

The University is governed by a Board of Trustees, and led by its chief executive officer, Chancellor Nordenberg.

Under the Charter and Bylaws of the University, the board is responsible for advancing the purposes of the University; promoting and protecting its independence, academic freedom, and integrity; and enhancing and preserving its assets for the benefit of future generations of students and society at large. The trustees bear responsibility for the financial and academic development of the University, for overseeing the management of its resources, and for ensuring that the University meets its obligations to the Commonwealth of Pennsylvania and to society generally. The board delegates general administrative, academic, and management authority to the chancellor. The board retains ultimate responsibility for all University affairs, however, and reserves its authority directly in at least three areas: selection of a chancellor; approval of major institutional policies, particularly those related to the fiduciary responsibilities of the board; and definition of the mission and goals of the University.

The board is composed of thirty-six voting members consisting of the chancellor; seventeen term trustees elected by the board; six alumni trustees elected by the board from nominees provided by the University Alumni Association Board of Directors; and twelve Commonwealth trustees, four each appointed by the governor, the president pro tempore of the senate, and the speaker of the house. Much of the work of the board is carried out in
committees and sub-committees, and many of these committees include faculty, staff, and students as non-voting representatives. There is a sub-committee specifically for the health sciences.

Chancellor Nordenberg appoints the senior administrative and academic leadership team. He appoints deans of all non-health sciences divisions upon recommendation of the provost; deans in the schools of the health sciences are appointed in conjunction with the senior vice chancellor for the health sciences (the provost guides matters that are purely academic while the senior vice chancellor oversees matters specifically related to health care). All appointments are subject to confirmation by the board. All deans throughout the University, including the health sciences, belong to the council of deans which meets monthly with the provost.

The University has fifteen major divisions and four regional campuses described above. The divisions are: School of Arts and Sciences (including the College of General Studies); the Joseph M. Katz Graduate School of Business; School of Education; the John A. Swanson School of Engineering; School of Law; Graduate School of Public and International Affairs; School of Social Work; School of Information Sciences; University Honors College; and the schools of the health sciences, consisting of: School of Dental Medicine; School of Health and Rehabilitation Sciences; School of Medicine; School of Nursing; School of Pharmacy; and the Graduate School of Public Health. (*Bulletins and descriptive material for each school and campus are available online through the University’s main Web site: www.pitt.edu.*

**Organization of the University and Relationship to the University of Pittsburgh Medical Center (UPMC)** (See Appendix 1: University Organization Chart and Appendix 2: Schools of the Health Sciences Organization Chart)

Schools and colleges within the University have parallel administrative structures modified to each situation and covering academic affairs, student services, finance, alumni affairs, and information technology. Each school is assigned a development officer who reports to the University’s Office of Institutional Advancement. Since 2003, the University of Pittsburgh and the University of Pittsburgh Medical Center (UPMC) have maintained a unified fundraising organization. Potential donors can come to one source instead of several different development offices to identify the range of philanthropic possibilities open to them. The Medical and Health Sciences Foundation raises philanthropic funds on behalf of the University of Pittsburgh’s schools of the health sciences and UPMC; as with the other health sciences units, the School of Nursing’s director of development reports to the president of the foundation.

The University has a strong relationship with UPMC. UPMC is a separate corporate body; the university has a set number of seats on the UPMC board and UPMC has set representation on the University board. The dean of the School of Nursing is a University appointee to the board of the academic health center hospitals – Presbyterian, Montefiore, Shadyside, and Western Psychiatric Institute and Clinics. UPMC provides negotiated financial support to the health sciences, including the School of Nursing through a variety of mechanisms such as loaned faculty. UPMC’s chief nursing officer is an *ex officio* member of the School of Nursing’s dean’s council, and the dean of the School of Nursing in turn sits on the CNO’s UPMC leadership council.

**University of Pittsburgh Accreditation and Memberships**

The University is accredited by the Middle States Association of Colleges and Schools, the major accrediting body for institutions of higher education in the mid-Atlantic region. Professional schools hold accreditations from
their relevant professional associations as required. The University is a member of the Association of American Universities, the American Council on Education, as well as other national, regional, and specialty organizations.

**History of the University of Pittsburgh School of Nursing**

Founded in 1939 under the leadership of Dean Ruth Perkins Kuehn (1939-1961), the University of Pittsburgh School of Nursing educates nurses for increasingly demanding roles through a comprehensive curriculum that combines rigorous academic work with varied and intensive clinical experiences and an extensive and growing involvement in research. The first students enrolled in 1940, and through an intensive three year course of study including summers, graduated in 1943. The first continuing education workshop was offered in 1941. Also in 1941, School of Nursing received part of a $1.2 million grant from the Nursing and National Defense Act to provide funding for the Army Cadet Nurse Program in response to the demand for nurses during World War II. The first African American and first foreign students were admitted in 1944, and the first male student was admitted in 1946. A Doctor of Philosophy (PhD) program began in 1954 and the first PhD degree was conferred in 1957; a clinical PhD in pediatric and maternity nursing was added in 1963. A consolidated master’s degree (MNEd) was offered beginning in 1959 with majors in the clinical fields of maternity nursing, nursing care of children, and psychiatric nursing. Beginning in 1968, all undergraduate students received the Bachelor of Science in Nursing degree (BSN) (some had been receiving a BSNEd). That same year the first oncology clinical nursing specialist program in the country was established, and a doctorate in nursing education was added.

Today the School offers the baccalaureate degree on three tracks (traditional, Accelerated 2nd Degree, and RN Options), the master’s in four majors and thirteen areas of concentration, the Doctor of Nursing Practice (DNP) in four majors and ten concentrations, and the PhD, and post-master’s certificates in eight areas.

Research began at the School in the early 1950s with funding from the Pittsburgh-based Sarah Mellon Foundation for three studies, and nursing faculty were involved in Jonas Salk’s breakthrough polio research during the same period. Faculty research began to accelerate in the 1980s with a new emphasis on recruiting faculty with doctoral degrees and shifting the focus of the doctoral program from clinical to new-knowledge-based research.

To enable faculty research, a director of nursing research was appointed in 1981 to assist faculty in developing pilot studies and to obtain funding. The Office of Nursing Research was reorganized as the Center for Nursing Research (CNR) in 1987 under the leadership of now-Dean Jacqueline Dunbar-Jacob. In 1989, funds for one of the first of two Exploratory Centers for Research in chronic care in the nation were awarded by the NIH National Institute of Nursing Research [NINR] to the School of Nursing. By the 1990s, the school held a sixth-place ranking in NIH research funding; in 1992 research award funding surpassed one million dollars for the first time; the NINR designated the School of Nursing as a Nursing Research Intensive Environment in 1993; and in 1994 the School of Nursing received one of the first of five P30 Center grants for research in chronic disorders. By 1995, external research funding surpassed two million dollars. Today, the NIH places the University of Pittsburgh School of Nursing third in the number of awards received and fifth in the total dollars received among schools of nursing – the 11th consecutive year in the top ten.

The Learning Resources Center was created in 1981 to provide technical and educational support for students, faculty and staff. Known as the Center for Innovation in Clinical Learning (CICL) since the 2007-08 academic year and greatly expanded, it offers state-of-the-art technology services described more fully in Key Element II-B.
In 2001, the School of Nursing established the first genome lab housed in a university school of nursing, and the School of Nursing was the first school of nursing nation-wide to require students to take a full semester course in genetics beginning in spring 2001.

The School of Nursing saw a significant jump in enrollment after the closing of the Presbyterian University Hospital School of Nursing in 1972. In 1977, the School of Nursing consolidated operations into the Victoria Building thanks to a major capital initiative, and the school is still located there today, albeit with many changes and upgrades over time including since the last site visit.

An outstanding achievement of the school prior to the last visit was the establishment in 1995 of the first Distinguished Clinical Scholar Endowment in the nation at a school of nursing. The first awards were made in academic year 2002-03, and, as of June 30, 2008, the endowment exceeded $1 million. To date, five faculty members have benefited from the fund (see 2008 annual report for details).

Several acting deans led the school after Dean Kuehn’s retirement in 1961, until Marguerite Schaefer’s permanent appointment in 1966; she served in that capacity until 1973. Enid D. Goldberg served from 1973-1991; and Ellen B. Rudy from 1991-2001. Jacqueline Dunbar-Jacob became dean in 2001 and has led the school to its current ranking as 7th among schools of nursing graduate programs, according to U.S. News and World Report’s America’s Best Graduate Schools.

Accreditation

The baccalaureate and master’s programs are accredited by the Collegiate Commission on Nursing Education (CCNE), One Dupont Circle, NW, Suite 530, Washington, DC 20036-1120 through 12/31/09. The master’s and DNP in nursing anesthesia accredited by American Association of Nurse Anesthetists through October 2009.

The pediatric nurse practitioner area of concentration has been recognized by the Pediatric Nursing Certification Board through 12/31/09.

The doctor of nursing practice will be reviewed for the first time by CCNE during this site visit. Individual concentrations meet specialty guidelines and standards as necessary. The school is reviewed by the Pennsylvania State Board of Nursing through the submission of annual reports documenting the school’s activities.

Organization of the School (See Appendix 3: School of Nursing Organization Chart)

Organizational units provide functional support to the BSN, MSN, DNP and PhD programs, as well as to the overall mission and goals of the School of Nursing. The School of Nursing Organization Chart shown in Appendix 3 depicts the positions and reporting relationships of the dean, three associate deans, one assistant dean, three department chairs, and five directors. (Position descriptions are available in the Resource Room.)

Programs on the Regional Campuses

The RN Options nursing curriculum at University of Pittsburgh at Johnstown campus (UPJ) is an off-site offering of the University of Pittsburgh undergraduate program. Students on the UPJ campus follow the same curriculum as students on the main campus. The faculty are interviewed and selected jointly with University of Pittsburgh School of Nursing and UPJ. They are hired into UPJ faculty lines and supervised jointly by University of Pittsburgh and UPJ. UPJ nursing students are only in the RN Options track and interact with UPJ; in their last term, students’ records are transferred to the University of Pittsburgh at its main campus in Oakland.
Master’s level courses are offered via distance education at University of Pittsburgh at Johnstown, University of Pittsburgh at Bradford, and for students residing in those areas who are enrolled in the master’s program at the School of Nursing at University of Pittsburgh’s main campus. It is anticipated that the RN Options track will expand to the University of Pittsburgh at Greensburg and it will also be offered at the University of Pittsburgh at Titusville campus. Discussions began in spring 2008 to add the traditional four-year undergraduate curriculum to the Johnstown campus as well as to broadly expand baccalaureate-and-higher nursing programs to other University of Pittsburgh campuses under the leadership of the School of Nursing. Given the nursing shortage in general and Governor Rendell’s commitment to funding rural initiatives across Pennsylvania, there is optimism throughout the University system at this opportunity. As of this writing, the University is in the process of formalizing the relationship of the main Oakland campus with the regional campuses to expand and clarify offerings at the regional campuses.
Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

The mission, goals, and expected aggregate student and faculty 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 student outcomes are congruent with those of the parent institution and consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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

The program identifies the professional nursing standards and guidelines it uses, including those required by CCNE and any additional program-selected guidelines. A program preparing students for specialty certification incorporates professional standards and guidelines appropriate to the specialty area. A program may select additional standards and guidelines (e.g., state regulatory requirements), as appropriate. Compliance with required and program-selected professional nursing standards and guidelines is clearly evident in the program.

Program Response:

The mission, goals, and expected student outcomes of the School of Nursing and the University are congruent and accessible to current and prospective students through the University Bulletin, the University Fact Book, and both the University and the School of Nursing Web sites. In addition, the missions are displayed prominently in the lobby of the School of Nursing in the Victoria Building. (See Appendix 51: University of Pittsburgh School of Nursing Undergraduate, Graduate and Professional and Johnstown campus Bulletin).

Per Policy 431, The School of Nursing Dean’s Council, in collaboration with the School of Nursing’s Total Faculty, reviews the School of Nursing mission statement every 3 years. It is reviewed to reflect congruency with the University’s mission and to reflect the professional nurse standards and guidelines, and consider the needs and expectations of the community of interest. The School of Nursing mission statement was last reviewed and approved in 2005.
The program goals are congruent with relevant professional nursing standards and guidelines for the preparation of nursing professionals; the school uses the three required Essentials, and the required nurse practitioner National Organization of Nurse Practitioner Faculties (NONPF) and National Task Force on Quality Nurse Practitioner Education (NTF) guidelines (Appendix 50: NTF Criteria for Evaluation of Nurse Practitioner Programs) as well as other advanced practice standards and guidelines as listed in Appendix 4: Primary Standards and Guidelines Used to Achieve Stated Student Outcomes in Key Element I-A. (copies of all guidelines and advanced practice standards cited are available in the Resource Room). Faculty members determine congruence with standards and guidelines through a series of rigorous evaluative steps aimed at continuous program quality improvement and discussed in Key Element I-B below.

The School of Nursing further defines strategic goals and objectives in a formal 5-year strategic plan, which is reviewed and revised annually. An operational plan is devised for each year. The initial review and revision is the responsibility of the School of Nursing Planning and Budgeting committee. The plan is formally approved by the School of Nursing Total Faculty Organization. See Appendix 5: Five Year Strategic Plan & Operating Strategic Plans.

For a comparison of the school and University missions, along with expected outcomes at the three program levels (BSN, MSN, DNP), see Table 1 below. Goals (expected outcomes) at each degree level are consistent with the University and school missions and AACN standards, and are clearly differentiated by level; programs incorporate standards and guidelines as relevant to individual majors and concentrations.

**TABLE 1: Summary of the University and School's Missions and Expected Outcomes of School of Nursing Programs**

<table>
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<th>University of Pittsburgh Mission</th>
<th>School of Nursing Mission</th>
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</thead>
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<td>Advance teaching, research, and public service. This three-part commitment enables the University to serve others by (a) educating diverse students from the region, the nation, and the world; (b) expanding boundaries of knowledge, discovery, and technology; and (c) enhancing quality of life in the western Pennsylvania region and beyond</td>
<td>(a) Provide high quality undergraduate education in nursing; (b) develop superior graduate programs in nursing that respond to the needs of health care in general and nursing in particular within Pennsylvania, the nation, and the world; (c) engage in research and other scholarly activities that advance learning through the extension of the frontiers of knowledge in healthcare; (d) cooperate with healthcare, governmental, and related</td>
<td>BSN Program Objectives</td>
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<td>1) Synthesize knowledge from nursing, biophysical, and social sciences in the practice of professional nursing across the life span</td>
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<td>2) Demonstrate competency in critical thinking and collaborative decision making in the use of the nursing process to address complex health problems and outcomes at the individual, family, and aggregate levels</td>
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<td>3) Intervene therapeutically to promote, maintain and/or restore the health of individuals, families and aggregates</td>
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<td>4) Manage nursing care for groups of individuals in consultation with the inter-</td>
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Institutions to transfer knowledge in health sciences and health care; (e) offer continuing education programs adapted to the professional upgrading and career advancement interests and needs of nurses in Pennsylvania; and, (f) 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.

Professional team

5. Design health education interventions at the individual, family, and aggregate levels
6. Synthesize research findings, clinical evidence and patient values and preferences, and evaluate their applicability for translation into practice with individuals, families, groups and communities.
7. Demonstrate professional behaviors in the safe and ethical practice of nursing of individuals, families, and aggregates
8. Demonstrate effective communication skills with individuals, families, groups, and inter-professional team members, and faculty
9. Demonstrate a leadership role in promoting cultural competence in interactions with peers and others as well as with individuals, families, and aggregates
10. Demonstrate competence in the use of clinical information, population-based data, and health care technology in nursing practice with individuals, families, and aggregates

**MSN Program and Objectives**

The purpose of the master’s program is to provide an organized sequential plan of study that leads to preparation as an advanced practice nurse or in a specialized role. This purpose is fulfilled through:

1. Preparation in advanced nursing practice or in a specialized role
2. Preparation in research methods and skills
3. Provision of a foundation for further study at the doctoral level

The graduate of the master’s program will:

1. Demonstrate mastery of advanced knowledge and skills in a specialty area of advanced practice nursing or in a specialized role.
2. Critically evaluate knowledge and theories from nursing and other disciplines for their contribution to nursing practice.
3. Demonstrate the ability to use the steps of evidence-based practice to develop clinical practice guidelines and design projects to improve health care delivery.
4. Initiate collaborative relationships with other health professionals to ensure quality care to the patient/client and to mobilize health and social resources for individuals, families, groups, and communities.
5. Demonstrate leadership activities to advance the profession of nursing.
6. Critically evaluate issues relative to nursing practice and health care in light of scientific knowledge and personal and societal values.
7. Formulate and implement plans for individual professional development
8. Demonstrate ability to communicate ideas both orally and in written form in an articulate, literate, and organized manner.

(Wording adopted by total faculty October 27, 2008; prior language in Appendix 6: Master’s Program Objectives.)

**DNP Purpose and Program Objectives**

Utilize the research process and advanced
<table>
<thead>
<tr>
<th>I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect: professional nursing standards and guidelines; and the needs and expectations of the community of interest.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.</td>
</tr>
<tr>
<td>Program Response: (See academic evaluation plans, and quality improvement reports as well as the strategic plan included with the annual reports, as documentation for this section. These are available in the Resource Room.)</td>
</tr>
<tr>
<td>Following the Commission on Collegiate Nursing Education (CCNE) previous visit to the University of</td>
</tr>
</tbody>
</table>
Pittsburgh School of Nursing in 1999, the evaluation steering committee revised the University of Pittsburgh School of Nursing evaluation plan to encompass and guide a quality improvement process, rather than continue to direct the annual collection of evaluative data. The evaluation plan was re-organized during a two-day evaluation retreat in summer 2005, and is hereafter known as the School of Nursing Evaluation Plan for Quality Improvement (School of Nursing EPQI). (See Appendix 7: Evaluation Plan for Quality Improvement). The plan reflects CCNE Standards I through IV with the evaluation and subsequent quality improvement process delineated through categories of: 1) element, 2) data source(s)/contacts, 3) review activities, 4) evaluation, 5) recommendation(s), and 6) action(s). This change to the plan from a list of evaluative tasks to a quality improvement process was reinforced through a one-day faculty retreat outlining the process of continuous quality improvement. Over time, the Evaluation Steering Committee has structured its work according to Standards I through IV, with committee partner members assigned a specific Standard for the year, sharing the ongoing assessment and assuring the quality improvement process for the individual elements of specific Standard.

In summary, the University of Pittsburgh School of Nursing has integrated the concept of quality improvement, rather than the collection of evaluation data into its evaluation plan and subsequent activities. This shift in focus has resulted in an environment of positive quality improvement. (See Appendix 8: Proposed Evaluation Feedback Loop)

Community of Interest

The School of Nursing defines its community of interest as faculty, students, staff, alumni, employers, preceptors, various advisory boards and committees, Board of Visitors, the other schools of the health sciences, members of other areas of the University, CNOs of health care facilities, and clinician educators from other institutions. The community of interest is part of the review and revision process either through mechanisms described above or through other activities such as those described more fully in Key Element III-E and Standard IV. (Meeting minutes for the various committees and advisory boards are available on the School of Nursing Intranet and in the Resource Room.)

I-C. Expected faculty outcomes in teaching, scholarship, service, and practice are congruent with the mission, goals, and expected student outcomes.

Elaboration: Expected faculty outcomes are clearly identified by the nursing unit, are written, and are communicated to the faculty. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

Members of the faculty are expected to engage in teaching, scholarship, service and practice according to their appointment in the tenure or non-tenure stream and according to their particular level (instructor, assistant, associate, full professor). Further, faculty are expected to meet the criteria of the State Board of Nursing and of the National Task Force on Quality Nurse Practitioner Education (NTF), as appropriate. (See Appendix 50: NTF Criteria for Evaluation of Nurse Practitioner Programs). Supporting materials for NTF will be in Resources Room. Specific expectations for individuals are communicated orally and in writing upon hiring. Overall expectations of faculty regarding teaching, scholarly productivity and service are clearly identified, accessible to all faculty via the School of Nursing Intranet, and congruent with those of the University which are accessible on the University provost’s Web site (http://www.provost.pitt.edu/leadership-in/faculty.html). To assure individual faculty outcomes are
congruent with the mission, goals, and expected student outcomes of the School of Nursing and the University of Pittsburgh, new faculty members participate in a series of School of Nursing orientation sessions throughout their first year of employment (orientation workbook available in the Resource Room). Each faculty member also undergoes annual merit review conducted by the department chairs to gauge performance and identify any necessary corrective measures. Various evaluation tools are used to determine whether goals congruent with those of the school and University have been met; these are clearly communicated to the faculty by their department chairs and posted on the school’s Intranet. (Guidelines for faculty appointment and promotions, merit review guidelines, and examples, etc. are available on the Intranet and will be available in the Resource Room.)

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

Elaboration: Roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and enable meaningful participation.

Program Response: (See Appendix 9: Standing Committees, Purpose, and Membership.)

Program governance is highly inclusive with faculty and students participating largely through a committee structure defined by the school’s bylaws. There are twelve standing committees with faculty represented on all of them; undergraduate and graduate students are represented on five. In addition, there are ad hoc committees such as the DNP implementation task force addressing specific issues; these are temporary advisory bodies appointed by the dean to make recommendations but not policy. (Committee minutes are posted on the Intranet as are by-laws; policies are available on the Web site: http://www.nursing.pitt.edu/policies.jsp. By-laws are also available as hardcopy in the Resource Room.

Undergraduate students have an advisory committee consulting directly with the dean. MSN and DNP students will have non-voting representation on MSN/DNP council beginning in AY 2008-09 (graduate student organizations have been so advised and asked to send representatives). Students also have a variety of student governance organizations through which they may make recommendations and inquiries, most notably the Nursing Student Association and the Graduate Student Organization.

Faculty and students on the regional campuses participate in program governance according to the guidelines of the campus on which they are registered. Faculty and students participating in distance education participate in program governance based upon the campus through which they are registered.

Faculty and students participate in the University of Pittsburgh’s governing structure as well. The University fosters an extensive strategic planning process driven by the University’s mission and academic values (see http://www.provost.pitt.edu/leadership-in/strategic-planning.html). At present, nursing faculty members are represented on 73% of University Senate standing committees; one member (Bernardo) is entering her second term as secretary. (A list of faculty who serve on University and school committees is listed in the annual reports available in the Resource Room; a list of student committee service is likewise available.)

I-E. Documents and publications are accurate. References to the program’s offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, tuition, and fees are accurate.

Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which
Program Response:

School of Nursing documents and publications accurately reflect program offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree completion requirements, licensure and/or certification exams, tuition and fees. The School and University Web sites contain relevant information for prospective and current students. Prospective students:
http://www.nursing.pitt.edu/students/prospective/index.jsp;
Current students: http://www.nursing.pitt.edu/students/index.jsp;
Tuition and fees: http://www.ir.pitt.edu/tuition/
University Bulletin: (http://www.bulletins.pitt.edu/)
The School of Nursing 2008 archived graduate bulletin is found:
http://www.bulletins.pitt.edu/archive/2008b/graduate/nursing.htm (also Appendix 51)
The School of Nursing 2008 archived undergrad nursing bulletin is found:
http://www.bulletins.pitt.edu/archive/2008b/undergrad/34-nursing.htm (also Appendix 51)

Prospective applicants are advised to check with the appropriate department/office before finalizing plans in order to provide for changes occurring between scheduled updates of the bulletins and the Web site. Applicants and current students are notified of changes in a variety of ways depending upon the circumstances, e.g., e-mail, telephone, Web site postings, total faculty meeting announcements, council meetings (minutes posted on the Intranet), annual reports, and so forth. (Resource Room: Advertising and promotional material available online and in the Resource Room during the team visit.)

The dean; associate dean for clinical education; the associate dean for student/alumni services and development; the associate dean for scientific and international affairs; and the assistant dean for administration have final responsibility for accuracy of materials posted in the University Bulletin and the University website. Department chairs, coordinators of the various academic concentrations, the director of student services, and the director of advancement and external relations have primary responsibility for maintaining accuracy of all informational material related to program curricula; the academic calendar; scholarships; tuition and fees; degree completion requirements; and policies relevant to student recruitment, admission, grading, and progression as they fall within each person’s purview. Policies are posted on the school’s Web site and on the Intranet at http://www.nursing.pitt.edu/policies.jsp.

I-F. Academic policies of the parent institution and the nursing program are congruent. These policies support achievement of the mission, goals, and expected student outcomes. These policies are fair, equitable, and published and are reviewed and revised as necessary to foster program improvement. These policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

Elaboration: Nursing faculty are involved in the development, review, and revision of academic program policies. Differences between the nursing program policies and those of the parent institution are identified and are in support of achievement of the program’s mission, goals, and expected student outcomes. Policies are written and communicated to relevant constituencies. Policies are implemented consistently. There is a defined process by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.
Program Response:

Bylaws and policies are available in the Resource Room; policies are available on the Web site at http://www.nursing.pitt.edu/policies.jsp; and the by-laws may be viewed on the Intranet.

Academic policies of the University and the School of Nursing are congruent and support achievement of the mission, goals, and expected student outcomes. As outlined in Appendix 9, the Bylaws and Policies Committee, which is chaired by a faculty member are each reviewed every 3 years to ensure continued congruence with the University and consistency with program mission, goals, and expected student outcomes. In addition, faculty coordinators of the area of concentration, as well as faculty committees of the school may request changes relevant to their areas of interest as needed. If a change to an existing policy or a new academic policy is proposed, it is sent to the Bylaws and Policies Committe for review and consistency with the University policies; the committee takes proposed changes or new policies to the appropriate academic council (BSN, MSN/DNP, or PhD), and departments for their input; the proposed policy is sent back to the committee for final editing and/or further discussion; and finally, it is presented to the total faculty for a decision.

I-G. There are established policies by which the nursing unit defines and reviews formal complaints.

Elaboration: The program’s definition of a formal complaint and the procedure for filing a complaint are communicated to relevant constituencies. The program follows its established policies/procedures for formal complaints.

Program Response:

A formal complaint is defined as any signed, written claim brought by a student alleging discriminatory, improper, or arbitrary treatment as outlined in the school’s administrative Policy 424 available on the school’s Web site (http://www.nursing.pitt.edu/docs/policies/administrative/424.pdf). Formal complaints involving a university policy must follow the official procedure according to established policies which include, but are not limited to: University of Pittsburgh Policy 07-07-04 (http://www.bc.pitt.edu/policies/policy/07/07-06-04.html), Sexual Harassment; University of Pittsburgh Policy 07-01-03 (http://www.bc.pitt.edu/policies/procedure/07/07-01-03.html), Nondiscrimination, Equal Opportunity, and Affirmative Action; and University of Pittsburgh Policy 02-03-02 (http://www.bc.pitt.edu/policies/policy/02/02-03-02.html), Guidelines on Academic Integrity – Student and Faculty Obligations and Hearing Procedures. Formal complaints involving an issue of academic integrity fall under the school’s Academic Policy 307, Academic Integrity: Student Obligations, and Policy 306, Academic Integrity: Faculty Obligations.

Documentation of complaints and their disposition are logged in a database and maintained as confidential and retained in the office of the dean for four years. The log includes the date the complaint was first formally submitted, the nature of the complaint, the steps taken to resolve the complaint, the school’s final decision regarding the complaint, and any other external actions initiated by the student to resolve the complaint. Complaints are handled by the associate dean for clinical education. The school considers the circumstances of each incident and consults with the University’s legal counsel on any matters warranting such advice. Issues that have arisen have been resolved by following these policies and resolution has come about either through adjudication before the Academic
Integrity Hearing Board or by direct intervention of the associate dean. (See Appendix 10: Formal Complaint Summary) (Log and policies available in the Resource Room.)

Areas of Strength for Standard I

- Clearly delineated School of Nursing philosophy, vision and mission and values are congruent with those of the University and consistent with professional standards and specialty guidelines.
- Decisions are made by faculty as a whole through the Total Faculty Organization. There is a defined process in place for periodic review and revision of the program’s mission, goals, and outcomes and a strong culture of review and assessment.
- Expectations of faculty in regard to teaching, scholarly productivity and service are clearly identified (see Guidelines for Faculty Appointment, Reappointment, Promotion and Tenure and Guidelines for Annual Merit Evaluation) accessible to all faculty via the School of Nursing Intranet (http://bravo.nursing.pitt.edu/secure/) and congruent with those of the University which are accessible on the University’s Web site (http://www.provost.pitt.edu/info/FacultyHandbook.pdf).
- Goals and expected program outcomes are written and easily accessible to current and prospective students via the School of Nursing Web site at each program level.
- Input from the community of interest is sought and analyzed to foster ongoing quality improvement of the program and to improve program outcomes.
- Roles and avenues for participation in faculty and student governance are clearly defined.
- Documents, publications and the Web site are regularly reviewed for accuracy.

Table 2. Areas of Concern and Action Plans for Standard I

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Action Plans</th>
</tr>
</thead>
<tbody>
<tr>
<td>Challenges presented by competing DNP and RN-BSN options locally and nationally with less rigor and lower standards.</td>
<td>Maintain standards, adhere to the Essentials at all levels as well as other specialty organization requirements, recruit nationally, disseminate information regarding the importance of rigor &amp; high standards, &amp; dialogue at the national level regarding the need for quality control. Maintain standards, market advantages of high quality programs, initiate a dialogue at the national level regarding the review and quality control in regard to accreditation of programs offering the DNP.</td>
</tr>
<tr>
<td>Determine how to meet the challenge of part-time graduate student schedules (primarily at the master’s level) in order to encourage more involvement in governance.</td>
<td>MSN/DNP Council has begun discussion of the issue and will seek input from students.</td>
</tr>
</tbody>
</table>
STANDARD II
PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

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

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

Elaboration: The budget enables achievement of the program’s mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected student and faculty outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching/learning) are sufficient to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s fiscal and physical resources. Review of fiscal and physical resources occurs and improvements are made as appropriate.

Program Response:

Budget
The budget enables achievement of the program’s mission, goals, and expected student and faculty outcomes. The budget also supports the development, implementation, and evaluation of the program. While budgets for the individual units in the University of Pittsburgh schools of the health sciences vary according to size and programmatic need, they are treated comparably regarding augmentations and reductions. Table 3 below presents the total spending for the School over the past 5 years, as well as the current year’s budget.

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</tr>
</thead>
<tbody>
<tr>
<td>Salaries</td>
<td>$8,382</td>
<td>$9,134</td>
<td>$9,856</td>
<td>$10,671</td>
<td>$11,087</td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>2,549</td>
<td>2,630</td>
<td>2,916</td>
<td>3,508</td>
<td>3,539</td>
</tr>
<tr>
<td>Subtotal Compensation</td>
<td>10,931</td>
<td>11,764</td>
<td>12,772</td>
<td>14,179</td>
<td>14,626</td>
</tr>
<tr>
<td>Travel and Business</td>
<td>350</td>
<td>499</td>
<td>588</td>
<td>621</td>
<td>697</td>
</tr>
<tr>
<td>Other*</td>
<td>3,986</td>
<td>0.06</td>
<td>3,558</td>
<td>3,969</td>
<td>4,219</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$15,267</td>
<td>$16,323</td>
<td>$16,918</td>
<td>$18,769</td>
<td>$19,542</td>
</tr>
</tbody>
</table>

* Excludes incoming funding transfers

The overarching guidelines for planning, budgeting, and review are set by the University through the Planning and Budgeting System found on University’s Web site (http://www.pitt.edu/~jdl1/PBSdoc.htm)
Under this system, individual units and departments within those units are given flexibility in assessing their needs and setting their budgets as they tie into University priorities and funding realities, especially as a public, state-related institution. The Commonwealth provided 32% of the University’s overall budget in the mid-1970s; by the time of CCNE’s last site visit in 1999, the appropriation had fallen to 16.2%. As of June 30, 2008, it was 11%, even though the Commonwealth’s own budget had increased by more than 40%.

The University has addressed this changing reality primarily through aggressive, successful fundraising. As one indicator, the Center for Measuring University Performance ranked the University of Pittsburgh 44th nationally in annual giving in 2006 among all research universities, and 21st among public institutions, up from 50th overall and 26th among public institutions in 2004, a notable increase (2006 represents the most recent year for which data are available).

In turn, since FY 2002, the University has maintained a tuition incentive plan returning 65% of net tuition earned above goals to the school. Consequently, the budget continues to adequately meet operating and capital needs. Annual adjustments to the budget include funds for employee salary increases and changes to the fringe benefits rates, and to address specific needs of the school. This program has enabled ongoing expansion of programs and targeted recruitment through financial aid. Capital funds have enabled upgrading and reconfiguring School of Nursing’s classrooms, labs, offices and student areas. (Appendix 11: Capital Improvement Summary since 2000)

Extramural funding available to the school includes gifts from friends and alumni, sponsored projects, and support from the University of Pittsburgh Medical Center (UPMC). At the time of the last site visit in 1999, the school had twenty-four endowed funds; it now has fifty-two, an increase of 116% as of June 30, 2008. Scholarship opportunities for minorities have increased 187% during the same time frame. (Appendix 12: Scholarship Opportunities for Minorities)

The National Institutes of Health ranks the University of Pittsburgh School of Nursing 5th in research support to the nation’s schools and colleges of nursing as of NIH’s 2007 fiscal year. In addition, the School of Nursing received support from the Department of Defense and the National Science Foundation. As of June 30, 2008, the total dollar amount of funded grants for University of Pittsburgh’s fiscal year 2007 was $8,961,349 (direct cost total of $7,002,429 and indirect cost total of $1,958,920). This total represents a 3.31% increase in total funding over fiscal year 2007, which was $8,674,026 [note if comparing to previous annual reports that certain amounts for 2007 have been restated to conform to the current year].

The School of Nursing is very proud to be the first school within the University to not only meet but exceed the first phase of the recent capital campaign. (See annual reports in the Resource Room and on the School of Nursing Intranet for full documentation of funding sources.)

**Compensation**

Compensation at the School of Nursing is competitive and designed to attract and retain nursing unit personnel. In addition to salary, the University of Pittsburgh offers an extensive and attractive benefits package. The School of Nursing 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. In addition, salaries as a whole in western Pennsylvania are lower as benchmarked against fourteen other cities using U. S. Labor Department data as reported
in the June 17, 2008 edition of the *Pittsburgh Post-Gazette*. Fortunately, as reported by the same paper on August 22, 2008, Pittsburgh remains “one of the most affordable regions among its peers,” and, as many sources have noted over the past several years, consistently scores high in “livability” factors. (Appendix 13: Comparison of University of Pittsburgh School of Nursing Salaries to Nursing Salaries Nationally)

**Physical Space, Equipment and Supplies**

The School of Nursing continues to occupy the Victoria Building (VB) on campus, which was constructed in 1976 to house the School of Nursing exclusively. Since the last site visit in 1999, the building has undergone numerous improvements to the educational space, the infrastructure, and technological components to support state-of-the-art pedagogy and research.

The building contains 1,166,458 square feet on five floors built over a multi-floor parking garage. Victoria houses teaching, research and administrative activities. Clinical experiences take place in a variety of off-campus settings, frequently at adjacent UPMC facilities and the University of Pittsburgh Peter M. Winter Institute for Simulation, Education and Research (WISER). These sites provide students with access to some of the nation’s—and indeed the world’s—finest clinical facilities and specialists. Following is a description of the physical space, equipment, and supplies provided in the Victoria Building.

**First Floor** (281,585 square feet): Located on the first floor are three lecture halls, nine classrooms, a clinical research suite, a student lounge area and a food cart adjacent to a dining and vending area. The classrooms have been renovated and enlarged in recent years to accommodate the increase in the student population within the various programs; all classrooms are equipped with state-of-the-art audio-visual equipment.

**Second Floor** (274,031 square feet): Housed on the second floor of the Victoria Building are two conventional classrooms, a conference-style classroom, a fully equipped and recently renovated anatomy and physiology/microbiology laboratory, a simulation lab, two student computer labs and a nursing skills laboratory. The classrooms and laboratories on this floor are equipped to deliver distance education.

Student support services are located on the second floor. These include the student services office and the Center for Innovation in Clinical Learning (CICL). Other departments on the floor include advancement and external relations (AER) and continuing education (CE). A student study lounge for PhD students consisting of two large areas with individual cubicle spaces assigned to each student; wireless internet connectivity; a kitchen area equipped with a microwave, refrigerator, eating space and mailboxes; and a study area furnished with sofas and chairs. A lounge for DNP students occupies a portion of the PhD area and will be expanded elsewhere as that program grows.

Two conference rooms, a multipurpose room used for events, classes and/or a student study area, a student video screening room, a server room and a student record room are also located on the second floor.

**Third Floor** (266,660 square feet): The third floor houses faculty, researchers, and administration including the office of the dean, the Center for Research and Evaluation (CRE), the Acute Tertiary Care Department (ATC), the Center for Research in Chronic Disorders (CRCD), two small computer labs for student use and for faculty to provide additional support to researchers, four conference rooms, and an exercise room.
Fourth Floor (278,629 square feet): The fourth floor houses the Health and Community Systems (HCS) and the Health, Promotion and Development (HPD) departments. Four research wet labs, a quiet room and a cold room containing one freezer, four conference rooms, the faculty/staff lounge, a student organization office, a patient research exam room, and the genomics laboratory are located on this floor.

Fifth Floor (65,553 square feet): The fifth floor contains the building’s mechanical systems and biobank facility capable of holding up to twenty freezers (there are currently 14). (The University maintains a service storage and workspace area on this floor as well.)

Office Size and Furnishings: The average faculty and staff office is approximately 9-by-14 feet. There are 165 private offices and twenty cubicle offices. Each is furnished with a desk, a computer table or credenza, one file cabinet, desk chair, side chair, and shelving which can be free standing or mounted on a wall. Special furniture requests can be made to accommodate individual needs. Each full-time faculty and staff member has use of a computer, printer, and telephone. Most full-time faculty and many staff have a private office. Part-time faculty share private offices or are housed in cubical space. Research projects are also housed in cubicles. Cubicle furnishings include a desk, file cabinet, computer table, a wall mounted storage unit, shelving, a computer, and telephone. Cubicles can be modified and furnished according to individual needs. Computers are upgraded routinely on a three-year cycle.

Equipment/Supplies: Generally, all departments are equipped with a photocopier and fax machine along with a refrigerator, microwave, and water cooler. A photocopy room with two photocopiers and a shredder is available for shared use. There are a total of twelve photocopiers in the school: ten for faculty and staff and two for student use. Other shredders are located on the fourth floor and in acute and tertiary care. The departments budget for and order supplies following school and University procedures for budgeting and purchasing.

Review Process

The school is part of the University planning and budget system review and evaluation process. The University planning and budgeting committee, a committee of faculty, staff, students, and administrators, develops budget parameters which are forwarded to the chancellor. These budget parameters define changes to tuition rates, the compensation pool, financial aid, and other non-compensation expenses. The chancellor, with active participation from the committee, then develops the University budget which is presented to the board of trustees for approval. These parameters serve as the basis for the school’s operating budget.

The School of Nursing conducts its own reviews and evaluations on an annual basis to examine its fiscal and physical resources. Improvements are made through a process beginning with the School’s Planning and Budgeting Committee whose purpose as mandated by the school’s by-laws (Article VI.1, Section 12.C-D; see Appendix 9 for committee composition) is to serve in an executive advisory capacity to the dean on all matters pertaining to strategic planning and budgetary decisions, and to evaluate and plan for the adequacy of resources. Annually, the committee reviews performance, financial, and personnel data and is able to bring forth resource issues to the dean for funding consideration. The committee drives the strategic planning process which further determines how resources are allocated. The University allocates a set amount of funding each year for the dean to use in equity adjustments once raises are determined.
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 (or not) by the dean.

Capital needs are reviewed on an ongoing basis by the building manager and departmental needs are brought forward throughout the year through any number of forums. For example, major changes were made to the anatomy/physiology/pathology lab in 2005 to expand and enhance the learning environment (a more detailed description follows in II-B). A second example is air conditioning upgrades made in 2008 to increase system efficiency, permit round-the-clock work by researchers, and create an optimal environment for freezers, data storage, and video research files.

Requests for capital funding are prioritized by the dean and submitted to the senior vice chancellor for the health sciences and University classroom committee for consideration. An ongoing review of building infrastructure is performed by the University of Pittsburgh department of facilities management. Needs not prioritized by the University for Capital expenditures are shared with potential donors. Through this mechanism, funds have been raised to significantly upgrade the nursing skills lab, the lobby, and the aforementioned anatomy/physiology/pathology lab, as well as to add a state-of-the-art “SimBaby. Most recently, grants have allowed the school to purchase equipment to expand distance education offerings.

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

Elaboration: Academic support services (e.g., library, technology, distance education support, research support, admission, and advising services) are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes. There is a defined process for regular review of the adequacy of the program’s academic support services. Review of academic support services occurs and improvements are made as appropriate.

Program Response:

Academic support services are sufficient to carry out the school’s mission and goals and to ensure expected student and faculty outcomes are met. They are commensurate with the resources of the University and other units of the health sciences. Review and improvement measures for each area are included with the service descriptions.

Library Services

As part of the University of Pittsburgh and its schools of the health sciences division, faculty and students of the School Of Nursing has access to extensive library holdings. The health sciences library system (HSLS), accessible at http://www.hsls.pitt.edu/, consists of three units, most housed in buildings within a short walk from the School of Nursing: Children’s Hospital Library, Falk Library, and UPMC Shadyside libraries. In 2007, HSLS contained 336,249 monograph volumes, 68,530 microform units, 2,609 audio materials, 5,007 film and video materials, and other miscellaneous matter. The HSLS performed 35,077 transactions or instruction sessions in 2007; journal requests are heavily subsidized by HSLS.

The School of Nursing is served by a liaison from the HSLS based in Falk Library, the system’s flagship library; she holds a secondary appointment in the school. The liaison provides orientation sessions and guest lectures for students and faculty, consultations on databases for undergraduate classes, mediated searches for faculty,
and answers to questions that arise. A School of Nursing faculty member serves on the Faculty Senate library committee (currently as vice-chair) and meets several times a year with the HSLS director to discuss library issues within the schools of the health sciences.

The Computer and Media Center in Falk Library is the primary health sciences facility and service point for audiovisual and microcomputer resources: HSLS Online (http://www.hsls.pitt.edu/) is the gateway to extensive electronic resources for clinical and research needs. (School of Nursing’s CICL also houses an extensive videotape library for clinical learning.)

Requests for new material are made through the HSLS Web site. Because material is accessed by departments throughout the schools of the health sciences and the rest of the University of Pittsburgh, it is budgeted by library rather than by school.

The University of Pittsburgh Library System (ULS), accessible at http://www.library.pitt.edu/, is administered separately and includes the main Hillman Library, a number of relevant specialty libraries such as the Langley Library (biological sciences and neuroscience) and the Chemistry Library, and libraries on the four regional campuses, including the Johnstown campus where the RN Options track and the MSN and DNP programs are available via distance education (students have full access to HSLS holdings as well). As of 2007, ULS contained 4,555,752 monograph volumes and performed 495,104 transactions or instruction sessions.

PITTCat, the University’s online library catalogue, provides access to materials held in both the HSLS and ULS, and currently contains information for more than five million titles. The ULS provides access to Zoom!, a comprehensive journal and magazine article discovery tool, as well as other online resources such as Web of Science, Science Direct, and Scopus in the physical sciences; PsycINFO, ERIC and Congressional Quarterly for the social sciences; Historical Abstracts, Philosopher’s Index and RILM Abstracts of Music Literature in the arts and humanities; and additional collections of article and newspaper databases from EBSCO, and Lexis-Nexis. These and hundreds of other online resources are available via the Pitt Digital Library at www.library.pitt.edu.

The University of Pittsburgh is a member of the Association of Research Libraries. Through membership in several Pennsylvania consortia of libraries (PALCI, PALINET, and the Oakland Library Consortium), cooperative borrowing arrangements are in place with other Pennsylvania institutions.

Technology

Room 219: Center for Innovation in Clinical Learning (CICL)

The CICL provides technological and educational support to the students, faculty and staff of the school. The department houses two computer labs, a quiet study area, videotape library and viewing area, simulation lab and a nursing skills lab (see lab descriptions below). In addition to providing distance education and technological support throughout the building, the CICL provides traditional instructional support for the classrooms. The CICL provides group seminars throughout the year on a variety of teaching and instructional topics, technical training, and individual training.

Room 227: Ellen Chaffee Anatomy & Physiology Lab

*Renovated in 2005 to offer state-of-the-art learning experiences for students*
A multimedia instructor’s bench transmits audio and video signals to each of the individual lab benches, multiple classrooms in the building, and remote locations via distance education technologies. Each student lab bench also houses a computer and a multi-purpose monitor. The monitors can receive input from the Internet as well any of the instructor’s equipment, such as computer, microscope, or cadaver camera so every student has a perfect sight-line to the instructor’s demonstration. The student’s monitor also displays the output from the Internet via the computer located at the student’s bench itself.

**Room 245: Ellen Chaffee Skills Lab**

The skills lab is equipped with 11 hospital bedside units, exam tables, 15 adult- and child-sized skills mannequins and a variety of task trainers, including a pelvic examination simulator and a virtual intravenous insertion simulator. Three bedside computer systems, new storage cabinets to house mannequins and other equipment, private exam space, and track partitions to divide the space as necessary are recent additions. The skills lab is used for a variety of hands-on teaching activities designed to develop specific psychomotor and assessment skills of increasing complexity.

**Simulation Labs**

The School of Nursing is a leader in offering human simulation experiences to facilitate full context learning within the graduate and undergraduate programs (freshman to senior). Simulation training gives students an opportunity to manage care during rare, emergent, and commonly encountered events and to perfect critical thinking in a simulated environment. Simulation is offered in two settings, the CICL (Room 249) and the Peter M. Winter Institute for Simulation Education and Research (WISER). The simulation labs at the school and WISER consist of both simulation theaters and control rooms. The theaters can be configured to resemble operating rooms, intensive care units, airway management training laboratories, emergency room trauma bays, ambulance/helicopter treatment areas, outdoor disaster scenes, or simpler patient exam rooms. In both sites, audio and video feed from the theater and control room can be distributed to multiple classrooms or sent via distance educational technologies to remote sites. In total, the School of Nursing and WISER facilities include 17 mannequin-based adult simulators, two pediatric, and one birthing simulator in addition to numerous task trainers, and 60 wireless classroom laptops; there are 13 state-of-the-art simulation theaters located in the 12,000-square-foot WISER facility.

In order to offer students training in multiple complex situations, SimBaby is a female; one of the two SimMan mannequins have female genitalia which can be switched; there is a METI high fidelity pelvic exam (female) simulator; ten or so full body mannequins are available for part-task training-trachs, wound care, etc.; MegaCode Man and MegaCode kid provide a hands-on approach in which trainees make vital decisions that have an immediate effect on the patient's condition; two auscultation torsos for heart and breath sounds aid in teaching stethoscope skills; and students hone other technical skills working with the eight-to-ten intubation heads (adults and children); two central line insertion torsos; and eight spinal/epidural models. While primarily configured as an operating room, Room 249 can be set up as an ICU, outdoor disaster area, emergency room, and so forth to model a variety of experiences for students.
Nursing classrooms are mostly equipped with state-of-the-art equipment including multimedia equipment, electronic computer connected white boards, video cameras, and distance education capabilities. Equipment operation and lighting are controlled by way of a built-in podium. From this podium an instructor can operate and control the equipment stored in the media closet, the ceiling mounted projector and the lighting. The three lecture halls are oversized and equipped with sound systems and microphones.

Distance Education

Distance education provides undergraduate level nursing curriculum using live video feeds to geographic locations that would otherwise not have access and gives students the opportunity to experience clinical settings throughout the country. Undergraduate distance sites have included Miami Children’s Hospital as well as multiple sites across Pennsylvania. Faculty participated in meetings throughout the country via this technology. Specific undergraduate courses such as Applied Pathophysiology for Clinical Practice (NUR 1610) required in the RN Options track are transmitted to the UPJ campus.

Distance education provides graduate level nursing curriculum using live video feeds to the Johnstown and Bradford campuses and gives students the opportunity to experience clinical settings throughout the country. Distance sites have included hospitals in Washington State and Michigan, as well as multiple sites across Pennsylvania. Faculty participated in meetings throughout the country via this technology, including doctoral dissertation defenses at other universities; it is anticipated DNP capstone projects will be monitored in the same manner as needed.

The CICL also arranges international live video feeds to share knowledge across borders at the undergraduate and graduate levels.

Research Support

Research is supported financially and in other ways within the University and school. Important examples include:

All new tenure stream assistant professors in the School of Nursing are allotted $10,000 in seed money to begin their research projects; one term in the first year is free of teaching and focused on research; and their teaching workload is reduced to one course per term until review for tenure.

Junior tenure stream faculty (as well as others) apply for internal School of Nursing funding for up to $16,000 through the School of Nursing’s Center for Research in Chronic Disorders (CRCD) and Center for Evaluation and Research (CRE). They can apply also for Central Research Development Funds (CRDF) from the Provost’s office, also.

The senior vice chancellor for the health sciences provides bridge funding for researchers between grants, English as Second Language (ESL) assistance in grant writing, and editorial services. This office also offers the Education and Certification Program in Research & Practice Fundamentals (RPF), an on-line education and certification program in the fundamentals of research.

The CRE offers statistical (five full-time statisticians) and budgetary consultation (pre- and post-grant award specialists), paid editorial assistance, workshops, and other resources to assist faculty in writing competitive applications.
The University shares a research incentive equivalent to the indirect costs (IDCs) recovered in excess of 50% of the full IDC rate and is distributed to the dean (25%), department (5%) and principal investigator (10%) to support research activities such as infrastructure and pilot work.

The School of Nursing maintains a Clinical Research Suite with private interview rooms, a conference room, waiting room, and examination/activity room with an adjacent observation room outfitted with a one-way mirror.

The Office of Enterprise Development of the University of Pittsburgh sponsors an annual “First Look” Technology Showcase poster session focusing exclusively on discoveries that have a high potential for commercialization. Each presenting scientist is paired with a business mentor to provide advice and guidance on presenting the technology as a business opportunity. For instance, in 2006, the data manager for the school’s CRCD and several NIH-funded grants, developed clinical trial management software that could be used by researchers in any setting. With University infrastructure, the software was copyrighted and commercialized through a company, Almedtrac, which Engberg now runs full-time.

The University of Pittsburgh Office of Technology Management provides faculty with various kinds of assistance. As an example, in 2006 the office helped pediatric nurse prepare a DVD for publication and distribution in association with the American Diabetes Association. *Reproductive-health Education and Awareness of Diabetes in Youth for Girls* (READY-Girls) is a self-instructional developmentally-appropriate, evidence-based educational and preconception counseling program (DVD and book) specifically for adolescents with type 1 and 2 diabetes. Content was validated through resource-identification, formal consensus of experts, and a focus group of diabetic teens for content, language, and presentation. READY-Girls presents the effects of diabetes on reproductive-health, puberty, sexuality, pregnancy, and practices skills for decision-making and communication related to this topic.

Quality improvement initiatives in research include:

ATC and HCS departments hold monthly mentoring meetings led by faculty and open to both tenure and non-tenure members actively engaged in research. Other small groups meet on a regular basis specific to areas of expertise, e.g., cancer, genetics, technology, and so forth.

HCS faculty developed a grid detailing example activities faculty should accomplish during the pre-tenure review phase.

The CRE revises the Research Methodology series each year to meet the needs of the research faculty.

The School of Nursing has instituted a mid-tenure review for all tenure stream faculty. The appointment, Reappointment, Promotion and Tenure Committee members review progress and letters from external evaluators, and make recommendations regarding progress. These letters are shared with the department chair who meets with the faculty to discuss accomplishments, areas for improvement, and strategies to attain goals.

Undergraduate students are supported to engage in research with faculty and funded to attend research meetings. (Appendix 14: Examples of undergraduate involvement in research studies)

The recruitment of Dr. Janice Dorman in 2004 as associate dean for scientific and international affairs added a faculty member with extensive experience in conducting research internationally.

*Student Services*
The School of Nursing maintains a fully-staffed student services department commensurate with other academic units of the University of Pittsburgh.

Admissions and Financial Aid

Admissions material is available through the University Bulletin (www.bulletin.pitt.edu) and on the School of Nursing Web site (www.nursing.pitt.edu) as well as in printed materials distributed in a variety of ways (career fairs, conferences, school visits, etc.).

Scholarships are available to incoming students at all levels, and student services advises incoming students on financial aid opportunities offered by the school or through the University Office of Admissions and Financial Aid. Some scholarships are targeted at specific populations, e.g., African Americans, disadvantaged students, students pursuing a particular program of study, and so forth, while others are open to all students.

Advising

As a result of a quality improvement initiative in 2008 responding to undergraduate student satisfaction with advisement, undergraduate advising is now done by three professionally trained advisors in student services. Freshman and sophomores were advised by student services, transitioning to faculty advisors in the junior year. As a transitional step, seniors in AY 2008-09 kept their faculty advisor and juniors continued with the advisors assigned to them as freshmen and sophomores. AY 2008-09 incoming freshman students were assigned to student services advisors prior to starting the program and will keep the same advisor until graduation.

Students receive the most up-to-date information available regarding the curriculum, policies, time management strategies, career opportunities, and the like. The advisors are also adept at recognizing symptoms and behaviors associated with poor academic performance and incorporate the most appropriate referrals to campus resources as part of an overall individual plan, which is devised for each student who is identified as “at risk”. This is a provost’s directive to identify potentially at risk students in the freshman year and prepare to assist them as necessary. Potentially at risk students are defined by the school as students who have English as a second language; students who combine work and going to school to support themselves in tuition and living expenses; minority students, especially men; first-generation college students; and students who fit in the work study as labeled by the Office of Admission and Financial Aid. The school monitors transfer students as appropriate and others who might fall into this category are identified as the term progresses. (Resource Room: Enrollment Management Committee - Academic Intervention Survey)

Recruitment

The School of Nursing recruitment effort, housed in the Student Services Office, is staffed by the Associate Director Student Services, Recruitment Coordinator, two Graduate Research Assistants and Student Workers who are members of the Student Services Department.

Undergraduate Recruitment - Recruitment of undergraduate students is centralized at the University of Pittsburgh. Therefore the School of Nursing actively participates in various Office of Admissions and Financial Aid (OAFA) events focusing on high school and transfer students. In addition the School of Nursing conducts an annual Open House each fall for prospective students and their families. To accommodate the large number of internal
students (predominately from Arts & Sciences) interested in transferring to the School of Nursing, weekly informational sessions are held to provide information about transfer process and to answer questions.

**Graduate Recruitment** - The major recruitment priorities focus on graduate programs are to:

1) Increase the Doctor of Philosophy in Nursing (PhD) program enrollment, targeting national and international students,
2) Increase Doctor of Nursing Practice (DNP) enrollment, emphasizing the post-master’s level DNP, targeting regional students,
3) Increase the Accelerated 2nd Degree BSN student enrollment, by doing aggressive follow-up on inquiries, and,
4) Increase the enrollment of admitted minority students through collaboration with organizations such as Pittsburgh Black Nurses in Action Group and the newly formed Office of Health Sciences Diversity.

The school participates in local as well as national recruitment events and/or conferences with an aim attracting prospective students looking for the graduate programs. These events are treated as information sessions and names, which form the inquiry database, of the interested candidates are collected and either a follow-up call and/or e-mail is done by the recruitment personnel. Faculty are encouraged to participate in the recruiting prospective students in the meetings or conferences that they attend.

The School and University also provide a number of enrichment activities aimed at students who excel and desire greater challenge in their academic environment. At the undergraduate level, this includes optional participation in the Out-of-Classroom Curriculum, Living/Learning Community, Nursing Student Association (NSA), Honors College, research projects, summer study, senior special topics, international study, and, for those who quality, bridge courses in the senior year to the master’s program. On the graduate level, students may take early level PhD courses, grant writing courses, minors in specific subject areas, teaching courses, and serve as fellows (Schweitzer Fellowship, Jewish Healthcare Foundation Nurse Navigator etc.).

Plans are underway to involve faculty on panel discussions where students will be given the opportunity to discuss nursing experiences from the faculty’s point of view. Students will be encouraged to ask questions pertaining to future careers, educational paths to advanced degrees, nursing research, and the like. In addition, faculty members wishing to mentor students are encouraged to inform the student services personnel. As an example, Transition into Professional Nursing Practice (NUR 1134) already has such panels.

Advisement for students in the MSN program is carried by faculty. A faculty advisor within the area of concentration is assigned to the student upon admission. The advisor – student match is retained throughout the student’s program of study. Regular meetings are scheduled between the student and the advisor appropriate to the program of study and the student’s unique circumstances. Faculty within the area of concentration hold monthly meetings to discuss student progression, share concerns, offer suggestions, and otherwise provide additional feedback for the student.

Advisement processes for the DNP student parallel those of the MSN students. A faculty advisor within the area of concentration is assigned to the student upon admission. The advisor – student match is retained throughout the student’s program of study. Regular meetings are scheduled between the student and the advisor
appropriate to the program of study and the student’s unique circumstances. Faculty within the area of concentration review student progression and develop any additional feedback for the student.

A career fair is held annually in November to bring prospective employers and both undergraduate and graduate students together, as well as to inform students about available graduate program options within the school.

In the 2001-02 academic year, the School of Nursing began offering to pay the fee for any senior student wishing to take the GRE in order to encourage pursuit of graduate studies. Fifty-eight students took the GRE paid for by the school in the first year this was offered, and 37 did so in AY 2008; the drop may be due to tightening economic conditions, although no hard data support that conclusion.

The School of Nursing is offering global health experiences for interested undergraduate and graduate students, for example:

- School of Nursing initiated a global health course to prepare students for international visits; the course was developed in consultation with the Office of International Studies (OIS) of the University. OIS provides consultation regarding new options for international visits and reviews proposals. Students visit the UPMC facility in Palermo, Sicily and the University of Basel, Switzerland.

- In 2008, two students in the MSN nurse anesthesia program accompanied Dr. Richard Henker to Cambodia on a visit sponsored by Health Volunteers Overseas. The opportunity continued in 2008-09 and was expanded to Bhutan.

- Efforts are underway to promote similar projects for other faculty and students elsewhere. For example, two PhD program students attended a research institute at the University of Basel, Switzerland funded by the University of Basel. The experience included presentations by School of Nursing faculty (Sereika, Happ).

**Recruitment of students from under-represented populations:**

In order to serve a multi-cultural patient population and in congruency with the mission of the University, the school seeks to enroll a diverse body of qualified students. The Diversity Committee provides advice to student services on diversity issues (see Appendix 9: Standing Committee Purpose And Membership), and also sponsors presentations on a wide range of topics addressing diversity issues.

At the time of both the last site visit in 1999 and the 2004 continuous improvement report, enrollment of African American students was approximately 4% (43 of 1066 in 2004); in fall 2008 African American student enrollment was only slightly higher (4.68% or 45/961), while the University remains around 7-8%. As of AY 2007-08, underrepresented minority groups as a whole constituted 8% of the school’s student body, while male students constituted 12.9%, the latter essentially unchanged over the past decade. (Resource Room: Diversity Steering and Working Group Committee Report.)

According to the latest available data (2006) from the Commonwealth of Pennsylvania, only 3.4% of nurses in the state were African American. Consequently, there are few role models for young people from this population potentially interested in a nursing career.

The school has developed excellent relationships with various African American organizations and alumni groups, which are serving as aids to recruitment. The school has added faculty from underrepresented groups, e.g., ethnic minorities and males, who in part serve as mentors and role models. In addition to efforts at the school level,
the schools of the health sciences are working jointly toward greater diversity through the Health Sciences Diversity Steering and Working Groups on which nursing is represented.

At the end of the academic year 2007-2008, the school collaborated with the senior vice chancellor’s office to revive the Chi Eta Phi chapter by supporting students to become members. Working with the University Office of Admissions and Financial Aid, prospective undergraduate minority students are targeted and receive special contact, e.g., letters signed by the president of the Pittsburgh Black Nurses in Action organization. The school participates in school district career fairs, holds open houses, involves undergraduate minority students in writing pecards and/or letters to the admitted minority students, and encourages admitted students to take positions as student workers with the research faculty.

At the graduate level, in addition to standard recruitment procedures such as informational sessions, school representatives attend conferences that have diverse participation, and target those students who have not yet entered the labor market as these students are most likely to be interested in going on to graduate studies.

As noted earlier, the school has increased scholarship funds targeted to minority students by 187% since the last site visit, and, while the School of Nursing recruits nationally, there are new opportunities to attract area undergraduate students thanks to initiatives guaranteeing qualifying Pittsburgh public school graduates college financial aid. The proposed expansion of nursing options on the regional campuses may also help in recruit underrepresented students at both the undergraduate and graduate levels.

Through a combination of efforts, the school is striving to better inform potential students of the preparation necessary for a successful nursing career, to make a nursing education affordable for qualified students, and to retain current students by helping them achieve success.

**Review**

In order to review and evaluate the above areas, data are collected by all components of the school and evaluated as described in I-B. Surveys are used, e.g., end of program for graduating students, and annual quality improvement reports are submitted by department and concentration coordinators, BSN and MSN/DNP councils, the CICL associate director, and others to the Evaluation Steering Committee. The Evaluation Steering Committee reviews these findings and makes an annual report to dean’s council while also sharing these findings with the departments and the total faculty. Quality improvement initiatives are implemented on a rolling basis where possible, and annually where they must fit into the cycle of the academic or fiscal year.

**II-C. The chief nurse administrator:**

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

*Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that 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 student and faculty outcomes. The chief nurse*
Program Response: (Resource Room: Dean Jacqueline Dunbar-Jacob’s CV)

Jacqueline Dunbar-Jacob, PhD, RN, FAAN, is the dean at the University of Pittsburgh School of Nursing, as well as professor of nursing, psychology, epidemiology and occupational therapy, and the director of the School of Nursing’s Center for Research in Chronic Disorders. Notably, she is actively engaged in research, and is admired across the University community for this. She is a registered nurse and a licensed (inactive) psychologist in Pennsylvania.

Dr. Dunbar-Jacob is fully vested by the University with appropriate authority in her role as dean to accomplish the mission, goals and expected student and faculty outcomes. Under her leadership, the School of Nursing has continued to gain stature academically and has grown significantly in its research role, a goal of the University. She is highly respected within the communities of interest, consults often and appropriately with faculty and others in the communities of interest, and is viewed as the “right person at the right time” to lead the school.

She received her BSN from Florida State University, a master’s degree in psychiatric nursing from University of California at San Francisco, and her PhD in counseling psychology from Stanford University. She has distinguished herself as a nurse-leader and has been so recognized by her colleagues, receiving numerous national honors including the 2007 NINR Pathfinder Distinguished Research Award.

As a nurse/psychologist, she has been involved in the study of patient adherence to treatment in individual studies and multi-center trials, addressing a variety of patient populations including rheumatological conditions, cardiovascular risk factors, diabetes, HIV/AIDS, cancer screening, depression, and transplantation. She is currently funded by the NIH with a P01 and a P30 center grant focused on adherence to treatment in chronic disease. Her current leadership roles include: chair of the Scientific Advisory Board for NIH Roadmap Initiatives for the Patient Reported Outcomes Measurement Information System [PROMIS], member of the Data and Safety Monitoring Board of the Diabetes Prevention Trial, director of the Community Engagement Core of the Clinical and Translational Science Institute, and a Leadership Council member for the Pennsylvania Center for Health Careers Workforce Investment Board, where she co-chairs the Supply and Demand task force. She has served on the board of directors for the American Academy of Nursing, a fellow in the Robert Wood Johnson Executive Nurse Fellows Program, a member of the National Institute of Nursing Research Advisory Council, as well as past president of the Academy of Behavioral Medicine Research and past president of the Society for Behavioral Medicine. Currently, she is a fellow in the American Academy of Nursing, the American Psychological Association and the American Heart Association, Academy for Behavioral Medicine Research and Society for Behavioral Medicine.

In addition to her research interests and professional appointments, Dr. Dunbar-Jacob has devoted her career to teaching nursing students from the undergraduate through the doctoral level.

II-D. Faculty members are:
sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;
academically prepared for the areas in which they teach; and
experientially prepared for the areas in which they teach.
Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

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

Program Response:
(Appendix 15: Faculty Profile Summary. Faculty CVs are available in the Resource Room.)

Faculty numbers:

Faculty numbers are sufficient to accomplish the mission, goals, and expected student and faculty outcomes. As is the case with schools of nursing nationwide, the limited pool of doctorally prepared faculty and qualified applicants remain the school’s most critical faculty recruitment issue.

| TABLE 4: Full-time and Part Time Faculty (all data as of the fall term) |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                         | Number | %   | Number | %   | Number | %   | Number | %   | Number | %   |
| Full Time               |    74  | 72% |    75  | 71% |    80  | 77% |    75  | 75% |    80  | 75% |
| Part Time               |    29  | 28% |    31  | 29% |    24  | 23% |    25  | 25% |    27  | 25% |
| Total Faculty           | 103   | 100% | 106   | 100% | 104   | 100% | 100   | 100% | 107   | 100% |

Out of 83 full-time positions available in fall 2007, eight (9.6%) were vacant, a rate slightly higher than the 8.8% vacancy rate presented in the Special Survey of AACN Membership on Vacant Faculty Positions for Academic Year 2007-2008, June 2007.

The School of Nursing is fortunate to draw adjunct and allied faculty from the UPMC system. At the same time, the School of Nursing competes for faculty and clinical placements with eight colleges and universities in its own and contiguous counties; four of these institutions offer the DNP and two the PhD in nursing. In addition, the four counties in question all offer associate degree nursing programs through their community colleges, and approximately eleven diploma programs, three of which are in the UPMC system. Nurse practitioner faculty in some specialty areas have been especially difficult to recruit, although this is expected to ease somewhat over time as UPMC makes more clinical placements available for students, thus keeping more nurse practitioners in the area and connected to the school via potential employment in the UPMC system.
In spite of this intense competition for faculty locally as well as nationally, the growing reputation of the school in particular, the University of Pittsburgh and UPMC generally, and the introduction of the DNP, are opening up new and exciting avenues for faculty recruitment.

**Faculty FTE**

Faculty teaching assignments are made by area of concentration and may cross programs.

*Full- and part-time faculty*

The mix of full- to part-time faculty is appropriate to achieving the mission and student outcomes. As part of ongoing quality improvement and strategic planning, in 2006-07 the School of Nursing set out to further reduce the proportion of part-time faculty to 20% through full-time hires. The rate is at 25% at the present time.

**Faculty/student ratios**

Faculty-to-student ratios ensure adequate supervision and evaluation and generally meet regulatory requirements. In the case of the Adult Nurse Practitioner, Family Nurse Practitioner and Pediatric Nurse Practitioner areas, four doctorally prepared nurse practitioner faculty members left the school over the course of the 2006-07 and 2007-08 academic years for career-related reasons. Three positions have been replaced leading to slightly higher faculty-to-student ratios than prescribed. Despite these higher ratios, NP faculty members conduct site visits to precepted nurse practitioner students and faculty evaluates students’ clinical skills during the visits. The number of site visits that need to be completed are factored into workload calculations. The School has been actively recruiting qualified nurse practitioner faculty and has reallocated the workload of existing and part-time faculty to ensure the appropriate ratios are met.

Undergraduate ratios are determined by the clinical sites. These are cited on the database posted to the School of Nursing Intranet. Faculty members check the database and/or verify the ratio with the respective facility prior to each term and are responsible for assuring the appropriate faculty-to-student ratio. The actual ratio is captured in the clinical placement database each term.

**Faculty Academic Preparation**

Seventy-eight percent of the full-time faculty are doctorally-prepared and the remaining 22% hold the MSN (note: data has been re-stated from previous annual reports to exclude UPJ faculty as they are included in UPJ counts); faculty hold advanced practice certifications where appropriate. Nurse practitioner faculty meet NTF guidelines. A quality improvement initiative was adopted in academic year 2005-06 as part of the school’s five year plan requiring faculty who were not doctorally-prepared at the onset of this initiative to complete the PhD or DNP by 2011. At the time of CCNE’s 1999 site visit, only 55% of the faculty were doctorally prepared. (Table 5: Percentage of Doctorally-Prepared Full-time Faculty since AY 1998-99) This same planning process set a target goal for 25% of full-time faculty to be tenured by 2011; 13% held tenure in 2005-06 and 19% in 2007-08. As of fall 2008, 20% of the full-time faculty were tenured. At the state level, the school has a five year implementation window dating from July 12, 2008 when new rules and regulations were passed by the Pennsylvania State Board of Nursing further clarifying faculty requirements for nursing education programs. No major adjustments were required.
TABLE 5: Percentage of Doctorally-Prepared Full-Time Faculty 1998-2008

<table>
<thead>
<tr>
<th>Academic Year*</th>
<th>#Full-time Faculty (# doctorally prepared)</th>
<th>% Doctorally-Prepared Full-time Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998-1999</td>
<td>67 (37)</td>
<td>55%</td>
</tr>
<tr>
<td>1999-2000</td>
<td>68 (37)</td>
<td>54%</td>
</tr>
<tr>
<td>2000-2001</td>
<td>73 (42)</td>
<td>58%</td>
</tr>
<tr>
<td>2001-2002</td>
<td>71 (39)</td>
<td>55%</td>
</tr>
<tr>
<td>2002-2003</td>
<td>71 (45)</td>
<td>63%</td>
</tr>
<tr>
<td>2003-2004</td>
<td>75 (49)</td>
<td>65%</td>
</tr>
<tr>
<td>2004-2005</td>
<td>79 (55)</td>
<td>70%</td>
</tr>
<tr>
<td>2005-2006</td>
<td>78 (58)</td>
<td>74%</td>
</tr>
<tr>
<td>2006-2007</td>
<td>85 (64)</td>
<td>75%</td>
</tr>
<tr>
<td>2007-2008</td>
<td>79 (62)</td>
<td>77%</td>
</tr>
<tr>
<td>2008-2009</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* All data as of fall semester.

Faculty Experiential Preparation

All faculty members who are nurses hold current RN licensure, evidence of which is on file in the office of the dean. Non-tenure stream faculty are required to spend 10% effort in a scholarly or clinical practice area unless excused from this requirement, e.g., enrolled in doctoral studies, time supported by research funding, administrative duties, and so forth (Policy # 422: Faculty Practice).

Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies including NTF; copies of specialty certification certificates are kept in the departments. (Note: Pennsylvania moved to online verification of licensure and required certifications in summer 2008. Going forward, certifications will be tracked centrally with licensure.) Advanced practice nursing concentrations have lead faculty who are nationally certified in their specialty.

Program Response:

Preceptors supervise students in senior and graduate level courses to bridge the gap between theory and practice. A significant strength of the SoN programs in the involvement of knowledgeable, experienced preceptors who are willing to guide students in clinical settings. The SoN offers a five module, self-paced, on-line program for preceptors who work one-on-one with its nursing students. The School also maintains a Web page providing a central place for information and resources of interest to both preceptors and students

http://www.nursing.pitt.edu/academics/ce/precept/index.jsp

BSN program preceptors must be licensed as an RN in the state of Pennsylvania, verified by the SoN, hold a minimum of a BSN degree, have at least two years of clinical experience, and certifications appropriate to their position. The preceptors are responsible for facilitating student learning and providing a safe place for students to
practice. They are responsible for completing a student evaluation. The preceptor is oriented to his/her responsibilities by the clinical instructor at the beginning of the student experience. Evaluation of the preceptor is completed by the clinical instructor through site visits and by the student at the end of the term. Faculty, however, retain ultimate responsibility for the student’s learning, performance, and evaluation. (See policy 434.)

A common policy governs the use of preceptors for the master’s program and for the DNP program. (See policy 433.) Preceptors must meet the qualifications of the approved entity. They are responsible for facilitating student learning and providing a safe place for students to practice. They are responsible for completing a student evaluation. Faculty orient the preceptors to their responsibilities during an orientation at the time the student begins the clinical experience. The orientation includes an orientation to the major/area of concentration/subspecialty requirements and expectations for oversight and evaluation of the student. The preceptors are evaluated through faculty site visits and student evaluations. Faculty retain responsibility for the student’s learning, performance, and evaluation.

| II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes. |
| Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example: Faculty have opportunities for ongoing development in pedagogy. If research is an expected faculty outcome, the institution provides resources to support faculty research. If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it. If service is an expected faculty outcome, expected service is clearly defined and supported. |

Program Response:

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.

Development in pedagogy:

The University and school support ongoing development in pedagogy in keeping with the mission, goals and expected faculty outcomes. This support begins with junior faculty and continues throughout a faculty member’s career at the University of Pittsburgh.

The Office of Academic Career Development and the mentoring task force identify ways to better mentor individual faculty as needed. Each junior faculty member is paired with a more senior member who guides career development. The school and the University hold mentoring workshops.

The Center for Instructional Development and Distance Education (CIDDE) supports excellence in University instruction. CIDDE offers professional and technical support for instructional development, faculty development, instructional support and university service.

The Provost Faculty Diversity Seminar assists faculty in making their courses more inclusive in terms of gender and race, in content and pedagogy: http://www.cidde.pitt.edu/fds/. Several Nursing faculty members (Albrecht, Donovan, Fioravanti) have been Diversity Fellows.
The provost’s office offers a host of resources on a wide range of topics which are more fully described on the provost’s Web site: http://www.provost.pitt.edu/faculty_resources/professional_development.html.

The office of the dean supports faculty attendance at conferences, e.g., three undergraduate faculty (Fioravanti, Miller, Zewe) attended the Hartford Geriatric Nursing Education Conference (GNEC) in 2008 to improve senior student competencies in geriatric nursing care in all settings; and AACN conferences by faculty who are presenting.

Resources to support faculty research:

Forty-four full-time faculty members are currently engaged in active research projects; five have training grants and five have fellowships. Tenure track (research) faculty within the schools of the health sciences must serve as principal investigators on R01 NIH-funded research initiatives or the equivalent (e.g., Department of Defense, American Cancer Society, American Heart Association, American Diabetes Association) in order to be tenured. Non-tenure stream (clinical) faculty members engage in research with support from the same resources as tenure-track, although a greater percentage of non-tenure track faculty effort is devoted to teaching. As described in Section II-B, the School of Nursing, the schools of the health sciences and the University devote considerable resources aiding faculty scholarly achievement. The school hosts a variety of research-related centers and support services described below.

Center for Research and Evaluation

Faculty members engage in both clinical and basic science research aimed at providing a scientific basis for the care of individuals across the lifespan. Importantly, the school assists the preparation and development of junior investigators in their research endeavors. Researchers at both the junior and most senior levels are addressing some of the most challenging issues facing today’s health care practitioners, and to help meet the school’s growing commitment to research, the Center for Research and Evaluation (CRE) was established in the fall of 1987.

The CRE supports all areas of research with an emphasis on the following areas:

- Behavioral management of chronic disorders, including adherence, self-management, technology, and prevention activities;
- Patient management in critical care, including communication, recovery, and end-of-life care;
- Consumer informatics, including education, care management, usability, and health literacy;
- Genetic applications in nursing care, focusing on molecular genetics and psychosocial implications; and
- Technology in care management in the institution and community settings.

The CRE supports students and faculty as they pursue and acquire external and internal funding by providing excellent service. The CRE guides proposals through the full lifecycle of the grant from pre-award to post-award and closeout.

The CRE faculty includes three PhD-prepared statisticians with extensive research experience in nursing, medicine, and psychology, as well as two who are at the master’s level. The number of statisticians was gradually increased over the past few years based upon increasing teaching needs at both BS and MSN/DNP levels. Statistics were moved into the School to accommodate an evidence based practice focus in the statistics course, and as research growth required increasing statistical support. The combined statistical expertise of these five individuals comprises observational, quasi-experimental, and experimental designs; exploratory data analysis; data
visualization; nonparametric statistics; multivariate general linear models (e.g., regression, analysis of variance and covariance, principal components); generalized linear models (e.g., regression, loglinear models, logistic regression); model diagnostics, longitudinal data analysis (e.g. repeated measures ANOVA, linear mixed models, marginal models, hierarchical models); survival analysis; structural equation models, path analysis, factor analysis, and psychometrics.

A full-time systems analyst/data manager provides support to the CRE data lab (dedicated for the use of doctoral trainees) and also designs and maintains databases for complex projects. The CRE has assistant directors for research administration and for research dissemination. They are assisted by two full-time grants assistants, who help with the preparation and submission for intramural and extramural grants, including foundation, training, and various levels of NIH awards including P, K, R, U and T. Additional support is provided by a full-time administrative assistant.

The CRE support services include:

- Design and consultation for methodology, data management and analysis;
- Budgetary development and monitoring;
- Scientific review of proposals;
- Oversight to ensure compliance with sponsor and internal guidelines;
- Proposal packaging;
- Maintenance and dissemination of information on funding, conference and research development, and training opportunities;
- Faculty and doctoral student development in research methodology;
- Consultation on research program development; and
- IRB review.

**Center for Research and Evaluation Exhibits**

There are two display cases which routinely exhibit research by faculty. One is located in the hallway near room 360B, and the other is located on the third floor hallway near the elevators. Two additional display cases are on the first floor, flanking the entrance to the Clinical Research Suite.

**Center for Research in Chronic Disorders (CRCD)**

The Center for Research in Chronic Disorders was founded in October 1994 and is in its third cycle of NIH/NINR funding P30-NR003924-15. The director of the CRCD, which is an independent entity in the School of Nursing but integrated with the CRE, is Dean Jacqueline Dunbar-Jacob. Researchers within the center are nursing faculty who conduct research in the area of adherence, quality of life, and functional outcomes. CRCD faculty actively mentor and advise doctoral and post-doctoral students from nursing and other health related disciplines and junior faculty; the Center interacts with a number of other centers throughout the University. [NIH NINR P30-NR003924-15].

The Center provides infrastructure support for multidisciplinary outcomes-based research in chronic disorders across the lifespan. The CRCD focused on the moderating effects of co-morbid conditions, health disparities, and socio/demographic characteristics related to quality of life, functional status, cognitive function, and adherence to
treatment regimens. The work of the past decade has identified the central role that adherence to management guidelines plays on clinical outcomes. The center brings together an interdisciplin ary group of investigators with active research in chronic disorders, supports monthly visiting scholar presentations, and guides monthly journal clubs and investigator meetings. The CRCD manages a pilot program for new investigators and for more senior investigators who are proposing a substantial shift in research emphasis. Direct support to pilot investigators is provided on a competitive basis in terms of monies, consultation and training, and logistical support. Oversight is provided by an executive committee and an external advisory committee.

Visiting Scholar Series

The CRCD has supported a visiting scholar series for the past 14 years. Senior scholars whose work is related to the focus areas of the CRCD are invited to the School of Nursing to present their programs of research and to consult with faculty. The series is open to multiples departments at the University as well as to scholars at Duquesne University, Carnegie Mellon University and Carlow University.

Clinical Research Suite

The Clinical Research Suite (CRS) is designed for faculty and PhD students to use to implement research protocols and to conduct research during regular office hours as well as nights and weekends. The suite is 1,800 square feet and is equipped with greeting/reception area, one examination/treatment room, two observation rooms, two consultation rooms where face-to-face or telephone interviews can be conducted, one large conference room to conduct focus groups, and a restroom for subject use. There are two exam tables, a stadiometer, a phlebotomy chair, and a sink in the exam room. The conference room and observation rooms have high quality color video dome cameras. The video feeds to a separate viewing room in which faculty can watch the video in real time or recorded for later use. These cameras offer the flexibility of taping interviews with subjects and opportunities to offer distance learning. The CRS also has a refrigerator and freezer that can be used for biological specimens. Four laptop computers, a scanner and fax machine are also available for faculty and staff use.

Funded Research Proposals

The CRE maintains copies of funded grants which are available for review upon request and approval by the principal investigator. A number of paid positions on funded grants are filled by graduate and post-graduate students.

Funding Opportunities

The CRE regularly researches, posts, and maintains resource files on various funding opportunities for faculty and PhD students.

Grant Application Guidelines

The CRE maintains a hard copy of research grant application guidelines, request for application (RFAs), program announcements (PAs), and information on various funding opportunities.

Seminars

The Research Methodology Seminar Series is scheduled the third Monday of the month at lunch time. This series is jointly sponsored by the CRE and the CRCD; it is designed for doctoral students and faculty and is based on issues related to career development. Emphases vary from year to year. (Brochure in Resource Room)
Scientific Review Committee Information

The CRE maintains binders containing copies of publications of the National Institute of Research and Evaluation and Nursing Scientific Review for review upon request. Group reviews of proposals prior to submission are available but not required. However, internal scientific review is required prior to IRB submission. This review is managed by the CRE.

Faculty Expertise in Clinical Practice

The purpose of scholarly/clinical project/practice at the School of Nursing is to sustain or enhance expertise through scholarly activities related to nursing practice. Faculty in the non-tenure stream has 10% of their workload assigned to scholarly practice and may raise that portion with department chair approval. Faculty in the tenure stream may request practice time or may have time-to-tenure extended to accommodate practice needs.

The project/practice:
Fosters a collaborative relationship between University faculty and individuals in the service settings/agencies;
Increases opportunities for collaboration between education and service in scholarly activity such as application of research findings, participation in research teams and sharing clinical knowledge via publication and presentation; and
Supports practice requirements for faculty recertification in their specialty.

A quality initiative in the clinical practice area involved changing the process through which faculty practice time is billed to the facilities and redistributed within the school. This has resulted in a simpler administrative procedure, more monies available to the operating budget, and more monies returned to the departments to support continued faculty initiatives.

Service

Faculty members engage in service for the school, University, professional organizations and their community at the highest levels, focused on contributions to professional organizations, state and national policy work, and research/manuscript reviews. Service is required for merit and promotion, and expectations are outlined in individual faculty plans determined annually with department chairs. Service details for faculty are documented in department records and in the school’s annual reports. In addition, the provost initiated a Community Service Database Project in 2003 to capture faculty service across the University through an annual online survey which faculty complete in the fall. (https://surveyweb2.ucsur.pitt.edu/comservice/login.pitt) See Resources Room for faculty service productivity over the past 3 years.

Areas of Strength for Standard II

Outstanding institutional commitment and resources at the University and school levels, including but not limited to:

- Accomplished faculty in the areas of teaching, research and service;
- Center for Innovation in Clinical Learning (School);
- Simulation labs jointly managed by UPMC and the University of Pittsburgh;
- Loaned faculty and preceptors (clinical agencies);
- Center for Instructional Development and Distance Education (University of Pittsburgh);
- University computer labs;
- Flexibility in allocation and utilization of resources;
- Center for Research and Evaluation (School);
- Innovation in Teaching Awards for educational study (University);
- Clinical Scholar Award for educational development (School);
- Office of Post-Doctoral and Junior Faculty Development (Schools of the Health Sciences)

### Table 6. Areas of Concern and Action Plans for Standard II

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<thead>
<tr>
<th>Areas of Concern</th>
<th>Action Plans</th>
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<tbody>
<tr>
<td>Slow progress regarding minority enrollment.</td>
<td>Continue to build relationships with minority alumni, organizations &amp; leaders. Investigate ways existing faculty and students can participate in recruitment efforts. Encourage minority faculty to serve as mentors to minority students.</td>
</tr>
<tr>
<td>Slow progress regarding minority faculty recruitment.</td>
<td>Continue to build relationships with minority faculty, alumni, organizations &amp; leaders.</td>
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<tr>
<td>Low student satisfaction with academic advising in the past.</td>
<td>The system has been changed as of 2008-09 and the School will evaluate the impact on student satisfaction.</td>
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<tr>
<td>Faculty concerns over Center for Research and Evaluation responsiveness to individual grants management requests.</td>
<td>The associate dean for scientific and international affairs who also serves as director of the CRE is initiating a task force as a new communications strategy to better anticipate and meet upcoming faculty needs. In addition, an assessment of work processes and staffing is underway.</td>
</tr>
<tr>
<td>Malpractice insurance at the University level limits faculty practice to UPMC or University facilities.</td>
<td>The School of Nursing is discussing additional partnerships with UPMC in order to expand faculty, preceptor, and faculty practice opportunities.</td>
</tr>
<tr>
<td>Keeping multiple information sources accurate, consistent, &amp; current in a fluid environment.</td>
<td>Major information sources, e.g., the Bulletin, will be updated annually. An outside evaluation of the Web site will be initiated when the budget allows.</td>
</tr>
<tr>
<td>The School supports senior students taking the GREs but does not track where they attend graduate school.</td>
<td>Initiate tracking.</td>
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</table>
STANDARD III
PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND INDIVIDUAL STUDENT LEARNING OUTCOMES

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

Key Elements

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected individual student learning outcomes that are congruent with the program’s mission, goals, and expected student outcomes.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected student outcomes.

Program Response:

(See Evaluation Plans and Quality Improvement Reports in the Resource Room as documentation for this section.)

The University of Pittsburgh School of Nursing curriculum and student learning outcomes are congruent with the program’s mission, goals and expected student outcomes, and take into account University and professional standards as described in the Essentials and other guidelines used for advanced practice roles. Course objectives meet specific curriculum objectives as evidenced in the crosswalks completed against the Essentials and against Domains and Core Competencies of Nurse Practitioner Practice; course crosswalks are described more fully in Key Element III-B. (Key Element I-A; Resource Room: course crosswalks). Crosswalks refer to a process of comparing course objectives, AACN Essentials documents, NTF and other specialty documents, as well as the University and School desired outcomes, to ensure that all required learning outcomes and experiences are included in the plan of study for each program, track, and area of concentration for our students.

III-B. Expected individual student learning outcomes are consistent with the roles for which the program is preparing its graduates. Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum, expected individual student learning outcomes, and expected student outcomes.

Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998).

Master’s program curricula incorporate professional standards and guidelines as appropriate.

All master’s programs incorporate the Graduate Core Curriculum of The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.

All master’s-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996). In addition, nurse practitioner programs incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008).

DNP program curricula incorporate professional standards and guidelines as appropriate.

All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.

All DNP programs that prepare nurse practitioners also incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008).
Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master’s programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses.

Program Response: (The curricula for the three programs is contained in Appendices 16-44. A complete listing of standards and advanced practice guidelines followed is available in Appendix 4.)

Student learning outcomes are consistent with and incorporate professional nursing standards and guidelines as relevant to the particular program area. As part of the self-study, faculty members on curriculum sub-committees within the BSN and MSN/DNP councils as well as lead faculty for advanced practice and specialty areas undertook a series of course crosswalks against the AACN Essentials and other guidelines and criteria. Any issues which surfaced through the crosswalks have either been resolved or are in the process of resolution by faculty through the School’s usual review/approval/implementation steps.

CONGRUENCE OF BACCALAUREATE EXPECTED STUDENT LEARNING OUTCOMES WITH AACN ESSENTIALS OF BACCALAUREATE EDUCATION FOR PROFESSIONAL NURSING PRACTICE (1998)

( Resource Room: Evaluation Steering Committee BSN program quality improvement reports for AY 2005-06, 2006-07, and 2007-08.)

BSN faculty completed a course crosswalk to verify course descriptions, objectives and content reflected the BSN Essentials; the crosswalk of courses offered in the undergraduate curriculum demonstrated a robust match with the Essentials with all areas met or exceeded. Adjustments were made where discrepancies were found. Most of the examples below cite courses within the traditional four year undergraduate curriculum. The Accelerated 2nd Degree and RN Options tracks are highly congruent with the traditional curriculum and therefore also demonstrate a robust match with the Essentials. The RN Options track has been the subject of a recent quality improvement initiative and is more fully described at the conclusion of Key Element III-B.

<table>
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<tr>
<th>TABLE 7: BSN Program Level Objectives</th>
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<tbody>
<tr>
<td><strong>Level Two: Sophomore Year</strong></td>
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<tr>
<td>1. Apply knowledge from nursing,</td>
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<td>biophysical, and social sciences</td>
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<td>in the delivery of nursing care to</td>
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<td>individuals across the life span</td>
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<td>2. Utilize the nursing process to</td>
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<tr>
<td>make collaborative decisions</td>
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<td>regarding health promotion and</td>
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<td>restoration for individuals</td>
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<th></th>
<th>health problems and outcomes in individuals and families</th>
<th>address complex health problems and outcomes at the individual, family, and aggregate levels</th>
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<tr>
<td>3.</td>
<td>Intervene therapeutically to promote, maintain and/or restore the health of individuals</td>
<td>3. Intervene therapeutically to promote, maintain and/or restore the health of individuals and families</td>
</tr>
<tr>
<td>3.</td>
<td>Intervene therapeutically to promote, maintain and/or restore the health of individuals and families</td>
<td>3. Intervene therapeutically to promote, maintain and/or restore the health of individuals, families and aggregates</td>
</tr>
<tr>
<td>4.</td>
<td>Collaborate with individuals and the inter-professional team in the delivery of quality health care</td>
<td>4. Manage nursing care for groups of individuals in consultation with the inter-professional team</td>
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<tr>
<td>5.</td>
<td>Provide health education to individuals in health promotion and restoration</td>
<td>5. Design health education interventions at the individual, family, and aggregate levels</td>
</tr>
<tr>
<td>6.</td>
<td>Demonstrate beginning competence in accessing and critically appraising research-based evidence relevant to identified clinical problems</td>
<td>6. Critically appraise research evidence to apply findings to clinical practice</td>
</tr>
<tr>
<td>6.</td>
<td>Critically appraise research evidence to apply findings to clinical practice</td>
<td>6. Synthesize research findings, clinical evidence and patient values and preferences, and evaluate their applicability for translation into practice with individuals, families, groups and communities.</td>
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<tr>
<td>7.</td>
<td>Demonstrate professional behaviors in the safe practice of nursing of individuals</td>
<td>7. Demonstrate professional behaviors in the safe and ethical practice of nursing of individuals and families</td>
</tr>
<tr>
<td>7.</td>
<td>Demonstrate professional behaviors in the safe and ethical practice of nursing of individuals and families</td>
<td>7. Demonstrate professional behaviors in the safe and ethical practice of nursing of individuals, families, and aggregates</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrate accurate communication skills with individuals and faculty</td>
<td>8. Demonstrate effective communication skills with individuals, families, inter-professional team members, and faculty</td>
</tr>
<tr>
<td>8.</td>
<td>Demonstrate effective communication skills with individuals, families, inter-professional team members, and faculty</td>
<td>8. Demonstrate effective communication skills with individuals, families, groups, and inter-professional team members, and faculty</td>
</tr>
<tr>
<td>9.</td>
<td>Appreciate the impact of cultural differences on health and in the delivery of nursing care</td>
<td>9. Utilize knowledge of cultural differences in providing nursing care to individuals, families, and interactions with others</td>
</tr>
<tr>
<td>9.</td>
<td>Utilize knowledge of cultural differences in providing nursing care to individuals, families, and interactions with others</td>
<td>9. Demonstrate a leadership role in promoting cultural competence in interactions with peers and others as well as with individuals, families, and aggregates</td>
</tr>
<tr>
<td>10. Demonstrate competence in the use of clinical information systems and emerging technologies</td>
<td>10. Demonstrate competence in the use of clinical information systems and health care technology in nursing practice with individuals and families</td>
<td>10. Demonstrate competence in the use of clinical information, population-based data, and health care technology in nursing practice with individuals, families, and aggregates</td>
</tr>
</tbody>
</table>

**Liberal learning** provides a solid foundation for the development of clinical judgment skills required for the practice of professional nursing and is represented throughout the curriculum. During the freshman year, students are introduced to professionalism and the nursing paradigm in two courses: the Nursing Freshman Seminar (NUR 0001) and Introduction to Professional Nursing (NUR 0051). The course crosswalk demonstrated that in years two through four, the eleven characteristics cited in the *Essentials* that a liberal education should provide the professional nurse with the ability to perform are represented across the entire curriculum.

**Professional values** (altruism, autonomy, human dignity, integrity and social justice) are consistently modeled by the faculty in classroom and clinical settings at all levels and across the curriculum, with opportunities for and a clear expectation that students demonstrate these values in their clinical practice.

In the first year (Level 1), students are formally introduced to professional values in Introduction to Professional Nursing (NUR 0051). Professional values are carried out throughout the curriculum, emphasized in two core nursing courses the second year (Foundation of Nursing Practice I, NUR 0080, and Nursing Management of the Adult with Acute/Chronic Illness, NUR 0082), and in all clinical and didactic third and fourth year courses.

Individual competencies are addressed in other courses as well, as these examples demonstrate:

**Altruism:**

In Ethics in Nursing and Health (NUR 1085), students discuss many complex ethical issues facing modern nursing and patient care. One example is organ donation (the issues surrounding it). The second example is the issue of moral distress in clinical practice.

**Autonomy:**

Also in Ethics in Nursing and Health (NUR 1085), students discuss the importance of autonomy in patient care and specific issues such as informed consent.

**Human dignity:**

Human dignity is a professional value embedded throughout the curriculum and discussed in many courses. Introduction to Professional Nursing (NUR 0051) in Level 1, for instance, introduces students to treating patients who are physically exposed, intoxicated, as well as the privacy of health information under HIPAA. In Foundations of Nursing Practice II (NUR 0081), students are introduced to and discuss post-mortem care & maintaining dignity after death. In Ethics in Nursing and Health (NUR 1085), students are introduced to the topic of the rights of the disabled.

**Integrity:**
Maintaining integrity in the nursing practice is addressed specifically in Ethics in Nursing and Health (NUR 1085).

**Social justice:**

Ethics in Nursing and Health (NUR 1085) also addresses the value of social justice, especially in vulnerable populations—children, elderly, disabled, sexual orientation (gay, lesbian, transgender), HIV/AIDS status.

The **Core Competencies** (critical thinking, communication, assessment, and technical skills) are built into the program throughout both didactic and clinical experiences. In year two, the five-credit Foundations of Nursing Practice I (NUR 0080) specifically addresses the core competencies in the classroom, skills lab and clinical setting using class power points, videos, labs, competency exams, clinical evaluation, classroom exams, care studies, and papers. Individual competencies are addressed in other courses as well, as the following examples demonstrate:

**Critical Thinking:**

The introductory nursing courses in year one, Nursing Freshman Seminar (NUR 0001) and Human Anatomy & Physiology I (NUR 0012), incorporate nursing and other relevant theories and models, including ethical frameworks; stress the importance of research-based knowledge from nursing and the sciences as the basis of practice; and stimulate self-reflection and collegial dialogue about professional practice. All aspects of critical thinking as defined by the Essentials are emphasized across the curriculum in years two through four, building on concepts introduced in year one.

**Communication:**

In the first year of study (Level 1), the emphasis is on clear expression, the importance of communication to the relationship with the patient (the nursing process), and working effectively with other team members and patient families (NUR 0001, 0051). By Level 2, all aspects are covered in the core courses NUR 0080, 0081, and 0082. The same is true throughout Levels 3 and 4.

**Assessment:**

In Level 1, the student is introduced to the concepts underlying both individual and environmental risk assessments. In Level 2, students learn the skills for performing holistic risk assessments with individuals across the lifespan during NUR 0080 and 0082; in Level 3 and 4, students apply these skills in their clinical courses, with additional emphasis on performing a health assessment of the family, community health risk assessment for diverse populations, and comprehensive assessment of the environment in which health care is being provided. The overall progression within the curriculum is from the individual to the aggregate.

**Technical Skills:**

All technical skills prescribed in the Essentials are developed in the second year of study in NUR 0080, 0081, and 0082 and applied across the clinical courses in years three and four.

**Core knowledge** (health promotion, risk reduction and disease prevention; illness and disease management; information and health care technologies; ethics; human diversity; global health care; and health care systems and policy) is obtained through didactic and clinical experience. There are also opportunities for students to hone these competencies in other arenas such as elective courses, community volunteerism, and international experiences.

**Health Promotion, Risk Reduction, Disease Prevention:**
For students on the traditional four year undergraduate track, NUR 0051 taken in the first year provides an introduction to individual and public health risks and nursing’s role in risk reduction and disease management. These concepts are incorporated in parallel courses for Accelerated Second Degree students in (NUR 1281), and RN Options students in the old curriculum in NUR 1070, and, in the new RN Options curriculum, spread across all required courses as well as in NUR 1074 which specifically covers nursing history, Foundations of Professional Practice (NUR 1281) introduces these concepts. In the sophomore year, students gain core knowledge through Pathophysiolgie Foundations of Nursing Care (NUR 0020) and Pharmacology (NUR 1110/0087 after January 1, 2009), along with NUR 0080 and 0082, and learn the skills to apply this knowledge to clinical care with the EPB framework in research, Research: Introduction to Critical Appraisal & EPB (NUR 0067). By the final two years of study, all ten of the experiences delineated here and found in the Essentials are embedded throughout the curriculum.

**Illness and Disease Management:**

The concepts and skills required for assessing and managing illness and disease are introduced in Level 2, through didactic—(Pharm: NUR 1110/0087 after January 1, 2009; Pathophysiology Foundations of Nursing Care (NUR 0020); Nutrition for Clinical Nursing Practice (NUR 0066), Nursing Research (NUR 0067)—and clinical courses (NUR 0080-0082).

**Information and Health Care Technologies:**

Level 1 students are introduced to concepts detailed in the Essentials in Nursing Informatics (NUR 0086). The concepts and the application of information technologies to patient care are emphasized within the framework of evidence-based practice (NUR 0067) and are demonstrated in Level 2 core courses (NUR 0080, 0082). At Level 3, information and technological issues are present throughout the curriculum, with objectives in each clinical course addressing their application to specific health contexts. At Level 4, these skills are embedded in Advanced Clinical Problem Solving (NUR 1121) and Transitions into Professional Nursing Practice (NUR 1133).

**Ethics:**

The values, codes, and principles that govern decisions in nursing practice, conduct, and relationships are introduced to Level 1 nursing students in NUR 0001 and NUR 0002, and further emphasized during Level 2 in NUR 0080, 0081, and 0082. By Levels 3 and 4, ethical values pervade the nursing curriculum.

**Human Diversity:**

Issues’ surrounding human diversity as it relates to nursing and health care are introduced and explored in NUR 0001 and 0051 during freshman year, NUR 0080 and 0082 sophomore year, and throughout the curriculum thereafter. Students are encouraged to seek other cultural experiences; the school has formal relationships with the University of Basel (Switzerland), and L’Istituto Mediterraneo per i Trapianti e Terapie ad Alta Specializzazione (ISMETT - a UPMC-related facility) in Palermo, Italy, among others.

**Global Health Care:**

Understanding the global environment in which health care is provided is introduced in Level 1 (NUR 0051) and followed up in Level 2 (NUR 0080). Both the concepts of understanding the global environment, and modifying patient care in response to global environmental factors or to seek appropriate consultation to do so are covered in
several Level 3 clinical courses (NUR 1050, 1060, 1120) and Ethics in Nursing and Health (NUR 1085). Content on global health is included in the Level 4 curriculum in NUR 1128 and 1133. Global Health (NUR 1900) is an elective which introduces students to concepts necessary to develop an understanding of health care from a global perspective, broaden their views of a globalized society, and examine their roles within the global community. The course introduces students to issues in health care delivery in selected countries where international study abroad programs exist and is a requirement for any student participating in the school’s international study programs. [Note: A task force appointed during the fall 2008 semester is examining ways to rework NUR 1900 to provide students with international research experiences and to provide more robust health-related experiences for students studying abroad.]

**Health Care Systems and Policy:**

NUR 0001 and 0051 introduce the Level 1 student to the organization and financing of health care delivery systems; the economic, legal and political factors that influence health care delivery; and the effects of legal and regulatory processes on nursing practice and health care delivery. Level 2 students, introduced to organization and financing in the previous year, now explore aspects of all the remaining concepts in Health Care Systems and Policy in Pharmacology and Therapeutics (NUR 0087) and Nutrition for Clinical Practice (NUR 0066). Content related to each of the concepts is included within the courses required in Levels 3 and 4.

**Role development** (provider of care; designer/manager/coordinator of care/member of a profession) is embedded into every nursing course in the curriculum. Nursing consistently ranks as the most highly respected profession in the nation, and students are reminded of the responsibility accompanying this high position of trust.

**Provider of Care:**

In NUR 0086 (Level 1), students learn to apply health care technologies to maximize optimal outcomes for patients and utilize outcome measures to evaluate effectiveness of care. Level 2 students explore all thirteen aspects throughout the curriculum, with the greatest concentration in NUR 0081 and 0082. During Levels 3 and 4, the knowledge and skills outlined in the *Essentials* as a provider of care are embedded throughout the curriculum.

**Designer/Manager/Coordinator of Care:**

Students are introduced to the tools of care design, management, and coordination in their sophomore year in NUR 0080 and Statistics (NUR 0088). The eight aspects identified by the *Essentials* in this section are embedded throughout the curriculum in the final two years of study where students learn to design, manage and coordinate care across the lifespan within institutional settings, in the home, and in the community.

**Member of a Profession:**

Baccalaureate students are socialized as nursing professionals from the first day of class in Level 1 as they begin NUR 0001 and continue in their second semester in NUR 0051. The eight identified factors in the *Essentials* are introduced over the course of this first year. In Level 2, the second year, NUR 0080 and 0082 together cover the first six factors. During the final two years, all eight factors are embedded throughout the curriculum.

**Selected quality improvement initiatives at the baccalaureate level since the last site visit:**

**Improvement of NCLEX-RN® pass rates and related issues:** The AY 2007-08 pass rate for first-time test takers was 95.77%. However, in 2001, the school was notified by the State Board of Nursing Education of concerns
regarding NCLEX-RN® pass rates. The faculty and the newly appointed dean, sharing this concern, undertook a series of steps to address the issue. These steps were successful to the point that the SBNE officially congratulated the school on its success in 2006 and again in 2008, noting how much progress had been made. As an example of steps taken, the admission criteria were amended requiring higher SAT scores for incoming freshman. The average SAT score in academic year 1998-99 at the time of the previous site visit was 1086; in 2007-08, the average SAT score of incoming freshman was 1234. Requirements for the depth and success in high school performance were also raised.

Faculty undertook numerous steps to improve the curriculum to better prepare students, as is described elsewhere. In addition, the BSN faculty elected to introduce a series of examinations designed to assess knowledge acquisition during progression through the curriculum. Several commercially available formats were reviewed and the Health Education Systems, Inc (HESI) educational package was chosen. The series of examinations culminate with a required BSN Comprehensive Examination. Students have access to case studies and other remedial activities as part of this process. Between December 2005 and March 2006, the faculty was also offered the opportunity to participate in an online tutorial in constructing test items that promote critical thinking and application of knowledge. This workshop was sponsored by the National Council of State Boards of Nursing.

In February 2006, a crosswalk of the BSN curriculum was completed by faculty with the previous NCLEX-RN® Test Plan; the results, which demonstrated a strong coherence, were reviewed by the curriculum committee of the BSN council with no changes recommended. The newest Test Plan (2007) incorporates minor changes, most notably the addition of information technology and ergonomic principles as line items under “Safe and Effective Care Environment.” The BSN Curriculum Committee is currently reviewing the findings from the previous Test Plan crosswalk and will make recommendations to council for proceeding with an updated crosswalk. (Minutes: Resource Room, Intranet)

**Introduction of evidence-based practice into the curriculum:** Evidence-based practice (EBP) was introduced into the curriculum during the 2006-07 academic year. At the undergraduate level, EBP teaches the student how to find and evaluate scientific information by conducting a literature search and critically appraising it. Students acquire the basic technical skills needed for evidenced-based practice in the sophomore year (Statistics/NUR 0088 and Nursing Research: Introduction to Critical Appraisal and EBP/NUR 0067), along with an understanding of how to incorporate EBP into patient care. By the junior and senior years, EBP is integrated into all of undergraduate course work.

The Accelerated 2nd Degree, which had become inactivated as a track in the mid-1990s, was reactivated with a revised curriculum and approved by the Provost in spring 2003. The first cohort matriculated in summer 2003; students who qualify are able to apply eight bridge credits toward the master’s during their senior year.

**Review of the RN-Options track** in 2005-2006 revealed it was not fully aligned with University and school requirements. Historically, the program had employed the articulation model predominant among regional schools in which significant credit hours were granted for prior education and clinical experience; however, the University does not provide credit for experience or non-collegiate courses, e.g., diploma courses. The dean charged a faculty task force with reviewing the RN-Options track and recommending changes to the curriculum. In June 2007, the
total faculty reviewed a proposed curriculum change overall allowing a student early admission to graduate 
education to achieve an MSN. The revisions incorporated core courses from the traditional undergraduate program, 
the opportunity to challenge clinical courses for credit through examination, and twenty-four credits of core graduate 
courses for those students pursuing early admissions to the MSN track. Several of these graduate courses fulfill 
requirements for the BSN curriculum, as they meet or exceed the objectives for the corresponding undergraduate 
course (e.g., pharmacology, pathophysiology). For students pursuing the Clinical Nurse Leader (CNL) MSN, all 
twenty-four bridge credits are used for both the BSN and the CNL MSN. In January 2008, the curriculum was 
presented to the Provost’s Advisory Committee on Undergraduate Programs, and in October 2008, it was approved 
as a track.

The Office of the Associate Dean For Clinical Education completed crosswalks of courses with multiple 
sections to determine course descriptions, objectives and credits did not vary. Matches were robust; departments 
were alerted where variations occurred and faculty addressed them. A system is in development to assure section 
crosswalks on a scheduled basis.

By fall 2007, faculty completed a review of all courses offered in the School of Nursing (undergraduate, 
master’s, doctoral) in relation to progression of expectations exemplified in Bloom’s taxonomy. New courses, as 
developed, go through a prescribed approval process, guided by this taxonomy. Once a course has been approved by 
total faculty, any changes in the course description or objectives require approval at the total faculty level.

Undergraduate advising has been an area of ongoing challenge and was significantly strengthened, including the 
initiation of progression review meetings attended by clinical instructors and primary teachers at the end of each 
term to identify and support at risk students who could then be better advised on how best to progress. Activities 
aimed at exceptional students are also an important aspect of advising. (See II-B for more information on advising.)

Several courses were either changed or added to strengthen the curriculum, e.g.: Microbiology (ORBIOL 0031) 
was changed from three credits to four in AY 2005-06 to better integrate background theory for cancer therapeutics 
and to include additional topics such as infectious diseases (ORBIOL 0031 was DISMIC 0031 until AY 2006-07); 
Transitions into Practice (NUR 1134 ) was changed from 1 to 2 credits to incorporate more information on health 
policy into the curriculum; a full semester of genetics was added to the undergraduate curriculum as of spring 2001 
in recognition of the importance an understanding of genetics plays in patient care (NUR 1680).

The School of Nursing admits students to the University’s Honors College and has had two Honors College 
graduates, both of whom were also named University Emma Locke awardees, the highest award the University 
bestows to an undergraduate student.

THE MASTER’S CURRICULUM

The purpose of the master’s program is to provide an organized sequential plan of study that leads to 
preparation of an advanced practice nurse (nurse anesthetist, clinical nurse specialist, or nurse practitioner), 
advanced generalist (CNL), or preparation in a specialized nursing role (administration, education, informatics, or 
research). Majors provide a foundation for further study at the doctoral level. The master’s curriculum builds 
logically upon the baccalaureate, and incorporates the skills and knowledge delineated in The Essentials of Master’s
Education for Advanced Nursing Practice (AACN, 1996) along with specialty standards adopted by the various majors and concentrations.

**CONGRUENCE OF THE MASTER'S EXPECTED STUDENT LEARNING OUTCOMES WITH AACN ESSENTIALS OF MASTER'S EDUCATION FOR PROFESSIONAL NURSING PRACTICE (1998)**

(See Resource Room: MSN course crosswalks, nurse practitioner core competencies crosswalks, NTF crosswalk and MSN program quality improvement reports by area of specialty for AY 2005-06, 2006-07, and 2007-08 as documentation for this section.)

The AACN Essentials **graduate core curriculum standards** (research; health care policy, organization and financing of health care; ethics; professional role development; theoretical foundations of nursing practice; human diversity and social issues; and health promotion and disease prevention) are met. In addition, advanced practice nursing core curriculum standards (advanced health/physical assessment; advanced physiology and pathophysiology; advanced pharmacology) are also met.

Graduate faculty completed a crosswalk of all courses in the master’s curriculum with the Essentials. Results of these crosswalks along with annual reports and crosswalks from the individual concentrations were submitted to the Evaluation Steering Committee for analysis and recommended adjustments to the curriculum. While faculty found a strong match between the curriculum and the Essentials, some adjustments were made as the following two examples illustrate:

The course of study for nursing informatics replaced a three-credit leadership or finance cognate credit with the 0 credit Policy/Organization/Financing of Health Care (NUR 2009) and three-credit Leadership Development (NURSP 2092) to ensure the core curriculum met the Essentials uniformly for all students.

Two required modules were added to the curriculum to address issues related to Ethics (NUR 2008) and Health Policy, Leadership and Finance (NUR 2009).

Departments completed section crosswalks of courses to determine course descriptions, objectives and credits did not vary; there was a strong match between sections and did not require adjustments.

The clinical nurse specialist major includes two areas of concentration: Adult Medical/Surgical and Psychiatric/Mental Health. The clinical nurse specialist is not required to hold national certification in Pennsylvania; however, graduates of the program are prepared to sit for the national exam.

The nurse anesthesia major is accredited by the Council on Accreditation of Nurse Anesthesia Programs and will be reviewed in late 2009.

The nurse practitioner major meets or exceeds the requirements of the Essentials and the 2008 Criteria for Evaluation of Nurse Practitioner Programs as well as the core competencies listed in Domains and Core Competencies of Nurse Practitioner Practice (NTF) as demonstrated in course crosswalks conducted in 2008. Areas of concentration in the nurse practitioner major include acute care, adult, family, pediatric, psychiatric, and neonatal. All nurse practitioner concentrations were reviewed extensively by NP faculty members to examine the state of scientific knowledge versus clinical skills of graduates, and to see where those skills needed to be strengthened.

Two issues emerged as a result of this review. The first was that while graduates were fine clinicians, more content was needed about the “big picture” of health care such as health care systems, working with interdisciplinary teams,
and so on. As a result, separate modules for ethics and finance were added; these would begin to form a bridge to the DNP. Second, the number of credits awarded for physical diagnosis was doubled from three to six by requiring all nurse practitioner master’s students to understand health risks across the lifespan rather than in only one population group.

The nurse specialty role major is divided into four areas of concentration with each following standards/best practices within those areas: nursing administration, clinical nurse leader, nursing education, nursing informatics, and nursing research. Certification is optional for nursing informatics practice in Pennsylvania; graduates meet the eligibility criteria to sit for the national certification exam. In addition to the Essentials, the MSN administration curriculum and courses were crosswalked in spring 2008 against the AONE Nurse Executive Competencies; the informatics curriculum and courses were crosswalked at the same time against the 2008 ANCC certification test plan. In each case, a robust match was found and adjustments made where/if needed.

Selected quality improvement initiatives/revisions to the master’s curriculum in response to the Essentials:

Evidence Based Practice became the basis for the curriculum at all levels. Academic year 2003 was spent in faculty development; 2004 was a continuation of faculty development along with the formation of multiple task forces to develop the necessary ingredients for implementation; implementation of EBP began in 2005. An evidence-based practice evaluation task force appointed by the dean spent the 2006-07 academic year evaluating the incorporation of EBP across all levels. The data collected were made available to the dean and faculty for descriptive and statistical analysis. The desired outcome at the master’s level is for the graduate to be able to integrate knowledge across studies and evaluate the quality of the evidence as well as develop a plan to implement the findings in a clinical setting. The focus of the four credit graduate research course (NUR 2001) was changed from research design to evidence-based practice (EBP) to promote this focus and mastery of critical appraisal skills in professional nursing practice. Faculty attended workshops in May 2005 and course revisions were approved in 2006 resulting in division of NUR 2001 into two 2-credit courses (NUR 2000, NUR 2007). Concurrent with this change, the graduate curriculum was revised to include a required three credit statistics course (NUR 2011). A formal evaluation of EBP is underway during academic year 2008-09. (Resource Room: Report of the Evidenced Based Practice Task Force; Approval by total faculty, June 26, 2006).

The CNL concentration began in fall 2005 as part of a pilot project supported by AACN, and was organized as a subspecialty of the administration area of concentration. In 2007-08, the CNL was accepted by the total faculty organization as a permanent component of the MSN offerings. Coursework in the CNL concentration was revised and the leadership changed in AY 2007-08 because performance of the initial graduates was below expectation. In the fall of 2008-09, the Provost approved the CNL as a separate area of concentration in the specialty roles major. The school received a $900,000 grant from the Helene Fuld Foundation in fall of 2008 to adapt the revised and reinvigorated curriculum into a distance education model in conjunction with a University of Pittsburgh pilot project in distance education. In addition, the school is in active discussion with a number of health care systems to offer the CNL to specific cohorts of their employees as well as in the school’s traditional master’s program.

Concurrent with the introduction of the DNP, coursework in the MSN program was evaluated and several revisions made, e.g., expanding credits in NUR 2010 Health Promotion and Disease Prevention in Culturally
Diverse Populations from two to three credits to allow greater emphasis on diversity; and expanding credits in physical assessment and differential diagnosis (NUR 2031, NUR 2033, NUR 2032) from four to six credits to allow greater refinement of assessment and diagnostic skills.

THE DNP CURRICULUM

The DNP curriculum builds logically upon the baccalaureate and master’s, and incorporates the skills and knowledge delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). Advanced practice nursing core curriculum standards (advanced health/physical assessment; advanced physiology and pathophysiology; advanced pharmacology) are also met where required. Evidence-based practice suffuses the DNP curriculum, as it does the undergraduate and master’s curricula; the DNP graduate should be capable of implementing what is learned, especially at the health care system and policy level.

CONGRUENCE OF DNP EXPECTED STUDENT LEARNING OUTCOMES WITH AACN

*ESSENTIALS OF DOCTORAL EDUCATION FOR PROFESSIONAL NURSING PRACTICE (2006)* (DNP Essentials and specialty crosswalks; DNP quality improvement reports by area of concentration for AY 2007-08; and DNP Task Force reports serve as documentation of this section.)

As the crosswalks demonstrate, the program is congruent with the eight core essentials (scientific underpinnings for practice; organizational and systems leadership for quality improvement and systems thinking; clinical scholarship and analytical methods for evidence-based practice; information systems/technology and patient care technology for the improvement and transformation of health care; health care policy for advocacy in health care; inter-professional collaboration for improving patient and population health outcomes; clinical prevention and population health for improving the nation’s health; advanced nursing practice).

Faculty began discussing adding the DNP as a program as the DNP was under discussion and design by AACN. Formal planning began in 2004 when Dean Dunbar-Jacob appointed a DNP task force to make recommendations on whether the School of Nursing should pursue this option. They recommended it and the total faculty organization approved it. The task force was re-appointed to prepare and bring a design to the TFO. The committee began meeting in summer 2004 to discuss the results of literature searches and focus groups, curriculum plan reviews from other universities, consultant recommendations, examination of other practice doctorates within the University, and other related topics. The guiding principle for the task force was “What will our graduates be prepared to do?” With this in mind, particular attention was paid to discussions of the leadership role, clinical expertise and socialization into that role, and the level of research expertise that might be required. By March of 2005, the task force proposed final core curriculum (specialty curricula were still in development at that point).

Initial planning took place prior to adoption of the *Essentials* in 2006. Since then and in preparation for CCNE review, faculty have completed course crosswalks with the *Essentials* to see that the *Essentials* and other specialty standards are met; standards were met or exceeded in all cases. Crosswalks will continue as courses are added and the curriculum is adjusted to accommodate new areas of concentration.

III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes. The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities. Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge. DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.
Elaboration: Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Post-baccalaureate entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998) as well as advanced course work. Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 1998), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. The program provides a rationale for the sequence of the curriculum for each program.

Program Response: (Curricula – plans of study - as of academic year 2007-08 for the three programs are contained in Appendices 16-44. Complete plans of study for all programs for all three academic years and the current academic year are found in the Resource Room.)

Undergraduate curriculum background:

The curriculum is logically structured at each level to achieve the desired student outcomes such that introductory courses provide a foundation for further coursework and clinical experiences, thereby meeting the breadth and depth of the Essentials.

Undergraduate tracks include:

Traditional 124 credit four-year;

Accelerated 2nd Degree BSN for college graduates who wish to pursue a second baccalaureate degree in nursing; and RN Options for licensed RNs working toward the BSN and possibly the MSN, DNP, or PhD degree(s). RN Options students may take 24 hours of bridge credits during the senior year counting toward the master’s degree if they qualify.

BSN students enrolled in the traditional four-year track may elect to accelerate by taking summer term courses; if both summer terms are elected, the student may graduate in three calendar years.

BSN students may opt for a BSN-to-MSN, -DNP, or -PhD track if requirements for advanced study are met with the exception of the DNP in nurse anesthesia which at this time may not be pursued directly from the BSN.

Baccalaureate program faculty and students are able to articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Liberal education provides tomorrow’s nurse with a solid foundation for the development of clinical judgment skills, exposure to diversity of thought, development of high personal standards, and the ability to articulate ideas effectively, all necessary for excellence within the nation’s most trusted profession. In addition, the undergraduate curriculum is designed to build upon itself, e.g., Foundations of Nursing Practice I (NUR 0080) and Statistics are taken in the fall of the sophomore year followed by Foundations of Nursing Practice II (NUR 0081) and Nursing Research: Introduction to Critical Appraisal and Evidence Based Practice (NUR 0067) in the spring. Equivalent progression occurs within the Accelerated 2nd Degree and RN Options tracks as they progress through their course sequences which are structured to take into account the background qualifications met by the individual student. (See Appendix 16: Traditional Four Year Baccalaureate Program in Nursing)

Accelerated 2nd Degree BSN Curriculum Structure (with option to continue on to graduate education)
The Accelerated 2nd Degree in nursing is a post-baccalaureate entry program allowing students to build upon their previously acquired academic skills while immersing themselves in the nursing curriculum. The track incorporates the generalist knowledge common to baccalaureate nursing education as delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* as well as advanced course work. Two of the courses in this track, (NUR 2000 & NUR 2007), as well as one of the pre-requisite courses, (NUR 2004), are master's level courses. A graduate of the Accelerated 2nd Degree BSN Program has earned eight credits toward the MSN degree. (See Appendix 17: Prerequisites for the Accelerated 2nd Degree track in nursing and Appendix 18: Accelerated 2nd Degree BSN Curriculum)

**RN Options: RN to BSN (with option to continue on to graduate education)**

The RN Options curriculum is designed for registered nurses, who obtained their nursing education through either a diploma or an associate degree program, to complete their nursing education with a Bachelor of Science in Nursing (BSN). Those who qualify and who wish to go on for further study may take 24 “bridge” credits to satisfy both the final requirements of the BSN and the initial requirements of the MSN. RN Options is a rigorous academic track with strict requirements regarding transferable coursework, and courses which may and may not be challenged through examination. Students may enter this track during any term. Their curriculum is determined through consultation with their academic advisor. (See Appendix 19: RN-Options Curriculum)

**Graduate curriculum background:**

The curriculum design includes core courses, specialty core courses, and electives. Students may select preparation in advanced practice nursing as a nurse anesthetist, nurse practitioner, or clinical nurse specialist; students may also choose to prepare in a specialized role such as nursing administration, nursing informatics, or clinical research. Graduate students may elect to take 12 credits of specified electives to earn a minor in nursing education, or nursing administration.

The curriculum is logically structured through the master’s and DNP levels to achieve the best student outcomes such that courses taken provide a foundation for coursework and clinical experiences to come. To the best of our knowledge, the School of Nursing offers the only clinical DNP in the region with the exception of the FNP-DNP track. The first clinical approval granted by the Pennsylvania State Board of Nursing was the DNP CRNP in acute care in May 2008. At this point, only the neonatal and primary care/psychiatric NP DNP concentrations are still to be approved by the PA State Board of Nursing.

Many paths are open to students interested in tracking directly from the BSN to the MSN and/or the PhD or DNP, or from the MSN to the PhD or DNP. (Note: BSN students may opt for a BSN-to-MSN, -DNP, or -PhD track if requirements for advanced study are met, with the exception of a doctoral degree in nurse anesthetia which may not be pursued directly from the BSN at this time. There are also four post-baccalaureate certificates offered: genetics, informatics, research, and school nurse; credits earned may be applied toward the appropriate master’s.)

**MSN/DNP majors offered are:**
The nurse specialty role with concentrations in nursing administration and a sub-specialty in the clinical nurse leader; nursing education; nursing informatics; and nursing research (Note: administration is the only specialty role offered at the DNP level);
The clinical nurse specialist with concentrations in medical/surgical and psychiatric/mental health; Nurse anesthesia; and Nurse practitioner with concentrations in acute care (sub-specialties in oncology, critical care, cardio-pulmonary, and trauma and emergency); adult; family; pediatric; primary care/psychiatric; and neonatal.

(Eight post-master’s certificates are also offered: acute care nurse practitioner, education, health care genetics, informatics, legal nurse consulting & forensic nursing, nursing research, psychiatric primary care nurse practitioner, and school nurse.)

At the master’s level, all students take a series of core courses (see Appendix 20: Master’s Core Curriculum) as well as required courses in the areas of concentration (see Appendix 21-34: Master’s Majors/Concentrations Specialty Curricula). The master’s level courses build upon baccalaureate-level competencies, using them as a foundation to meet the more complex demands of higher level nursing practice and leadership as prescribed by the Essentials. Examples include: Research for Evidence Based Practice (NUR 2000) which builds upon EBP content embedded in the baccalaureate curriculum and specifically introduced in Nursing Research: Introduction to Critical Appraisal and EBP (NUR 0067); Advanced Pharmacology (PHARM 2002) which builds on content introduced in the baccalaureate curriculum in Pharmacology and Therapeutics (NUR 0087); and Advanced Pathophysiology Across the Lifespan (NUR 2004) which builds on content introduced in Pathophysiologic Foundations of Nursing Care (NUR 0020).

DNP Curricula

The purpose of this practice-focused doctoral program is to prepare nursing leaders for the highest level of clinical nursing practice. Throughout the program students develop the clinical, organizational, economic, and leadership skills to design and implement programs of care delivery which significantly impact health care outcomes and have the potential to transform health care delivery as articulated in the Essentials. Graduates with this terminal clinical degree are prepared for roles in direct care or indirect, systems-focused care.

The DNP focuses on evaluating evidence and using evidence in clinical decision-making, leadership skills, implementing viable clinical innovations, and through applying research and theoretical understanding to plan and make change in practice. There is also emphasis on a population perspective, assessment of populations, use of data to make programmatic decisions, and program evaluation.

Core courses of this curriculum focus on advanced evidence-based practice, organizational and systems leadership, clinical research and analytical methods for evidence-based practice, informatics and patient care technology for the transformation of health care, health care policy and finance, clinical prevention and population health, and inter-professional collaboration for improving patient and population health outcomes. This knowledge is then expanded upon through cognates within selected areas of major/concentration (see Appendix 35-44: DNP Majors/Concentrations Specialty Curricula). The program culminates in a capstone project that reflects the synthesis and application of knowledge gained throughout the curriculum.

The DNP completion builds upon the master’s program and entering students must have a master’s degree in a comparable area or, if not, complete comparable coursework in order to ensure appropriate curriculum progression. The DNP focuses on evaluating evidence and using evidence in clinical decision-making, leadership skills,
implementing viable clinical innovations, and through applying research and theoretical understanding to plan and make change in practice. There is also emphasis on a population perspective, assessment of populations, use of data to make programmatic decisions, and program evaluation.

### III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes.

**Elaboration:** Teaching-learning practices and environments (classroom, clinical, laboratory, simulation, distance education) support achievement of expected individual student learning outcomes identified in course, unit, and/or level objectives.

**Program Response:**

Practices and environments support achievement of expected individual student learning outcomes as identified in objectives. Faculty employ pedagogical and andragogical (adult-focused) models of learning as appropriate in order to better engage adult students. In addition, individual faculty members are required to formulate a written teaching philosophy which becomes a part of his or her teaching portfolio. This statement is an active and ongoing part of the teaching-learning experience at the School of Nursing.

**Integration of learning resources into the Center for Innovation in Clinical Learning (CICL)** *(see also II-B)*

Teaching and learning occur in several laboratories on-site and one nearby (WISER). The on-site facilities have been integrated into the CICL and are run from central state-of-the-art control facilities. *(See II-B for a description of technological resources.)*

**Ellen Chaffee Anatomy & Physiology Lab:**

Courses offered include anatomy/physiology and microbiology in conjunction with didactic courses (NUR 0012 and 0002; NUR 0013 and 0003; ORBIOL 0031 and 0032)

**Computer labs:**

There are two computer labs available for students during extended hours on weekdays.

**Ellen Chaffee Nursing Skills Laboratory**

Students are able to practice specific skills such as intubation, IV and arterial catheter insertion, and regional anesthesia in this ten-bed hospital-like setting.

**Simulation training:**

Students across the undergraduate program and in the clinical MSN specialties practice fundamental knowledge and technical skills, and apply evidence-based practice taught in a didactic setting through simulation training in a realistic hospital setting. The school is fortunate to have its own in-house simulation lab with both adult and infant simulation models as well as access to the world-renowned Peter M. Winter Institute for Simulation Education and Research (WISER); both are described in Standard II.

**Teaching-learning through distance education:**

Traditional classroom experience broadcast to a distant location and with the ability for individuals to interact from both sites.

Meetings, seminars and small group activities are enabled through video-conferencing.

**Teaching-learning in the classroom setting:**
Faculty employ a variety of teaching-learning strategies to accommodate different learning styles and to take advantage of the School of Nursing’s proximity to the University of Pittsburgh Medical Center with its wealth of guest speakers, adjunct faculty, field trips and other resources. The health sciences library system described in Key Element II.A is available to faculty and students, and the health sciences librarian who serves as the liaison to the School of Nursing visits classes at each level each year to orient students and faculty and to offer specialized training appropriate to each level. The extensive technology available within the school and described more fully in Key Element II-A makes it possible for faculty to spend time challenging students to use higher level thinking skills. As one faculty member noted in 2007, “My primary goal as an educator of advance practice nurses is not to teach knowledge but to teach thinking.” (Hravnak, Pitt Nurse)

Technology, again as mentioned earlier, has also made it possible to offer courses at other locations and to allow interactions between participants at those locations, enriching the experience for all.

Training offered to faculty by the CICL (school) and University Center for Instructional Development and Distance Education (CIDDE) in the use of Blackboard has also enhanced the classroom experience. Blackboard is an online tool enhancing student learning and assisting faculty by acting as a repository for supplemental materials, hosting quizzes, allowing students to build e-portfolios, and so forth.

Learning takes place in group as well as individual settings, and through both oral and written assignments. Assignments may be essays, multiple choice, posters, presentations, skill mastery, or a combination. Course attendance requirements vary somewhat but is generally required.

**Teaching-learning in the clinical setting:**

Students at the undergraduate and graduate level are guided by preceptors and clinical faculty in clinical settings at sites such as UPMC, schools, the Midwife Center, the VA Hospital, community hospitals, and community care centers. These experiences include direct supervision of students on site where student/faculty ratios vary by specialty area under state guidelines. Arrangements for clinical placements on and off campus are initiated and planned by the departments; the office of the dean makes the formal agreements (Resource Room: Policy 400: Clinical Experience Arrangements with Health Agencies). Copies of all currently approved agreements for clinical sites are kept on file in the office of the dean and will be available for on-site inspection. These sites are continually evaluated against meeting student learning needs and changes are made as appropriate (see III-F below for Evaluation discussion).

<table>
<thead>
<tr>
<th>III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Elaboration:</strong> Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).</td>
</tr>
<tr>
<td><strong>Program Response:</strong> (Reports from each community of interest area are available in the Resource Room. summarizes various communities of interest, mechanisms for gathering feedback, and outcomes received.)</td>
</tr>
</tbody>
</table>

The communities of interest within the University include faculty and students within the School of Nursing, the other schools of the health sciences (as represented primarily by the senior vice chancellor for health sciences), and other areas of the University itself (as represented by faculty from other departments teaching required courses,
the provost and chancellor, et al.). Teaching-learning practices are consistent with the larger institution as discussed earlier, and, as demonstrated above, teaching-learning practices are appropriate to the student population and build on prior learning. Also as discussed in II-B, faculty, students, and preceptors have ample opportunity for input into the teaching-learning process. The school is especially aware of the needs of adult learners with limited time and is responding by using tools such as distance technology and workplace on-site classes in conjunction with employers to improve the learning environment and access to school programs.

Externally, the communities of interest includes but are not limited to the health care consumer, potential employers and clinical agencies where students practice, alumni, fellow nurse educators, legislative bodies/professional organizations, and lay organizations related to health. Differences among these sectors cause the methodology and frequency of data collection to vary.

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

*Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students’ clinical learning experiences, faculty may seek input from preceptors regarding student performance, but are ultimately responsible for evaluation of individual student learning outcomes.*

**Program Response:**

Evaluation policies and procedures for individual student performance are defined and consistently applied. Faculty members are required to communicate course grading and evaluation criteria to all students at the start of each semester with clear specification of grading and evaluation expectations in writing on all syllabi. Faculty members seek input from preceptors and track student performance in clinical settings; however, it is the primary faculty member’s responsibility to determine whether learning outcomes are met.

**Baccalaureate Student Evaluation**

**Assessment and Progression System:**

Through a quality improvement process that began in 2003, the BSN council determined in academic year 2005-06 that a program of review, practice, specialty testing, and support are important strategies for assessment and progression of students in the nursing program and recommended the Health Education Systems, Inc. (HESI) package of services be implemented throughout the program. The selected package provides students with nine specialty exams (critical thinking, fundamentals, pharmacology, maternity, pediatric, medical/surgical, psychiatric, critical care and management/community health), mid-curricular exam (required as of academic year 2008-09), online case study access, individual remediation resources, a comprehensive exam, and an on-site NCLEX-RN® review course. The latter provides students with a review of essential content and key topics as well as the difficult areas most likely to be tested, and test-taking strategies. Faculty concluded a key strength of the HESI package was testing incorporated *along the way* in addition to the remediation offered, allowing students to witness their progression under testing circumstances.

The HESI exit exam is highly predictive of students’ success on the NCLEX-RN®. Because the test is a computerized instrument, it provides students’ individual scores at the completion of the exam, enabling immediate
remediation to be initiated if a need is so indicated. The summary analysis produced by the exam enables faculty to compare their students’ performance on more than fifty different subject area categories with the performance of students across the United States.

Sample analysis of HESI and NCLEX-RN® data:

A review of data was completed in fall 2007 comparing HESI results from tests administered in spring 2006 and 2007; results were then linked to NCLEX-RN® pass rates. In 2006 when taking it was optional, 65 students failed to achieve a score of 850 and three of those students failed the NCLEX-RN®. In 2007 when the HESI was required for the first time, there were six failures on the NCLEX-RN® on the first attempt; four of these individuals achieved HESI pass rates of 850. Two individuals passed the NCLEX-RN® after multiple HESI takes. In academic year 2007-08, 97% of students taking the HESI received a score of 850 or better and 96% passed the NCLEX-RN®.

The scores on the BSN Comprehensive Exam given in the spring of 2008 showed an aggregate composite score of 861 for the graduating University of Pittsburgh nursing students. For nursing students in all RN programs who took this comprehensive exam in the last 365 days, the average composite score was 825, which reflects a 48.02 percentile level. For our aggregate, the average composite score was 861, which reflects the 58.08 percentile level compared to this norm group. For nursing students in associate degree nursing programs who took this exam in the last 365 days, the average composite score was 832, which reflects the 49.78 percentile level. For nursing students in diploma programs who took this exam in the last 365 days, the average composite score was 820 which reflect the 46.47 percentile level and for nursing students in BSN programs who took this comprehensive exam in the past 365 days, the average composite score was 819, which reflects the 46.16 percentile level. The University of Pittsburgh graduating nursing students scored higher as an aggregate in comparison to these three groups of students.

Evaluation of Student Level Progression

Student level progression is evaluated by convening faculty to assess students’ progress in meeting the level objectives, promote communication about students’ needs, and identify implications for improving the BSN program overall.

The BSN faculty meets as a group twice annually to discuss the overall progression of undergraduate students according to the respective level objectives. In this forum, the faculty identifies students who meet expectations, are not progressing as well as expected, or are progressing exceptionally well. During the level progression meetings, action plans are proposed to promote students’ future success. The outcomes are shared with each student’s undergraduate advisor who then communicates concerns and makes recommendations directly to the student advisee. Tutoring services are available through the student services office as well as through several University resources.

Since initiating the BSN Level progression meetings, the school has recognized the importance of advisors in promoting communication and continuity about students’ progression and has shifted to a system of advisors based in the office of student services. Strategies have been developed to strengthen advisors’ effectiveness. At-risk students are identified earlier in their program of study, and guidelines have been generated appropriate for the various levels of students. (See discussion of at risk students in II-B: Advising.)

Evaluation of Student Clinical Performance:
Faculty Supervised Clinical Placements:

Clinical evaluation tools are used to evaluate the undergraduate students’ clinical performances throughout all levels of the program. Level objectives for sophomore (level 2), junior (level 3) and senior (4) levels of the program are established by the BSN council and submitted to the Evaluation Steering Committee.

Formal clinical evaluation is consistently applied at the midpoint and final week of the semester. The clinical faculty completes both evaluations. As delineated in the course syllabi, all upper level students receive a written final evaluation completed the last day of clinical during the semester. Performance plans are initiated at any time by the clinical faculty.

If the student is not performing optimally he or she will be verbally counseled on how to improve. If the student’s performance is such that they are at risk of not meeting the level objectives as delineated on the clinical evaluation form, he or she will be advised of the need to improve performance or fail the course. After identifying a potential for failure, no more than one week may pass before the student receives a written performance plan. The performance plan details which objective(s) from the clinical evaluation tool that the student is at risk of not successfully meeting. The performance plan details a plan for improvement and is generated by the clinical faculty. The student and the faculty both sign and date the document. Copies are distributed to the primary teacher of the nursing course, the student’s advisor and the associate dean or designee. The student and faculty meet weekly and record any progress, decline or stagnation in the prior week’s performance in relation to the level objective and the detailed plan. If the performance improves such that the level objectives are met, the student will be removed from the performance plan and is once again able to pass the clinical component of the course. If the student’s performance does not improve, the student will fail the clinical component of the course and receive a failing grade for the course on their transcript.

Students expressed a clear understanding of the evaluation form relative to poor performance. However, there was ambiguity in recognition of and delineation of mid-level and superior achievement. The school named a task force to revise the form. A new clinical evaluation form was developed and trialed for one term. It has now been revised, approved by total faculty, and implemented in the fall of academic year 2008-09.

Preceptored Clinical Placements:

It is the student’s responsibility to distribute an evaluation form to the supervising preceptor during placement in the assigned clinical area. The preceptor reviews completed evaluations with the student and submits these to the primary instructor (vs. clinical instructor) according to the process established at each clinical placement site.

Daily clinical evaluations are based on level-objectives established by the BSN council and submitted to the Evaluation Steering Committee. At the master’s and DNP (if appropriate) levels, the faculty is involved closely in the evaluation of student performance in the clinical placement and observes each student at least once per term (more if there are issues to be resolved).

Student Evaluation of Clinical Placements:

Students complete a self-evaluation as part of their clinical performance evaluation.

Beginning in academic year 2007-08 the Typhon Group Registered Nurse Student Tracking (RNST™) Data Entry System was piloted in clinical courses. The Typhon RNST System is a clinical data system in which students...
enter case data for storage and tracking, record all required clinical time information, and maintain a record of conferences attended outside of clinical hours. Each student must enter all case data regarding assigned patients, skill acquisition and time logs for each clinical course. Typhon compiles summary statistics of the types of patients students see as well as giving students a portfolio of the types of patients they saw. After a second full year of use (AY 2008-09), the system will be re-evaluated by the Typhon task force and further recommendations made to the appropriate councils.

The UPMC system initiated a student clinical evaluation program in spring 2008. The clinical instructor, clinical unit, and student evaluate each other, and the information is shared with the School of Nursing.

**Master’s Student Evaluation**

Individual plans of study are developed for each graduate student in conjunction with the faculty advisor. These are monitored through setting benchmarks, regular meetings, and other forms of communication and are evaluated on a regular basis. Site visits are made to clinical sites at least once per semester and more often if there are performance issues.

Faculty members in the areas of concentration meet regularly to discuss the progress of graduate students, assess their needs, provide feedback, and so forth. For example, the acute care nurse practitioner faculty members hold monthly meetings to assess their students. Faculty members evaluate nurse anesthesia students each day in the clinical setting; at the end of each clinical rotation the student is also evaluated by the site clinical coordinator. Anesthesia faculty and advisors meet with students two-to-three times per year or more frequently if necessary to evaluate the student’s academic and clinical status.

Master’s students all take a comprehensive exam in both the master’s core subjects and in the area of specialty. As a quality initiative, the exam was separated into the two parts in the academic year to better facilitate the test-takers’ time management. Students are allowed to take the test either on the computer or in handwritten format; a student has two opportunities to pass the exam.

**DNP Student Evaluation**

Upon admission, each DNP student is assigned a faculty academic advisor in their selected area of concentration. Individual plans of study supporting the preferred concentration and scholarly capstone idea are drafted and kept on file for each DNP student in conjunction with the faculty advisor. Revisions are made as the student refines personal academic goals and new opportunities become available. This may include adding cognate courses or practicum, mentoring a teaching/writing opportunity or locating a content expert to support the capstone scholarly work. Progress is monitored on a regular basis through setting/meeting benchmarks, regular communication and periodic face to face meetings. DNP students meet with faculty regularly (at least once a semester through course work and at least bi-weekly during capstone work) to discuss the progress, assess their needs, provide feedback and supplement learning needs.

If there are performance issues advisor oversight is increased as needed. In addition the advisor may ask for advice and assistance from the DNP task force members who have overall responsibility for monitoring the DNP curriculum and student progress.

DNP students are evaluated in their individual course work through course teachers and through their scholarly
work with their faculty advisor and other members of their capstone committee. Presentation of capstone project
allows for scholarly and community appraisal, critique and monitoring of the success of the student.

| III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement. |
| Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement. |

**Program Response:** (Evaluation Plans and Quality Improvement Reports in the Resource Room serve as primary documentation for this section. Other documentation is listed within the text below.)

**Teaching-Learning Practice Evaluation**

As described in Key Element I-B, the University and the school are committed to a culture of review, assessment and evaluation with well-defined processes in place for doing so on an ongoing basis. Major changes described elsewhere in this document have taken place since the last site visit reflecting a shift to higher admission standards, more rigorous curricula, integration of evidence-based practice at all levels, and the expansion of program offerings. Rather than a single curriculum committee, each of the councils (BSN, MSN/DNP and PhD) has a curriculum committee devoted to its own program. This allows for more frequent and knowledgeable review of curricula at a time of dramatic growth in the school. Throughout, the school has maintained not only a culture of evaluation, but also a culture of excellence resulting in consistently high rankings by U.S. News and World Report and other ranking bodies.

**Evaluation of Teaching-Learning Practices**

**Faculty**

Each faculty receives an annual evaluation of their achievements based on this review which is shared in writing and during a scheduled meeting with the chair. The review incorporates student evaluation of teaching obtained through anonymous surveys conducted by the Office of Measurement and Evaluation of Teaching (OMET). Faculty members are observed in the classroom as part of the mid-tenure review. Peer evaluations are obtained at designated intervals depending on rank and status (renewal of contract, promotion, etc.).

Every three years, each faculty member presents a teaching portfolio as part of the evaluation. Details concerning the portfolio are available along with other information regarding the process in Resource Room: relevant forms and policies (#s 360, 361 and 362). The University Faculty Handbook is available online (see http://www.provost.pitt.edu/handbook/handbook.html) and the school’s forms, guidelines and policies are available to all school personnel on the Intranet. A link will be made available to the visiting team.

**Clinical Instructors**

Both full time and part time clinical instructors are evaluated in the same manner as all faculty within the school of nursing. Clinical instructors are required to complete a self-evaluation at the time of merit review, which incorporates student input from the OMET evaluation tool, described for didactic faculty. In addition, individual clinical faculty members meet yearly with department chairs to discuss their goals and performance. Primary teachers are asked to provide written input into this evaluation.
Preceptors

Arrangements for preceptored clinical experiences are initiated and planned in the departments of the school of nursing. Primary faculty/clinical faculty, in collaboration with nurse leaders at agencies where students are placed, select clinical preceptors for undergraduate courses. Preceptors are selected based on recommendation of their clinical managers and their commitment to the clinical preceptor role. In addition, the individual faculty member is responsible for orienting the preceptor to the course, and using that initial interaction to evaluate preceptor abilities.

In order to evaluate student nurses' perceptions of their preceptored experiences, the coordinator of community clinical placements developed a tool based on the goals and outcomes of the preceptor program. The “Student Evaluation of Preceptor” form was implemented in fall 2007. Students in both Transitions into Professional Nursing (NUR 1134) and Community Health Nursing Theory and Practicum (NUR 1128) overwhelmingly chose “agree” to “strongly agree” in response to questions about preceptor provided learning experiences, working relationships, communication skills, and provision of feedback. Based on this information, primary faculty in both courses made no changes to the clinical portions. In the spring of 2008, students recorded similar results, except for one statement. Twenty-five of the community health students disagreed with the statement “My preceptor challenged and supported me in my pursuit of course and level objectives and clinical goals.” Based on this finding, the clinical faculty in the community health course is meeting on site with both students and their preceptors to clarify clinical goals and objectives and provide examples of how goals may be reached.

In the case of the nurse anesthesia major, both CRNAs and anesthesiologists at the clinical sites are evaluated. (See the Resource Room for nurse anesthesia documentation.)

Clinical Placement Sites

New clinical placement sites are thoroughly evaluated by primary faculty, who visit the unit and observe preceptor teaching activities. Clinical instructors are usually on the units directly supervising students or else visiting sites on a rotating basis. At the undergraduate level, this primarily affects students during Transition into Professional Nursing Practice (NUR 1134) where they are closely monitored. If problems arise, remedial activities are immediately planned to correct the problem.

At the master’s level, visits are not generally scheduled more than once per term if the instructor is experienced, known to the school, and there have been no problems or complaints in the past. If problems do arise, more visits may be scheduled. Students facing problems prior to the clinical placement will have their preceptor hand-picked for them by faculty in order to best meet their needs. In the case of the nurse anesthesia major, sites as a whole are evaluated and those faring poorly are visited more frequently and possibly replaced.

Student evaluation of clinical placement sites is also solicited during each experience and used to consider the value of the particular placement (see III-F above).

Simulation Course Evaluation

Simulation courses are integrated throughout all levels of the baccalaureate curriculum. Standardized evaluation tools are available via the proprietary Simulation Information Management System (SIMS), and both pre-course and post-course tools are utilized. The faculty has the option to choose from a menu of standardized
evaluation items or customize course specific items. Faculty, student, curriculum, facility, and other attitudinal evaluation measures are commonly obtained.

**End of Program Evaluation**

Evaluations are obtained from students at the completion of the baccalaureate program, just prior to graduation. For the 2005-2006 and 2007-2008 academic years, the end of program survey tool was distributed by the school’s Center for Research and Evaluation (CRE). The survey asks the graduating student to provide information pertinent to the baccalaureate program, academic and clinical curriculum, learning resources, advisement, and faculty and staff performance. During the 2006-2007 academic year, the same questions were asked of graduating students; however, the survey tool was distributed via Educational Benchmarking (EBI). This year, to increase student participation, the CRE distributed the survey online via SurveyMonkey. (Resource Room: End-of-program survey.)

The results of the baccalaureate program surveys are compiled by the Center for Research and Evaluation and shared with the school’s Evaluation Steering Committee, then disseminated to the various councils and faculty for review and feedback for quality improvement efforts. The data from the surveys are stored on secure servers in the CRE.

**Alumni-One Year Post-Grad Evaluation**

The importance of meaningful alumni contact is a guiding principle in building and sustaining positive alumni relationships. Data regarding alumni career achievement serve to enhance the school’s reputation and recruitment efforts and permit the school and the University to learn how nursing alumni are impacting the profession.

The School of Nursing connects with each of its alumni approximately twice per year through its publication, *Pitt Nurse* magazine. Monthly contact and quarterly meetings engage members of the Nursing Alumni Society Executive Board. Additionally, alumni contact is made annually through a number of alumni-focused events. The school’s director of development connects with nursing alumni via phone calls and/or personal visits and written communication. The University of Pittsburgh Medical Health Sciences Foundation sponsors events locally and nationally that provide venues for alumni outreach. The primary focus of director of development contact is the cultivation of major gift prospects.

**Annual Report to School of Nursing with Evaluation**

The various councils and committees are required to submit an annual report within the school which contains multiple evaluation elements. This report is intended to inform the senior vice chancellor of the health sciences, the school’s board of visitors and also to meet AACN accreditation requirements and Pennsylvania State Board of Nursing regulations.

**Other Evaluation Activities**

Each individual faculty member is evaluated by their respective department chair yearly for merit and for reappointment according to academic requirements and length of contract. Every three years, reappointment status of tenure stream faculty is reviewed by the school’s Appointment, Reappointment and Tenure Committee. Tenure stream faculty members have mid-tenure, promotion and tenure reviews as well. Data used in faculty evaluation include student ratings (OMETS), peer evaluation, administrator evaluation, self-evaluation, external expert
evaluation (tenure track faculty), teaching awards and scholarly output, and student learning outcomes. Self-evaluation forms vary by rank and are available on the Intranet and in the Resource Room. Evaluation input is frequently requested from the faculty and staff for a broad range of initiatives, such as faculty governance, CICL resources, CRE use, committee EPB integration, etc., and is undertaken as needed. Distance education is evaluated each term by both students and faculty using this teaching methodology. The CICL conducts an end-of-term meeting for faculty regarding all courses transmitted during the term for feedback on technology usage, and surveys both faculty and students at the end of the term. Resource Room.

Areas of Strengths Standard III

- A dedicated faculty committed to the highest standards of teaching nursing science and practice; and practices and an environment within the school, the University, the health sciences and area health care facilities committed to the highest standards available to enable teaching/learning.
- Forward-thinking curriculum plans incorporating the latest science and technology (e.g., informatics, genetics, use of simulations) at the three levels (BSN, MSN, DNP) that strives to meet the highest standards of nursing science and practice, and that follows logical teaching/learning progression across all levels.
- A commitment to evidence-based practice as the underpinning of nursing education and science.
- Curriculum committees and community of interest groups at all levels providing ongoing input leading to program improvement.
- The use of a variety of tools including student level progression meetings by faculty; the HESI; identification and remedial activities for students at risk; and enrichment activities for those who excel to support individual student achievement.

Table 8. Areas of Concern and Action Plans for Standard III

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Action Plans</th>
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<tbody>
<tr>
<td>Undergraduate faculty wishes to ensure students are receiving a full complement of clinical learning experiences.</td>
<td>A BSN Council task force will identify an efficient way to monitor student experiences during academic year 2009-2010.</td>
</tr>
<tr>
<td>Issues with ensuring appropriate clinical sites and placement with preceptors including availability, changing nature of clinical sites, student preferences, and numbers created by a higher volume of care to optimize student learning experiences.</td>
<td>Work more closely with UPMC Academic Service Partnerships, and with University of Pittsburgh Physicians (UPP) to insure early communication of changes and develop additional placements.</td>
</tr>
<tr>
<td>Precepted clinical site visit evaluations have not been tracked uniformly by graduate areas of concentration.</td>
<td>Graduate faculty will develop a standard evaluation form.</td>
</tr>
<tr>
<td>Use of the GRE as a criteria for admission (not currently required by all master’s areas of specialization).</td>
<td>Faculty continues to discuss the usability and variability of the GRE’s at the master’s level through focus group discussion and individual interviews.</td>
</tr>
</tbody>
</table>
concentrations; required at the doctoral level) an appointed task force. Focus at doctoral level is to raise scores of applicants.

STANDARD IV
PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

The program is effective in fulfilling its mission, goals, and expected aggregate student and faculty outcomes. Actual aggregate student outcomes are consistent with the mission, goals, and expected student outcomes. Actual alumni satisfaction data and the accomplishments of graduates of the program attest to the effectiveness of the program. Actual aggregate faculty outcomes are consistent with the mission, goals, and expected faculty outcomes. Data on program effectiveness are used to foster ongoing program improvement.

Key Element IV-A. Surveys and other data sources are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. Collected data include, but are not limited to, graduation rates, NCLEX-RN® pass rates, certification examination pass rates, and employment rates, as appropriate.

Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN®-RN®-RN® pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). Programs may define the point of entry to the program and the length of time allotted for program completion. The entry point and the time frame used in the calculation are specified by the program. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).

Program Response:

The University of Pittsburgh's commitment to excellence in instruction requires a comparable commitment to a culture of assessment through which we continually evaluate the success of our educational programs and feed the results of those assessments back into our academic planning processes. The University of Pittsburgh and its academic components are committed to a culture of review, assessment, and evaluation, building on the assessment plan reported in the University’s 2001 Middle States self-study. In addition, the University undertakes extensive compilation and application of institutional and unit-level benchmarking data and analyses along with documentation of student learning outcomes and evaluation of student satisfaction. (See University of Pittsburgh 2001 Middle States self-study—http://www.pitt.edu/~jd1/selfstudy.html—and Middle States Evaluation Team Report—http://www.pitt.edu/~provost/middlesstatesreport.html).

The School of Nursing annually reviews and modifies the strategic plan. The primary responsibility of the review and revision of this plan is undertaking by the Planning and Budgeting committee, a required university committee made up of faculty, staff and the student body. Data are collected to examine the achievement of strategic objectives in support to the Strategic Plan of the School of Nursing. These outcomes can be found
Appendix 5. More specifically focused on evaluation is undertaken by the evaluation steering committee. It is designed to serve as a quality improvement tool to ensure all CCNE standards are met or exceeded.

The School of Nursing EPQI is designed to serve as a quality improvement tool to ensure all of the standards are met or exceeded. Undergraduate and graduate faculty members of the Evaluation Steering Committee serve as chairpersons of their respective undergraduate and masters (and now DNP) evaluation/quality improvement subgroups throughout the BSN and MSN Councils. [Note: these are distinct from the curriculum committees of the councils.] The subgroups consist of 3-5 members of the undergraduate and graduate Councils. These subgroups meet as needed through the year to consider evaluation and quality improvement issues. An agenda item is always placed on BSN and MSN council meeting agendas to ensure discussion time for evaluation items and to reinforce the concept of evaluation as a consistent and important quality improvement process.

In May of each year the groups meet to formulate the annual quality improvement reports (QIR). The groups bring together data sources relevant to evaluation (end of program evaluations, preceptor dinner summative data, individual student information regarding comprehensive exams and certification) and quality improvement of the undergraduate and graduate programs. The data points are those of Standard I through IV as they reflect mission and governance, institutional commitment and resources, curriculum teaching-learning practices, individual student learning outcomes, aggregate student performance and faculty accomplishments relevant to each curricular level. Evaluation subcommittees formulate their respective QIR over the summer term by gathering evaluative data and following the evaluative process (identifying data sources, data review, recommendations, decision making and projected outcomes). Data are compared to previous benchmarks, evaluated and a quality improvement initiative is suggested, if necessary.

These quality improvement reports are then brought back to Evaluation Steering Committee, BSN and MSN/DNP Councils and presented to Dean’s Council and Total Faculty Organization. The target date for presentation is September. Quality improvement initiatives that are derived from the QIR analysis and reports are brought forth through the undergraduate and graduate councils with the creation of working groups, policy change, curricular initiative or further discussion. These quality improvement initiatives are then evaluated in the annual process.

The University of Pittsburgh School of Nursing continually evaluates aspects of the BSN, MSN, and DNP programs. Evaluation is integrated as a key component of our overall quality improvement initiative.

Information about students and demonstrated achievement of graduates are collected and analyzed in a systematic manner in accordance with the University of Pittsburgh School of Nursing’s evaluation planning process as described in I-B (See Appendix 7 for School of Nursing Evaluation Plan for Quality Improvement Plan [School of Nursing EPQI]). As outlined in the School Of Nursing EPQI, extensive quantitative and qualitative data are collected and evaluated to assist in monitoring and improving program effectiveness. All QI activities are summarized in annual BSN and MSN QI reports. The Board of Visitors (composed of alumni, nationally-recognized nursing leaders, nursing school deans, legislators, and UPMC representatives) also provides qualitative input and those reports are available in the Resource Room. Department chairs and senior administrators participate in Board of Visitors sessions and recommendations are passed on to the appropriate group for action.
Undergraduate Evaluation

Guided by the School Of Nursing EPQI, data are collected from a variety of sources and reviewed by the BSN Council Evaluation Subgroup which is comprised of the BSN Council representative to the School Of Nursing Evaluation Steering Committee, the Associate Director for Student Services and a faculty representative from each level of the BSN program (freshmen, sophomore, junior and senior). This subgroup facilitates the QI process by assembling and reviewing relevant data, evaluating the data, presenting recommendations and proposing appropriate actions for ongoing program improvement to the BSN Council and Evaluation Steering Committee. Data are compared to previous data and benchmarks set by the School Of Nursing, university or professional standards; data are evaluated and QI initiatives are identified. To foster a culture that supports faculty ownership in the QI process, Evaluation Steering is a standing agenda item on the monthly BSN Council agenda. All QI activities are summarized in the annual BSN QI reports (see BSN QI Reports for last three years in Resource Room).

Undergraduate evaluation begins with an annual examination of applicants and adjustment to of the admissions criteria. Undergraduate students are reviewed and admitted to the School of Nursing through the central University Admissions office. Criteria are established by the School of Nursing to contribute to the holistic review undertaken. Data on the SAT and class rank are compiled and reviewed each week and distributed to the School of Nursing. Comparisons with the previous four years are included in the data.

Data sources for monitoring the BSN program are presented in Table 9.

<table>
<thead>
<tr>
<th>Data</th>
<th>Source</th>
<th>Data Collection Process</th>
<th>Expected Outcomes Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Criteria</td>
<td>University Admissions Office data</td>
<td>Annual Admission Criteria</td>
<td>Holistic Review</td>
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<tr>
<td></td>
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<td></td>
<td>SAT - 3 tests; ≥1200 SAT (quantitative and verbal)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Class Rank, ≥ 20th percentile</td>
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<td>GPA; ≥3.5 on a 4.0 scale</td>
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<td>Admission Essay</td>
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<td>Advanced Placement Classes</td>
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<td></td>
<td></td>
<td>Specific Science and Math Classes</td>
</tr>
<tr>
<td>BSN Level Progression</td>
<td>Student Services BSN Evaluation Subgroup of Evaluation Steering</td>
<td>Faculty input during end of term meetings (clinical progression) Minutes available</td>
<td>95% of students meet or exceed level objectives.</td>
</tr>
<tr>
<td>BSN Graduation, Freshman Retention and Attrition Rates</td>
<td>Student Services University Institutional Research Support, Student Services Database</td>
<td>≥80% graduation rates ≥90% Freshman retention rate ≤20% overall attrition</td>
<td></td>
</tr>
<tr>
<td>BSJ Comprehensive Exam Pass Rates</td>
<td>Admissions, Progression and Graduation Committee</td>
<td>HESI score sheet for each student</td>
<td>≥80% pass rate on 1st attempt</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>--------------------------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
</tr>
<tr>
<td>NCLEX-RN® Pass Rates</td>
<td>PA State Board</td>
<td>Quarterly and annual reports</td>
<td>≥90% first time pass rate</td>
</tr>
<tr>
<td>End of BSN Program Student Surveys</td>
<td>Evaluation Steering Center for Evaluation and Research (CRE) prepares/administers electronic survey</td>
<td>≥70% of students rate items as satisfied or highly satisfied</td>
<td></td>
</tr>
<tr>
<td>Employment Rates upon graduation [6 months post graduation]</td>
<td>End of Program Survey</td>
<td>CRE prepares &amp; administers electronic survey (items of end of program survey) Alumni survey</td>
<td>≥95% employment and/or enrolled in graduate school [within 6 months of graduation]; 70% intend to enroll in graduate school within 4 years at the time of graduation; 90% employment upon graduation</td>
</tr>
<tr>
<td>Employer Satisfaction Survey</td>
<td>Evaluation Steering Center for Evaluation and Research (CRE) prepares/administers electronic survey</td>
<td>≥90% of employers will be satisfied with the performance of new graduates.</td>
<td></td>
</tr>
<tr>
<td>Alumni Survey</td>
<td>Department of Advancement &amp; External Relations</td>
<td>School of Nursing prepared survey</td>
<td>≥90% of alumni are satisfied with their education at one year and three years post graduation</td>
</tr>
<tr>
<td>Preceptor (Dinner) Focus Groups</td>
<td>Evaluation Steering Center for Evaluation and Research (CRE) prepares/administers electronic survey</td>
<td>Minutes from annual meeting; semi structured interviews</td>
<td>Preceptors attendees represent community and transitions sites Preceptors share strengths and concerns at each level query</td>
</tr>
<tr>
<td>Dean’s Undergraduate Student Advisory Council</td>
<td>Office of the Dean</td>
<td>Minutes from semi annual meetings with Dean.</td>
<td>Student classmates and express strengths and concerns relevant to their class Each undergraduate class is represented at the meeting</td>
</tr>
</tbody>
</table>

**MSN Evaluation**

Guided by the School of Nursing EPQI, data are collected from a variety of sources and reviewed by the MSN/DNP Council evaluation subgroup. This subgroup facilitates the QI process by assembling and reviewing relevant data, evaluating the data, presenting recommendations and proposing appropriate actions for ongoing program improvement to the MSN/DNP Council and evaluation steering committee. Data are compared to previous data and benchmarks set by the School of Nursing, University or professional standards. MSN Evaluation Committee is a standing agenda item for MSN/DNP council in order to ensure discussion of evaluation and reinforce the concept of
evaluation as a consistent and important QI process. MSN program reports will be organized into the four majors – clinical nurse specialist, nurse practitioner, nurse specialty roles and nurse anesthesia (see MSN QI Reports for last two years in Resource Room). Data sources for monitoring the MSN program are presented in Table 10.

<table>
<thead>
<tr>
<th>Data</th>
<th>Source</th>
<th>Data Collection Process</th>
<th>Expected Outcomes / Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSN Progression</td>
<td>Majors Areas of Concentration</td>
<td>MSN Evaluation Subcommittee</td>
<td>&gt; 95% of progression and coursework is met by those admitted. Delays are explained by approved leave of absence or other extenuating circumstances.</td>
</tr>
<tr>
<td>MSN Graduation Rates</td>
<td>APG Committee</td>
<td>Committee will collect &amp; monitor</td>
<td>&gt; 95% of students will graduate within the expected 6 years statue of limitations</td>
</tr>
<tr>
<td>MSN Comprehensive Exam Pass Rates</td>
<td>APG Committee</td>
<td>Areas of concentration coordinators will monitor to report to results forwarded to APG.</td>
<td>90% 1st time pass rates; 100% on 2nd attempt</td>
</tr>
<tr>
<td>Peer Certification Exam Pass Rates</td>
<td>Areas of Concentration</td>
<td>MSN Evaluation Subcommittee</td>
<td>≥ 90% 1st time pass rates; 100% on 2nd attempt</td>
</tr>
<tr>
<td>End of MSN Program Survey</td>
<td>Evaluation Steering Committee</td>
<td>Center for Evaluation and Research (CRE) prepares &amp; administers electronic survey.</td>
<td>≥90% of graduates are satisfied or highly satisfied with the program</td>
</tr>
<tr>
<td>MSN Employment rates</td>
<td>Evaluation Steering Committee</td>
<td>CRE prepares &amp; administers electronic survey</td>
<td>≥ 95% of graduates are employed or enrolled in DNP / PhD program within 6 months</td>
</tr>
<tr>
<td>MSN Employer Satisfaction Survey</td>
<td>Evaluation Steering Committee</td>
<td>CRE prepares &amp; administers electronic survey</td>
<td>≥90% of employers are satisfied or highly satisfied with the performance of graduates.</td>
</tr>
<tr>
<td>Alumni Survey</td>
<td>Department of Advancement &amp; External Relations</td>
<td>University Alumni Survey School of Nursing prepares survey; University Center for Social &amp; Urban Research will collect data</td>
<td>≥90% of alumni are satisfied or highly satisfied with their education at one year and 3 years post graduation</td>
</tr>
<tr>
<td>Preceptor (Dinner) Focus Groups</td>
<td>Evaluation Steering Committee</td>
<td>Minutes from meeting; semi structured interviews Focus groups conducted annually</td>
<td>Preceptors attendees represent areas of concentration. Preceptors share strengths and concerns</td>
</tr>
<tr>
<td>MSN Advisory Majors and areas of advisory boards are</td>
<td></td>
<td></td>
<td>Boards will share strengths and concerns and</td>
</tr>
<tr>
<td>Boards</td>
<td>concentration</td>
<td>established for each area of concentration. Advisory boards meet annually</td>
<td>provide recommendations for program enhancements</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Clinical Site Evaluations (faculty)</td>
<td>Individual majors</td>
<td>Faculty evaluate clinical sites and preceptors prior to initiation of clinical experience. Faculty make site visits depending on the level of student and need for clinical involvement. Evaluative summaries of clinical sites completed by the faculty member</td>
<td>Faculty conduct site visits for a minimum of one during each term. Faculty approve the clinical site appropriate for each MSN student clinical experience</td>
</tr>
<tr>
<td>Clinical Site Evaluations (student)</td>
<td>Individual majors</td>
<td>Students evaluate clinical sites and preceptors, usually through Typhon software.</td>
<td>Students evaluate clinical sites each term. Student ratings for quality indicators of clinical sites are above average</td>
</tr>
<tr>
<td>Preceptor Evaluations of students</td>
<td>Individual areas of concentration collect from clinical preceptors</td>
<td>Site visit by faculty, discussion with preceptor and written preceptor evaluation</td>
<td>All preceptors provide positive input regarding student goal achievement. Preceptor evaluation of student experience is conducted for each precepted experience. 100% of students meet or exceed expectations</td>
</tr>
</tbody>
</table>

**DNP Evaluation**

The DNP program evaluation is guided by the Evaluation Plan for QI, data are collected from a variety of sources and reviewed by the DNP Implementation Committee and the MSN/DNP Council. The evaluation subgroup facilitates the QI process by assembling and reviewing relevant data, evaluating the data, presenting recommendations and proposing appropriate actions for ongoing program improvement. Data will be compared to previous data and benchmarks set by the School Of Nursing, University or professional standards. QI initiatives will be identified as suggested by the DNP data. The Evaluation Committee is a standing agenda item for MSN/DNP council in order to ensure discussion of evaluation and reinforce the concept of evaluation as a consistent and important QI process. Program reports will be organized into the four majors – clinical nurse specialist, nurse practitioner, nurse administration and nurse anesthesia. DNP program reports for the first year (6 months) period (January 2008-June 2008) and current year are available in the Resources Room. Data sources for monitoring the DNP program are presented in Table 11.
<table>
<thead>
<tr>
<th>Data</th>
<th>Source</th>
<th>Data Collection Process</th>
<th>Expected Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNP Progression</td>
<td>Majors</td>
<td>Optional monthly DNP Committee</td>
<td>Progression in course work is met by 95% of those admitted. Delays are explained by approved leave of absence or other extenuating circumstances.</td>
</tr>
<tr>
<td>Areas of Concentration</td>
<td>DNP Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNP Progression Majors</td>
<td>Areas of Concentration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNP Committee</td>
<td>Optional monthly DNP Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DNP Capstone Completion</td>
<td>DNP Committee</td>
<td>Capstone progression document</td>
<td>100% of DNP students complete as Capstone as a condition of graduation</td>
</tr>
<tr>
<td>DNP Capstone Completion</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Comprehensive Exam Pass Rate</td>
<td>APG Committee</td>
<td>DNP Committee will monitor and report to APG</td>
<td>Will apply to POST BSN-DNP graduates. Expect 90% 1st time pass rates; 100% on 2nd attempt</td>
</tr>
<tr>
<td>DNP Graduation Rates</td>
<td>APG Committee</td>
<td>Committee will collect and monitor</td>
<td>95% will graduate within the 6 years statute of limitations</td>
</tr>
<tr>
<td>Peer Certification</td>
<td>Areas of Concentration</td>
<td>DNP Committee</td>
<td>Required for post BSN-DNP-NP majors. ≥90% on 1st time pass rates</td>
</tr>
<tr>
<td>DNP Student Dinner (2008)</td>
<td>DNP Committee</td>
<td>Questionnaires completed by students</td>
<td>100% expressed satisfaction with program (Summary of results in Resources Room)</td>
</tr>
<tr>
<td>End of DNP Program Survey</td>
<td>Evaluation Steering Committee</td>
<td>Center for Research and Evaluation (CRE) prepares and administers electronic survey</td>
<td>90% of students are satisfied with the program</td>
</tr>
<tr>
<td>DNP Employment Rates</td>
<td>Evaluation Steering Committee</td>
<td>Center for Research and Evaluation prepares and administers electronic survey</td>
<td>95% of graduates are employed within 3 months of graduation</td>
</tr>
<tr>
<td>Employer Satisfaction Survey</td>
<td>Evaluation Steering Committee</td>
<td>CRE prepares &amp; administers electronic survey</td>
<td>90% of employers will be satisfied or highly satisfied with graduate performance</td>
</tr>
<tr>
<td>Alumni Survey</td>
<td>Department of Advancement &amp;</td>
<td>School Of Nursing prepares; University Center for Social &amp;</td>
<td>90% of alumni are satisfied or very satisfied one year with their education one to 3 years post graduation</td>
</tr>
<tr>
<td></td>
<td>External Relations</td>
<td>Urban Research will collect data</td>
<td></td>
</tr>
<tr>
<td>DNP Preceptor Dinner</td>
<td>Evaluation Steering Committee</td>
<td>Minutes from meeting; semi-structured interviews</td>
<td>Identified and addressed preceptor issues for the next academic year.</td>
</tr>
</tbody>
</table>
Focus groups conducted annually
Preceptors share strengths and concerns

DNP Advisory Board | DNP Committee
---|---
Upon approval. Advisory boards are established for each area of concentration. Advisory boards meet annually. In the interim, the MSN Advisory Board is providing input
Boards will share strengths and concerns and provide recommendations for program enhancements

Clinical Site Evaluations (faculty) | Individual majors
Faculty evaluates clinical sites and preceptors prior to initiation of clinical experience. Faculty makes site visits regularly depending on the level of student and need for clinical involvement.
Faculty conduct site visits a minimum of once a term. Faculty approve a clinical site as appropriate for each DNP student’s capstone work.

Clinical Site Evaluations (student) | Individual majors
Students evaluate clinical sites and preceptors. Plan to constitute an initial advisory board of DNP graduates employers in 2009
Students evaluate clinical sites each term. Student ratings for quality indicators of clinical sites are above average (>80%) (Typhon)

Preceptor Evaluations of students | Capstone advisor collects from preceptors
Site visit by capstone faculty, discussion with capstone advisor and preceptor, and written preceptor evaluations
Preceptor evaluation of student experience is conducted for each precepted experience. Preceptors provide positive input regarding student goal achievement. Students achieve ≥ 90% level.

**Key Element IV-B.** Aggregate student outcome data are analyzed and compared with expected student outcomes.

*Elaboration:* Actual student outcomes data are analyzed in relation to expected student outcomes to identify areas of discrepancies. Discrepancies may indicate areas for program improvement.

**Program Response:** Expected outcomes/benchmarks for each data source for the BSN and MSN and DNP programs are presented in Tables 9, 10, and 11 (see above).

**How data are analyzed in relation to BSN expected outcomes/benchmarks:**

1) *BSN Level Progression:* Each student is assigned a permanent advisor who is responsible for providing advisement and monitoring student progress. The advisor is made aware of academic difficulties through notification by Student Services. Student progress is also monitored through level progression meetings, convening faculty to assess individual student progression toward the BSN level objectives, promote communication about student needs and identify strategies and implications to improve the overall BSN program. The process was initiated in the fall of academic year 2005-06 and has since been refined and codified (see Undergraduate policy
Each BSN primary teacher completes an assessment of each student to determine his/her success in meeting level objectives (Appendix 45: Evaluation of BSN Student Performance). Reports are forwarded to individual student advisors who counsel advisees accordingly (Appendix 46: Sample letter to BSN student advisors). The BSN evaluation subgroup presents aggregated student results to BSN Council where discussion occurs regarding overall program quality improvement. The expected benchmark is that all students meet all level objectives.

2) **BSN Graduation, Freshman Retention and Attrition Rates**: This process involves analyzing data provided by the University in relation to School Of Nursing benchmarks and comparing School Of Nursing data to that of other Schools within the University. The expected benchmark is > 80% graduation; > 90% Freshman retention; and < 20% overall attrition.

3) **BSN Comprehensive Exam Pass Rates**: Comprehensive exams were introduced as a means of measuring student outcomes in Spring 2006. All pre-licensure/undergraduate students are required to take a Comprehensive Exam during the term they expect to graduate. Earning a BSN degree is contingent upon meeting the minimum pre-established scores. (see Undergraduate Policy #117). At least 80% of students are expected to pass on 1st attempt. A score of 850 was selected based on the data regarding prediction of NCLEX success published by HESI. Students with HESI scores between 850-899, 900-949, and > 950 have an average, excellent and outstanding probability of passing, respectively (Evolve Reach http://hesitest.com/FacultyAccess/Premium/Comparisons.aspx [1/23/2009 11:15 AM].

4) **NCLEX-RN® Pass Rates**: NCLEX-RN® data is received by the dean’s office and shared with the councils and departments. The goal of > 90% first time pass rate was set to exceed the standard set by the PA State Board of Nursing (70%) and meet exceed the reported pass rates of other BSN Programs within the Commonwealth of Pennsylvania.

5) **End of BSN Program Student Surveys**: (Resource Room: End of BSN Program Student Survey) Students who are completing the BSN program are a primary community of interest for program evaluation. Student satisfaction is assessed at the school level with an electronic end of program survey. The BSN Council set the goal for students’ satisfaction ratings at >70 % satisfaction for all quality indicators as a starting point to help target areas for improvement. Survey will be avail

6) **Employment Rates upon graduation**: The goal for 95% employment and/or graduate school enrollment within 6 months of graduation and 70% intent to enroll in graduate school within 4 years was set in consideration of regional and national demand for BSN prepared nurses and need for nurses with advanced education.

7) **Employer Satisfaction Survey**: (Resource Room: Employer satisfaction survey). Several approaches have been used in prior years, all have yielded a less than satisfactory return. Greater than or equal to 90% of employers are expected to be satisfied or very satisfied with graduates.

8) **Alumni Survey**: (Resource Room: Alumni satisfaction survey). Several approaches have been used in past years; all have yielded a less than satisfactory return. (The survey is under revision; benchmarks have yet to be determined.) Greater than or equal to 90% of alumni are expected to be satisfied or very satisfied with their education.
9) **Preceptor (Dinner) Focus Group.** Clinicians who serve as clinical preceptors to BSN students are also considered a community of interest. In AY2007 & AY2008, the Evaluation Steering Committee sponsored an annual dinner for approximately 100 BSN and MSN preceptors to obtain their suggestions regarding program strengths, areas for improvement and ways to improve preceptor communication. Preceptors were invited from the two BSN courses using preceptors (Transitions, Community Health). Data are recorded by an Evaluation Steering Committee member using a semi-structured interview.

10) **Dean’s Undergraduate Student Advisory Council:** Current BSN students are a primary community of interest for program evaluation. Section X-A for summary of all issues raised by these students and actions taken to resolve concerns, Resource Room, and the 2008 BSN QI report

11) **Admission Criteria:** Class averages on admissions criteria are compiled by the University Admissions office and forwarded to the School of Nursing with comparison data for the previous 5 years (Current report is available in the Resource Room)

**How data are analyzed in relation to MSN expected outcomes/benchmarks:**

1) **MSN Progression:** Graduate students are assigned a faculty advisor who is responsible for monitoring student progress. The advisor is made aware of academic difficulties through notification by Student Services. A remedial plan is initiated by the faculty advisor and communicated with the student. As the student progresses into specialty content the advisor closely follows didactic and clinical performance. If a student is experiencing difficulty, the student is counseled and, if necessary, a program improvement plan is developed and shared in writing with the student. A benchmark of > 95% of students meeting expected competencies was established as the goal given applicant quality.

2) **MSN Graduation Rates:** This process involves analyzing data provided by Student Services. Annual benchmark attainment is compared to School of Nursing annual graduate attrition rates as a historical control. A benchmark of > 95% of students graduating was established as the benchmark to allow for attrition due to academic performance, health issues and personal issues.

3) **MSN Comprehensive Exam Pass Rates:** All graduate students are required to take a Comprehensive Exam during the term they expect to graduate. Earning a MSN degree is contingent upon passing the Comprehensive Exam (see Undergraduate Policy #217). At least 90% of students are expected to pass on 1st attempt, with 100% at second attempt. Benchmarks were set by the MSN Council based on historic control.

4) **Certification Exam Pass Rates:** Not all graduate students are required to take certification exams. When appropriate, the expected benchmark is > 90% 1st time pass rates; 100% on 2nd attempt. Benchmarks are determined based on school’s historic control ranging from 90 to 100%.

5) **End of MSN Program Student Surveys:** (Resource Room: End of MSN Program Student Surveys). Students who are completing the MSN program are a primary community of interest for program evaluation. Student satisfaction is assessed at the school level with an electronic end of program survey. The MSN Council set the goal for students’ satisfaction ratings at >80% satisfaction for all evaluative items as a starting point to help target areas for improvement. Any item below 80% rated satisfied or highly satisfied is flagged as an item to analyze and track. The “80%” level is the historic benchmark for the school.
6) **Employment rates upon graduation:** > 95% employment or enrollment in a DNP or PhD program was determined as the benchmark target based on local/commonwealth demand for nurses prepared at the graduate level, and the high demand for doctorally (DNP, PhD) prepared nurses.

7) **Employer Satisfaction Survey:** (Resource Room: Employer satisfaction survey). Several approaches have been used in prior years. It is expected that 90% of employers are satisfied or highly satisfied with graduates.

8) **Alumni Survey:** (Resource Room: Alumni satisfaction survey). Several approaches have been used in past years. It is expected that 90% of alumni are satisfied or highly satisfied with their education.

9) **Preceptor (Dinner) Focus Groups:** Clinicians who serve as preceptors to MSN students are also considered a community of interest for program evaluation. For the past two years, the Evaluation Steering Committee has sponsored an annual dinner to assemble ~ 100 BSN and MSN preceptors to provide input regarding program strengths, areas for improvement and ways to improve preceptor communication. Preceptors are seated at tables with course coordinators; an evaluation Steering Committee member facilitates discussion using a semi-structured interview.

10) **Advisory Boards:** Currently, three areas of concentration have advisory boards (ACNP, Clinical Nurse Leader, and Nurse Anesthesia) consisting in clinicians (NPs, CRNA’s, MDs) whose practice matches program content. Members are updated on program initiatives and asked to provide input regarding program strengths, areas for improvement and practice trends. Benchmark: Any issues identified are resolved in a timely manner.

11) **Clinical Review (faculty):** Course objectives for all MSN courses are compared with national standards for graduate nursing education and areas of specialty annually. Any need for modification that results in change to course objectives, based on primary teacher’s knowledge of new material, a need for change in course objectives, student feedback from previous semester must be approved through MSN Curriculum Committee, MSN Council and Total Faculty.

12) **Clinical Evaluations (student):** Student ratings for quality indicators of satisfaction with clinical sites should be > 80%; this rate is determined as a starting point to help target areas for improvement. These ratings are completed by students through the Typhon Rating System and accessible by faculty.

13) **Preceptor Evaluations of students:** All students must meet expected competencies for area of concentration to function competently in the selected role. Preceptor evaluations are calculated into course grades. One hundred percent of student will meet or exceed expectations.

**Key Element IV-C.** Aggregate student outcome data provide evidence of the program’s effectiveness in achieving its mission, goals, and expected outcomes.

**Elaboration:** The program reports aggregate data related to its expected outcomes. Reported data include student, alumni, and employer satisfaction; graduation rates; NCLEX-RN® pass rates; certification examination pass rates; employment rates; as well as data related to other program-identified expected outcomes.

**Program Response:**

**Undergraduate evaluation**

1) **BSN Admission Criteria:** Efforts have been undertaken since AY03 to progressively improve the academic profile of students admitted to the School of Nursing. This action was undertaken in response to AY02 PA State Board of Nursing pass rates, and their relationship to SAT scores, as well as a University initiative to raise the
academic profile of new admissions. Data for the past 4 years on the SAT and class rank show evidence of this (More complete data are available in the Resources Room). See Table 12.

**TABLE 12: BSN Nursing Freshman Admission Characteristics**

<table>
<thead>
<tr>
<th>AY</th>
<th>N</th>
<th>SAT* (top 10 percentile)</th>
<th>Class Rank</th>
</tr>
</thead>
<tbody>
<tr>
<td>AY06</td>
<td>90</td>
<td>1223</td>
<td>48%</td>
</tr>
<tr>
<td>AY07</td>
<td>100</td>
<td>1217</td>
<td>53%</td>
</tr>
<tr>
<td>AY08</td>
<td>110</td>
<td>1234</td>
<td>57%</td>
</tr>
<tr>
<td>AY09</td>
<td>110</td>
<td>1258</td>
<td>56%</td>
</tr>
</tbody>
</table>

* Critical Reading and Math

2) **BSN Level progression**: Student progression is rated by undergraduate faculty as “not progressing as well as expected” if any subcategories are judged to be less than competent during the clinical experience and “exceeds expectations” if all subcategories are judged to be superior. NOTE: a rating of not progressing as expected does not indicate the student is not meeting level objectives; the rating connotes performance is less than superior. Displayed in the figure below (Table 13) are the results for the last 3 cycles of BSN Level Progression meetings. We interpret these data as a sign that the Level Progression Meetings are beneficial; concerns regarding students are getting the attention they need to ensure successful progression through the program. Furthermore, for 2006-2007, the number of students rated as not progressing ≥2 terms was 18%; for 2007-2008 the overall % of students rated as not progressing ≥2 terms was only 2%.

**TABLE 13. BSN Level Progression Fall 2007-Spring 2008-Fall 2008**

3) **BSN Graduation, freshman retention and attrition rates**: The School Of Nursing has the lowest attrition rate in the University, defined as students who are first time, full-time freshmen not enrolled after the first year. For all School of Nursing students, attrition declined from approximately 20% in 2004-2006 to 6.5% in 2008. For African
American students, attrition declined from a high of 67% in 2006 to “0” in 2008. RN Options students typically graduate in 8-9 terms after completion of prerequisite courses.

### TABLE 14: Pre-Licensure/Undergraduate Attrition

<table>
<thead>
<tr>
<th>Class of</th>
<th>Original #*</th>
<th>Withdrew</th>
<th>Academic Dismissal</th>
<th>Transferred within University</th>
<th>Total Left in School</th>
<th>Attrition Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>122</td>
<td>15</td>
<td>3</td>
<td>15</td>
<td>33</td>
<td>27%</td>
</tr>
<tr>
<td>2005</td>
<td>148</td>
<td>12</td>
<td>13</td>
<td>9</td>
<td>34</td>
<td>23%</td>
</tr>
<tr>
<td>2006</td>
<td>141</td>
<td>16</td>
<td>7</td>
<td>5</td>
<td>28</td>
<td>20%</td>
</tr>
<tr>
<td>2007</td>
<td>137</td>
<td>24</td>
<td>3</td>
<td>3</td>
<td>30</td>
<td>22%</td>
</tr>
<tr>
<td>2008</td>
<td>138</td>
<td>3</td>
<td>0</td>
<td>6</td>
<td>9</td>
<td>6.5%</td>
</tr>
</tbody>
</table>

Data Source: NurseTrac Datable (08-1) *Includes Sophomore Admits

### TABLE 15: Pre-Licensure/Undergraduate African American Attrition

<table>
<thead>
<tr>
<th>Class of</th>
<th>Original # in Class</th>
<th>Withdrew</th>
<th>Academic Dismissal</th>
<th>Transferred within University</th>
<th>Total Number left in School</th>
<th>Attrition Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>29%</td>
</tr>
<tr>
<td>2005</td>
<td>13</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>31%</td>
</tr>
<tr>
<td>2006</td>
<td>6</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>4</td>
<td>67%</td>
</tr>
<tr>
<td>2007</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>17%</td>
</tr>
<tr>
<td>2008</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.00</td>
</tr>
</tbody>
</table>

Data Source: NurseTrac Datable (08-1)

### TABLE 16: Average Term to Complete RN-BSN Options Program

<table>
<thead>
<tr>
<th>Year</th>
<th>New Enrollment</th>
<th>Active</th>
<th>Grad</th>
<th>*Inactive</th>
<th>Average terms to complete</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-04</td>
<td>45</td>
<td>25</td>
<td>10</td>
<td>10</td>
<td>7</td>
</tr>
<tr>
<td>04-05</td>
<td>54</td>
<td>47</td>
<td>2</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>05-06</td>
<td>42</td>
<td>37</td>
<td>1</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>06-07</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>0</td>
<td>9</td>
</tr>
<tr>
<td>07-08</td>
<td>6</td>
<td>4</td>
<td>0</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

Data Source: NurseTrac /Data Warehouse

*For this Table, “Inactive” is a student that was not active for 3 semesters (P Inactive), or it can be a student in this current year that enrolled and dropped in their first term.

NB: When an applicant reapplies to the same or another program, their original application data is overwritten.

**Graduation Rates:** The graduation rate for undergraduates from the School of Nursing (82%) is the highest in the University, according to the University of Pittsburgh Office of Institutional Research Undergraduate Report of March 25, 2008.
TABLE 17: BSN Graduation Statistics

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-licensure</td>
<td>91</td>
<td>106</td>
<td>123</td>
<td>109</td>
<td>123</td>
</tr>
<tr>
<td>Accelerated 2nd Degree BSN</td>
<td>--</td>
<td>0</td>
<td>20</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>RN Options</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RN-BSN (UPO)</td>
<td>44</td>
<td>50</td>
<td>25</td>
<td>34</td>
<td>27</td>
</tr>
<tr>
<td>RN-BSN (UPJ)</td>
<td>22</td>
<td>26</td>
<td>18</td>
<td>20</td>
<td>24</td>
</tr>
<tr>
<td>RN-MSN (UPO)</td>
<td>17</td>
<td>23</td>
<td>15</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>174</td>
<td>205</td>
<td>201</td>
<td>190</td>
<td>205</td>
</tr>
</tbody>
</table>

4) BSN Comprehensive Exam Pass rates (HESI): Tracking of the HESI score analysis report information is available in Appendix 47: HESI Score Analysis.

Students are permitted multiple attempts to attain a satisfactory score on the BSN Comprehensive Exam. As shown in the table below, most students attained a passing (850) score on their 1st or 2nd attempt. Some students have shared that they have do not study prior to the first attempt, to test their ability without this preparation. Therefore, these “attempt” data may not be a true indicator of student achievement.

TABLE 18: BSN Comprehensive Exam Pass Rates by Term of Graduation

<table>
<thead>
<tr>
<th>Pass Rate</th>
<th>N</th>
<th>1st Attempt</th>
<th>1st or 2nd attempt</th>
<th>1st, 2nd or 3rd Attempt</th>
<th>4 attempts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spring 2006</td>
<td>1</td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summer 2006</td>
<td>16</td>
<td>87.5%</td>
<td>93.8%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Fall 2006</td>
<td>9</td>
<td>22.2%</td>
<td>44.4%</td>
<td>55.6%</td>
<td>100%</td>
</tr>
<tr>
<td>Spring 2007</td>
<td>95</td>
<td>66.3%</td>
<td>92.6%</td>
<td>98.9%</td>
<td>100%</td>
</tr>
<tr>
<td>Summer 2007</td>
<td>29</td>
<td>65.5%</td>
<td>96.6%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Fall 2007</td>
<td>14</td>
<td>71.4%</td>
<td>71.4%</td>
<td>100%</td>
<td></td>
</tr>
<tr>
<td>Spring 2008</td>
<td>99</td>
<td>52.5%</td>
<td>69.7%</td>
<td>83.8%</td>
<td>100%</td>
</tr>
<tr>
<td>Summer 2008</td>
<td>31</td>
<td>67.7%</td>
<td>96.8%</td>
<td>96.8%</td>
<td>100%</td>
</tr>
</tbody>
</table>

Students are required to take specialty BSN Comprehensive examinations and a mid-curricular exam integrated through all levels of the curriculum. The content of these exams is specialty specific and therefore used by primary teachers as one of many methods of assessing students’ progress.

5) NCLEX®-RN Pass Rates: NCLEX®-RN pass rates have exceeded 90% for the past three years and 85% for four years.

TABLE 19: NCLEX-RN® Pass Rates for the Last Three Academic Years

<table>
<thead>
<tr>
<th>Academic Year</th>
<th># Students Taking NCLEX-RN® for 1st Time</th>
<th>NCLEX-RN® Pass Rate for 1st Time Test Takers</th>
<th># Students Taking NCLEX-RN® for 2nd Time</th>
<th>NCLEX-RN® Pass Rate for 2nd Time Test Takers</th>
<th>NCLEX-RN® Pass Rate for 1st Time Test Takers (PA)</th>
<th>NCLEX-RN® Pass Rate for 1st Time Test Takers (National)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004-05</td>
<td>131</td>
<td>88%</td>
<td>14</td>
<td>35%</td>
<td>86%</td>
<td>87%</td>
</tr>
<tr>
<td>2005-06</td>
<td>136</td>
<td>98%</td>
<td>3</td>
<td>67%</td>
<td>88%</td>
<td>88%</td>
</tr>
<tr>
<td>2006-07</td>
<td>113</td>
<td>92%</td>
<td>8</td>
<td>50%</td>
<td>83%</td>
<td>86%</td>
</tr>
<tr>
<td>2007-08</td>
<td>115</td>
<td>96%</td>
<td>3</td>
<td>67%</td>
<td>85%</td>
<td>87%</td>
</tr>
</tbody>
</table>

6) BSN End of program survey: The AY 2008 University of Pittsburgh undergraduate end-of-program survey (based on 83/115 or 70% response rate) revealed: 1) 78% of new graduates accepted a nursing position upon
graduation (> 95% employed and/or in a graduate program within 6 months of graduation; 2) 77% plan to pursue graduate school v. 59% overall at the University; 3) 86% felt the University of Pittsburgh School of Nursing met their expectations; and 4) 74% would recommend the program to others. Comparison of results of 2007 and 2008 BSN end of program surveys revealed positive trends: 1) Higher proportion of male students; 2) Lower percentage of hours per week students are employed; 3) Higher percentage of hours per week students devote to study; 4) Positive feedback regarding courses and instructors; and 5) Students’ ratings for 8 out of 9 quality factors met goals of > 70% satisfaction. Opportunities for improvement: 1) increase racial and ethnic diversity; 2) improve quality factor related to Facilities and Administration (e.g., academic advising, tuition and fees, financial aid, computer services)

7) Employment rates after BSN graduation: The percentage of graduates reporting employment at the time of graduation has ranged from 80% to 90% over the past three years.

<table>
<thead>
<tr>
<th>TABLE 20: Graduates Reporting Employment at Time of Graduation*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>BSN</td>
</tr>
</tbody>
</table>

*based on 83/115 or 70% response rate

8) Employer satisfaction: In a 2008 survey, 90% of employers reported BSN graduates from the classes of 2005-07 were either prepared or very prepared to assume nursing responsibilities when they came to the employers’ facilities. Employers also reported these same 90% performed well or very well during the facilities’ initial orientation programs. In addition, graduates’ work performance scored well on various aspects of practice and in overall comparison to graduates of other nursing programs. For example, qualitative data obtained from the chief nursing officers of facilities locally and nationally underscores employer satisfaction; “we will take as many of your students as you can prepare” is a common refrain. At a 2008 community of interest session with chief nursing officers of regional hospitals, the following was a sampling of common responses to the question, “Do new Pitt nurses look ‘different’ from graduates of other programs? Associate Chief Nurse/VA hospital: “You can tell new hires [from Pitt] in a heartbeat. They hit the ground running.” CNO at a major trauma hospital: “Overall, they [Pitt grads] are more comfortable and more confident. They are more focused on evidence-based practice.” CNE at a state psychiatric hospital: “The Pitt students interview superbly. They are far more analytical than graduates of other programs.” CNO at another academic health care system: “Whenever I see an applicant is from Pitt, I hire her/him.” A survey of alumni from the School of Nursing for the past 3 years indicates that 86.3% of respondents were employed at the time of graduation. [Table 20]

9) Alumni Satisfaction Examples: [survey available in Resource Room]

The alumni survey conducted of graduates receiving one or more degrees from the School of Nursing during the academic years 2005-06, 2006-07, 2007-08 revealed 90% who responded (292 out of approximately 900 queried) felt the School of Nursing adequately prepared them for their current position. 91.2% would probably or definitely choose the school again, and 92.7% rated their overall educational experience as good or excellent. When asked to cite factors in their success at the school, almost 39% of alumni cited the faculty, preceptors, and clinical experiences available; the next highest category cited (19.2%) was personal dedication. (Other factors cited were all
under 3% or in the “other” category which totaled 7.2%. ) When asked what factors hindered their success at the school, almost 25% reported “nothing”, with the second highest percentage (15.4) citing personal issues such as work, family and commuting. A somewhat surprising response was only 6.5% cited available class schedules as hindrances, since earlier qualitative input suggested otherwise. In the hindrance category, 9.6% cited “other” unspecified reasons. The survey is under analysis by the various departments and councils as well as the Evaluation Steering Committee.

Comments received about the school from recent graduates using qualitative data collection have been overwhelmingly positive. Strong participation in the school’s Nursing Alumni Society is also an excellent indicator of alumni satisfaction, and, in fact, the NAS received a Gold Banner Award from the University of Pittsburgh Alumni Association in 2007 and 2008. This honor goes to constituent groups who perform above and beyond the requirements of the traditional banner program by exceeding annual membership recruitment goals by at least 25%; by raising at least $2,500 for their endowed scholarships through a special event; by publishing a club newsletter; by hosting career networking events; by hosting internships for students; and by recruiting more than 20 new members for the Pitt Career Network.

10) Preceptor (Dinner) Focus Group: Sample of discussion points raised by BSN clinical preceptors include:
Request for informational web pages specific to preceptors (Preceptor website developed)
Clarification of expectations of preceptors (Tips-sheet for being a successful preceptor created)
Faculty requested the establishment of a preceptor database to track lists of preceptors, agencies and units where we place students, information about hours, days, instructor/student ratios.

11 ) Dean’s Undergraduate Student Advisory Council: In general students’ comments were positive. Students applauded the new Web site in regard to faster response time, easier to locate content, but suggested a “flashier” School Of Nursing Web home page. A sample of recent issues raised by students include Clinical scheduling difficulties, e.g., request for more hands-on experiences and congruence between didactic and skills lab portions of the course.; objections and questions regarding paying for printing in the CICL; quality of student advisement is inconsistent; and lack of time for lunch during clinical.

MSN Evaluation

1) MSN Progression: Comparison of Nursing of data for the past years, reveals a very low (1%-4%) attrition rate. As well, few students are not actively pursuing courses within their academic program.

<table>
<thead>
<tr>
<th>Year First Enrolled</th>
<th>Original Number Enrolled</th>
<th>Active</th>
<th>Inactive*</th>
<th>Attrition Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>03-04</td>
<td>151</td>
<td>148</td>
<td>3</td>
<td>2%</td>
</tr>
<tr>
<td>04-05</td>
<td>212</td>
<td>204</td>
<td>8</td>
<td>4%</td>
</tr>
<tr>
<td>05-06</td>
<td>264</td>
<td>259</td>
<td>5</td>
<td>2%</td>
</tr>
<tr>
<td>06-07</td>
<td>247</td>
<td>243</td>
<td>4</td>
<td>2%</td>
</tr>
<tr>
<td>07-08</td>
<td>272</td>
<td>269</td>
<td>3</td>
<td>1%</td>
</tr>
</tbody>
</table>

Data Source: NurseTrac /Data Warehouse
*The term “Inactive” includes those students who have completely withdrawn from a program as well as those who are temporarily inactive.
2) MSN Graduations rates: The number of graduates has remained relatively stable over the past 5 years, ranging from 76-105. The majors with the most students in order of rank are Nurse Anesthesia; Nurse Practitioner, Advanced Specialty Roles and Clinical Nurse Specialist.

<table>
<thead>
<tr>
<th>TABLE 22: MSN Graduation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Anesthesia</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
</tr>
<tr>
<td>Advanced Specialty Role</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>

3) MSN Comprehensive and Specialty Exam Pass Rates:
The expected outcome for the MSN comprehensive and specialty exam is a 95% pass rate; expectations were consistently met or exceeded with all students passing the comprehensive examination, with the exception of the ACNP specialty. See IV D for strategies directed at correcting lowered pass rates. (Appendix 48: MSN Comprehensive and Specialty Exam Pass Rates)

4) MSN Certification Pass Rates; The expected outcome for certification exams is a 95% pass rate for first time test takers; most areas experience a 100% first time pass rate (Appendix 49: MSN Certification Pass Rates). In areas where pass rates have been unsatisfactory, course changes have been made to strengthen the area as described elsewhere in this document. [Note: The only national advanced practice certification required in Pennsylvania is for nurse practitioners (effective February 2005) and nurse anesthetists.]

5) MSN end of program survey and employment rates: The 2008 MSN end-of-program survey revealed: 1) 90% of new graduates accepted a position upon graduation (projected outcome = 100% employed and/or in a graduate program within 6 months of graduation); 2) 71% employed in their nursing major; 3) 19% employed in nursing education; 4) 43% plan to pursue additional study; 5) 67% felt the Pitt program met expectations; and 7) 67% would recommend the Pitt program to others. Comparison of results of 2006/07 and 2007/08 MSN end of program surveys revealed positive trends in two specific areas: Sociocultural diversity and cultural competency (practice applications) only 59% (rated very or moderately favorable) in 2007 and 85% in 2008. The identification of research problems at 77% (rated very or moderately favorable) questions (prepared to identify research questions in clinical setting) rated very high (95%) in 2008.

6) Employer satisfaction with MSN graduates –
Alumni Satisfaction Examples: [survey available in Resource Room] see BSN section above
The alumni survey conducted of graduates receiving one or more degrees from the School of Nursing during the academic years 2005-06, 2006-07, 2007-08 revealed 90% who responded (292 out of approximately 900 queried) felt the School of Nursing adequately prepared them for their current position. 91.2% would probably or definitely choose the school again, and 92.7% rated their overall educational experience as good or excellent. When asked to cite factors in their success at the school, almost 39% of alumni cited the faculty, preceptors, and clinical experiences available; the next highest category cited (19.2%) was personal dedication. (Other factors cited were all under 3% or in the “other” category which totaled 7.2%.) When asked what factors hindered their success at the school, almost 25% reported “nothing”, with the second highest percentage (15.4) citing personal issues such as
work, family and commuting. A somewhat surprising response was only 6.5% cited available class schedules as hindrances, since earlier qualitative input suggested otherwise. In the hindrance category, 9.6% cited “other” unspecified reasons. The survey is under analysis by the various departments and councils as well as the evaluation steering committee. While the alumni survey was generally very positive, specific information from MSN alumni was difficult to ascertain and delineate as per area of concentration or specialty. The MSN Council will continue to develop more targeted alumni assessment in order to obtain meaningful data for quality improvement.

7) Preceptor Dinner focus group: Preceptor feedback was positive regarding the strengths of the program, preparation of students to assume clinical roles, and coordination with the school in placement of graduate students. Preceptors have had mixed response to the proposed preceptor website for BSN preceptors, questioning the likelihood of access and need for additional information. Specific suggestions from preceptors were tabulated and are available in the Resource Room for review. To the extent possible, preceptor suggestions were incorporated into the curriculum. (Resources Room).

8) Advisory Board: Specific suggestions from preceptors were tabulated and are available in the Resource Room for review. (Resources Room).

The Acute Care Nurse Practitioner (ACNP) advisory board is composed of clinicians from rural areas (UPJ focus) and Oakland. Members have recommended curricular improvements directed toward professional communication with specific examples of content that might improve both patient and colleague communication. These suggestions were taken to faculty and curricular changes were implemented to strengthen professional communication. Comments have been positive regarding preparation of ACNPs with a trauma emphasis, citing need in rural areas for these providers. Input from the Clinical Nurse Leader Advisory Board (one meeting held to date) focused on publicizing the program, review of content and roles, and seeking advice re clinical placement and institutional support of this newly developed role.

9) Clinical Site Evaluation (Faculty) site: All faculty found clinical sites to be acceptable, providing safe and appropriate clinical experiences and without deficit. Faculty recording of clinical evaluation in individual student folders or in Typhon Reports. (Clinical site evaluations will be in the Resource Room)

https://www.typhongroup.net

10) Clinical Evaluation (student). Students rate clinical sites consistently above 80%. Data are available according to MSN major. https://www.typhongroup.net

11) Preceptor evaluation of students: Preceptor evaluation of MSN students within all clinical programs have been exceptional. Students are consistently ranked at the 90% range or above for all aspects of clinical practice. Data (preceptor rating forms and comments) are stored in individual student folders with faculty advisor.

DNP Evaluation
Upon admission, each DNP student is assigned a faculty academic advisor in their selected major/area of concentration. Individual plans of study supporting the preferred concentration and scholarly capstone idea are drafted and kept on file for each DNP student in conjunction with the faculty advisor. Revisions are made as the student refines personal academic goals and new opportunities become available. This may include adding cognate
courses or practicum, mentoring a teaching/writing opportunity or locating a content expert to support the capstone scholarly work. Progress is monitored on a regular basis through setting/meeting benchmarks, regular communication and periodic face to face meetings. DNP students meet with faculty, at least once a semester to plan course work, and more often, during capstone work, to discuss their progress, assess their needs, provide feedback and supplement learning needs. If there are performance issues, advisor and course teacher oversight is increased as needed. In addition, the advisor may ask for advice and assistance from the DNP Committee who has overall responsibility for monitoring the DNP curriculum and student progress and communicating that to the MSN/DNP council and to the APG Committee. DNP students are evaluated in their individual course work through course teachers and through their scholarly work with their faculty advisor and other members of their Capstone committee. Presentation of the capstone project allows for scholarly and community appraisal, critique and monitoring of the success of the student.

1) DNP Capstone Completion - Completion of a Capstone project is required as a condition of graduation of all DNP students. This is a major scholarly work which includes at least one public presentation and at least one manuscript submission on the Capstone work. The student is assisted and supported by a Capstone committee.

2) Comprehensive Exam Pass Rates - We do not require a comprehensive examination of DNP post-masters graduates. However, each post BSN-DNP student is required to pass a comprehensive examination for their area of concentration. This is a university requirement. To date, the School of Nursing has had no post BSN-DNP graduates.

3) DNP Graduation Rates - DNP students are expected to complete the program within 6 years from initial enrollment. Programs of study are designed to accommodate that goal in each major and area of concentration of the DNP program whether matriculated as a part time or full time student.

4) Peer Certification - Post BSN-DNP majors must achieve national peer certification prior to applying for legal certification, such as certified registered nurse practitioner (CRNP) in Pennsylvania. We have no post BSN-DNP graduates yet, but we expect to continue the 90% first time test taking pass rate with MSN Nurse Practitioner majors.

5) End of DNP program survey - This survey will begin in 2009 as School of Nursing expects to have 2 or 3 graduates.

6) DNP Employment Rates - One graduate of the DNP program has an offer for a position with a School of Nursing NIH grant in the area of her Capstone project. However, funding has not yet been confirmed.

7) DNP Employer Satisfaction Survey - At this point, no data is available. Our DNP Employer Satisfaction Survey is currently being developed and we plan to officially adopt its use, once our DNP are employed.

8) Alumni Survey - At this point, no data is available.

9) DNP Advisory Board - We plan to an initial DNP advisory board of our first graduates and their employers. The membership will be broadened, as the School of Nursing monitors the DNP work environment.

10) Clinical Site Evaluation - To date, the School of Nursing have used clinical sites that are well established with our faculty. Criteria for selection of clinical sites and preceptors and evaluation are under development, currently. Draft documents are available in the Resources Room.
**Key Element IV-D.** Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.

**Elaboration:** The program demonstrates use of aggregate student outcome data for program improvement when actual outcomes are not consistent with expected outcomes. Adjustments to foster ongoing program improvement are deliberate and congruent with the mission, goals, and expected student outcomes.

**Program Response: how data are used to foster improvement**

Data collected through tools and processes identified in IV-A are reviewed formally and compared with expected outcomes/benchmarks to identify discrepancies. Analysis of data prompts curricular and programmatic remediation if necessary. Adjustments to curricular or programmatic content will be congruent with mission, goals and expected program outcomes. Recommendations for change are made through the program’s annual quality improvement cycle and approved by total faculty in response to evaluative data. Where student outcomes are deemed inconsistent with mission and goals, appropriate changes are made, either in leadership, the curriculum, or both as evidenced by curricular and other changes described in the annual QI reports.

**Undergraduate Evaluation**

**TABLE 23: BSN QI Initiatives (Program Improvement) from Evaluative Data (see 2008 BSN QI Report)**

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Evaluation</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN Admission report from University</td>
<td>Admitted students characteristics match or exceed criteria</td>
<td>Actions</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AY06 - SAT criteria raised to 1200</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AY09 - GPA criteria raised to 3.5</td>
</tr>
<tr>
<td>BSN Level Progression</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>BSN Council approved revised level objectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New code of conduct for students proposed and in review stage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>New student advisement structure implemented</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluate impact of code of conduct policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluate impact of new advisement structure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue to review and update related UG Policy # 151</td>
</tr>
<tr>
<td>BSN Graduation, Freshman Retention and Attrition Rates</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>Continue to monitor rates as caliber of incoming pre-licensure students increases.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compare rates to norms of other programs within and outside of the university.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue to evaluate the impact of BSN Level Progression meetings and new advisement structure on individual student’s progress and therefore graduation, retention and attrition rates.</td>
</tr>
<tr>
<td>BSN Comprehensive Exam Pass Rates</td>
<td>Not yet consistently meeting expected outcomes/benchmarks</td>
<td>Continue to collect data regarding students pass rates; use HESI generated reports to compare our pass rates to other schools within Pennsylvania and nationally</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Assess appropriateness of using as the acceptable passing score over time</td>
</tr>
<tr>
<td></td>
<td><strong>NCLEX-RN® Pass Rates</strong></td>
<td><strong>End of BSN Program Student Surveys</strong></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td></td>
<td>Continue to evaluate the use and benefits of requiring the specialty examinations including setting benchmarks for acceptable scores.</td>
<td>Continue to encourage students to use all features of HESI package to promote ongoing practice, self-study and remediation for NCLEX-RN.</td>
</tr>
<tr>
<td></td>
<td>Continue to review and update related UG Policy #117.</td>
<td>Continue to implement strategies to improve student satisfaction for Quality factor items related to Facilities &amp; Administration, including centralized student advisement with Student Services, maintaining same advisor assignment for duration of program and scheduling advisor/advisee meetings twice per term.</td>
</tr>
</tbody>
</table>
Continue to hold annual Preceptor dinner and evaluate impact of focus group on program improvement.

Concerns regarding the skills lab communicated to teaching staff of NUR 0080 who made appropriate modifications.

Concerns regarding printing in the CICL communicated to CICL staff who clarified and communicated options for printing fees.

**TABLE 24: MSN Quality improvement Initiatives from Evaluative Data**

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Evaluation</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSN Progression</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>No major issues in student progression were identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Graduate students experiencing difficulty have been readily identified and counseled.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attrition rates have been below 2% for past 3 years, at 1.9%, 1.6%, and 1.1%.</td>
</tr>
<tr>
<td>MSN Graduation Rates</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>No major issues identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue current actions and monitoring</td>
</tr>
<tr>
<td>Graduate Comprehensive Exam Pass Rates</td>
<td>Most MSN students are meeting benchmarks for Comp exam.</td>
<td>Overall comprehensive exam results are meeting benchmarks.</td>
</tr>
<tr>
<td></td>
<td>ACNP students not meeting expected outcomes/benchmarks</td>
<td>The Acute Care Nurse Practitioner Exam is not.</td>
</tr>
<tr>
<td></td>
<td>Changes implemented and under evaluation</td>
<td>The exam was reviewed item by item for content and test items of low success were rewritten.</td>
</tr>
<tr>
<td>Certification Exam Pass Rates</td>
<td>All areas of concentration are not meeting expected goal.</td>
<td>ACNP Faculty have responded to lower than expected 1st time comprehensive exam pass rates in a variety of ways:</td>
</tr>
<tr>
<td>End of Program MSN Survey</td>
<td>Return rate less than desired.</td>
<td>Student preparation was enhanced through personal communication, study guides and some content review.</td>
</tr>
<tr>
<td></td>
<td>Overall respondents</td>
<td>Students were encouraged to prepare diligently for exam.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exam Content has been confirmed in curriculum overview (identification of course and lecture for each content item).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The content items are being followed for curricular implications</td>
</tr>
</tbody>
</table>

**MSN Program**

**TABLE 24: MSN Quality improvement Initiatives from Evaluative Data**

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Evaluation</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSN Progression</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>No major issues in student progression were identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Graduate students experiencing difficulty have been readily identified and counseled.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Attrition rates have been below 2% for past 3 years, at 1.9%, 1.6%, and 1.1%.</td>
</tr>
<tr>
<td>MSN Graduation Rates</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>No major issues identified.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Continue current actions and monitoring</td>
</tr>
<tr>
<td>Graduate Comprehensive Exam Pass Rates</td>
<td>Most MSN students are meeting benchmarks for Comp exam.</td>
<td>Overall comprehensive exam results are meeting benchmarks.</td>
</tr>
<tr>
<td></td>
<td>ACNP students not meeting expected outcomes/benchmarks</td>
<td>The Acute Care Nurse Practitioner Exam is not.</td>
</tr>
<tr>
<td></td>
<td>Changes implemented and under evaluation</td>
<td>The exam was reviewed item by item for content and test items of low success were rewritten.</td>
</tr>
<tr>
<td>Certification Exam Pass Rates</td>
<td>All areas of concentration are not meeting expected goal.</td>
<td>ACNP Faculty have responded to lower than expected 1st time comprehensive exam pass rates in a variety of ways:</td>
</tr>
<tr>
<td>End of Program MSN Survey</td>
<td>Return rate less than desired.</td>
<td>Student preparation was enhanced through personal communication, study guides and some content review.</td>
</tr>
<tr>
<td></td>
<td>Overall respondents</td>
<td>Students were encouraged to prepare diligently for exam.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Exam Content has been confirmed in curriculum overview (identification of course and lecture for each content item).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>The content items are being followed for curricular implications</td>
</tr>
<tr>
<td><strong>Employment Rates on Graduation</strong></td>
<td>Meeting expected outcomes/benchmarks</td>
<td>Will continue to monitor and encourage students to use faculty and clinical preceptors as mentors and guides in seeking first graduate employment.</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>-------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Employer Satisfaction Survey</strong></td>
<td>Survey to be modified to better meet needs</td>
<td>Results not specific enough for MSN graduates to make informed curricular changes. Due to limitations of paper and mailed surveys and inherent bias in evaluation of MSN graduates (those doing well agree to have employer surveyed), the MSN/DNP Committee endorsed that each major would develop and conduct advisory boards of employers, alumni and preceptors that would allow informed discussion regarding preparedness of graduates and need for curricular changes that may enhance the graduates.</td>
</tr>
<tr>
<td><strong>Alumni Survey</strong></td>
<td>Survey was conducted but not tailored to MSN issues. Survey must be tailored to better meet needs</td>
<td>MSN Council (Evaluation Committee) will continue to work with Office of Advancement to a more appropriate survey and mechanism to meet needs of MSN evaluation committee.</td>
</tr>
<tr>
<td><strong>Preceptor (Dinner) Focus Group</strong></td>
<td>Meeting expected outcomes/benchmarks</td>
<td>Preceptor feedback has been overwhelmingly positive. MSN faculty will continue to work on communication and co-ordination to maintain excellent evaluations</td>
</tr>
<tr>
<td><strong>Advisory Boards</strong></td>
<td>Meeting expected outcomes/benchmarks</td>
<td>Examples of feedback: The Acute Care Nurse Practitioner (ACNP) advisory boards have recommended curricular improvements directed toward professional communication with specific examples of content that might improve both patient and colleague communication. Suggestions were taken to faculty and curricular changes were implemented to strengthen professional communication. Utilization of standardized patients (actors) for patient</td>
</tr>
</tbody>
</table>
| Course Evaluations | Meeting expected outcomes/benchmarks | Formal MSN Curricular evaluation of course objectives cross walked against MSN Essentials resulted in refinement of course objectives to better match content in course.  
**APN Core Curriculum of the AACN Essentials**  
**Essential 8, Number 3: Advanced Pharmacology**  
Understand legal requirements for APN prescriptive authority.  
Amendment to objectives of:  
**PHARM 2002 — Advanced Pharmacology**  
Understand legal requirements for APN prescriptive authority.  
**AACN Essential 5, Number 1: Critique and evaluate theory**  
Amendment to objectives of:  
**NUR 2007 Research for Evidenced Based Practice**  
The following objectives were added  
**Course work should provide graduates with the knowledge and skills to: critique and evaluate a variety of theories from nursing and related fields and apply and utilize appropriate theories from nursing and related fields to provide high quality health care to clients.**  
Amendment: to objectives of:  
**Course NURNP 2029: Role Seminar II**  
The following objectives were added  
Student will advocate for the nursing profession through verbal and written communication.  
Student will articulate through verbal and written communication the legal requirements for APN prescriptive authority. |
| Clinical Evaluations (faculty) | Meeting expected outcomes/benchmarks | Faculty rate clinical sites and preceptors favorably.  
Will continue to utilize Typhon for faculty recording of visit  
Faculty will continue to make site visits to determine the appropriateness of the clinical site in meeting learning needs.  
Will continue to assess. |
| Clinical Evaluations (student) | Meeting expected outcomes/benchmarks | Students rate clinical sites and preceptors favorably.  
Will continue to utilize Typhon for faculty recording of visit.  
Faculty will continue to make site visits as appropriate to assess |
Preceptor evaluations of students | Meeting expected outcomes/benchmarks | Preceptors rate students favorably. Will continue to utilize preceptor evaluation forms for evaluation of students. Will continue to assess.

### DNP Program

**TABLE 25: DNP Quality improvement Initiatives from Evaluative Data**

<table>
<thead>
<tr>
<th>Data Source</th>
<th>Evaluation</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>DNP Progression</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>No major issues in student progression were identified. Attrition was due to level of difficulty of DNP curriculum. Only one graduate as of Jan. 2009. Post BSN-DNP for Nurse Practitioner major approval required from PA State Board of Nursing, for each area of concentration. Four areas were approved for the DNP</td>
</tr>
<tr>
<td>DNO Graduation Rates</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>No major issues identified. Continue current actions and monitoring</td>
</tr>
<tr>
<td>Graduate Comprehensive Exam Pass Rates</td>
<td>Unable to evaluate</td>
<td></td>
</tr>
<tr>
<td>Certification Exam Pass Rates</td>
<td>Unable to evaluate</td>
<td>One graduate was post master’s DNP Clinical Nurse Specialist without a certification requirement</td>
</tr>
<tr>
<td>End of Program DNP Survey</td>
<td>Unable to evaluate</td>
<td>Only one graduate to date</td>
</tr>
<tr>
<td>Employment Rates on Graduation</td>
<td>One graduate</td>
<td>Position offered with a proposed NIH study in the DNP graduate’s Capstone project area, no official word on funding yet</td>
</tr>
<tr>
<td>Employer Satisfaction Survey</td>
<td>Unable to evaluate</td>
<td>No graduates employed post DNP graduation to date</td>
</tr>
<tr>
<td>Alumni Survey</td>
<td>Unable to evaluate</td>
<td>Not completed; one graduate to date</td>
</tr>
<tr>
<td>Advisory Boards</td>
<td>Unable to evaluate</td>
<td>Anticipate forming an advisory board once a cadre of graduates and employers of graduates are identified.</td>
</tr>
<tr>
<td>Course Evaluations by Faculty</td>
<td>Meeting expected outcomes/benchmarks</td>
<td>DNP Crosswalk completed; all expected adjustments made where indicated so that outcomes/benchmarks are met. Student evaluation of once course was positive concerning content, but asked for more depth and more time. DNP Committee has recommended revision</td>
</tr>
</tbody>
</table>
to that course, in response to that concern.

<table>
<thead>
<tr>
<th>Clinical Evaluations</th>
<th>Meeting expected outcomes/benchmarks</th>
<th>Faculty rate clinical sites and preceptors favorably.</th>
</tr>
</thead>
</table>

### TABLE 26: DNP Program Admissions

<table>
<thead>
<tr>
<th>Yr lst enrolled</th>
<th>Original # Enrolled</th>
<th>Active</th>
<th>Withdrew</th>
<th>Attrition</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006-07</td>
<td>28</td>
<td>27</td>
<td>1</td>
<td>3.5%</td>
</tr>
<tr>
<td>2007-08</td>
<td>13</td>
<td>9</td>
<td>4</td>
<td>30.0%</td>
</tr>
<tr>
<td>2008-09</td>
<td>10</td>
<td>9</td>
<td>1</td>
<td>10.0%</td>
</tr>
<tr>
<td>Total (2/09)</td>
<td>51</td>
<td>45</td>
<td>6</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

### TABLE 27: DNP Graduation

<table>
<thead>
<tr>
<th>DNP Major</th>
<th>2007-08</th>
<th>2008-09*</th>
<th>2009-10*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse Anesthesia</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>0</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Administration/Leadership</td>
<td>0</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Total (2/09)</td>
<td>1</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

* projected

**Key Element IV-E.** Aggregate faculty outcomes are consistent with and contribute to achievement of the program’s mission, goals, and expected student outcomes.

**Elaboration:** Aggregate faculty outcomes reflect the program’s mission, goals, and expected student outcomes. For example, if research is an identified element of the program’s mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution’s and program’s definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

**Program Response:** (Faculty achievement details in annual reports and in individual CVs available in the Resource Room).

**Faculty Accomplishment in Teaching, Research, and Service**

Aggregate faculty outcomes are consistent with and contribute to achievement of the program’s mission, goals, and expected student outcomes. Faculty contributions are summarized each year in the annual report. The projected outcomes as stated in the reports for the three year period are:

- Faculty commitment to excellence in teaching, research and service;
- School commitment to remain in the top ten schools of nursing graduate programs nationally as ranked by US News and World Report; and
- School commitment to remain in the top ten schools of nursing as measured by funding received from the National Institutes of Health.

The success of the aggregate efforts of the faculty are evidenced by the status of the school as a leading research site (5th in the nation as measured in NIH grants as of NIH’s fiscal year 2007), high *U.S. News and World Reports* graduate program educational rankings (7th overall up from 10th in 2003; tied for 7th graduate school overall; tied for 5th overall/anesthesia up from 6th in 2003; tied for 9th overall/adult nurse practitioner up from 10th in 2003;
6th/pediatric nurse practitioner versus 11th in 2003; and tied for 6th/CNS psychiatric/mental health up from 9th in 2003), high NCLEX-RN® pass rates (96% currently), percentage of FAAN and other specialty fellows, e.g., Hravnak, FCCM; Magdic, FAANP; Rosenzweig, FAONP. In addition, faculty are regularly recognized at the highest levels of achievement as educators, e.g., Provost’s Innovations in Teaching Award (Albrecht, Rosenzweig, Swigart, Wolf), Chancellor’s Teaching Award (Henker, Hravnak), American Thoracic Society 2009 Outstanding Educator Award (Hoffman).

| TABLE 28: Number and Percent of Faculty Recognized as FAAN |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|
|                                  | 2005-06 | 2006-07 | 2007-08 | 2008-09 |
| Total FAAN                       | 10      | 13      | 12      | 16      |
| Total FT Faculty                 | 75      | 80      | 75      | 80      |
| %                                | 13%     | 16%     | 16%     | 20%     |

As noted earlier, as of June 30, 2008, the total dollar amount of funded grants for University of Pittsburgh’s fiscal year 2007 was $8,961,349 (direct cost total of $7,002,429 and indirect cost total of $1,958,920). This total represents a 3.31% increase in total funding over fiscal year 2007, which was $8,674,026.

| TABLE 29: Number and Percent Faculty Holding Active NIH R01 Grants |
|---------------------------------|-----------------|-----------------|-----------------|-----------------|
|                                  | 2005-06 | 2006-07 | 2007-08 | 2008-09 |
| Total                            | 12      | 12      | 12      | 12      |
| Total FT Faculty                 | 75      | 80      | 75      | 80      |
| %                                | 6.25%   | 6.6%    | 6.25%   | 6.25%   |

The School of Nursing faculty are ranked 8th in faculty scholarly productivity by Academic Analytics for 2006-07, the most recent year for which data is available at http://www.academicanalytics.com/TopSchools/TopPrograms.aspx#7.

Key Element IV-F. Information from formal complaints is used, as appropriate, to foster ongoing program improvement.

Elaboration: If formal complaints indicate a need for program improvement, there is evidence that action has been taken to address that need.

Program Response:

Records of formal complaints which are brought to the level of the Associate Dean for Clinical Education are kept in the office of the dean and information from complaints and grievances is used where appropriate to improve program performance. Relevant information is shared with department chairs, faculty and staff who are charged with review of the issue and identifying quality improvement activities as appropriate.

During the past 3 years, the School of Nursing has received 5 formal complaints regarding the following issues: 1) Student received failing grade due to discrimination; 2) Students (three) not achieving passing score on the BSN comprehensive exam; and 4) Student appeal of potential dismissal. Each of these complaints was reviewed and resolved as per School of Nursing policy. There are no outstanding formal complaints at this time. A detailed formal complaint summary is included in Appendix 10.

In the past 3 years, several graduate students complained they were unaware of certain procedures and policies, even though these were covered in orientation materials and available online. As a result, an online module was developed in the spring/summer 2008 for the general graduate orientation to be used by admitted students starting in
the fall 2008 semester. Students are required to enroll into the module as in any course, and complete and submit this form electronically. A certificate of completion is produced, printed and sent to the associate director of student services, graduate programs, stating that he or she understands the contents. The welcome letter to the school now states “failure to complete the module by the deadline will result in a ‘hold’ on the registration for the following term.” Changes to the tool were recommended after its first use in fall of 2008 to make it more effective.

Areas of Strength for Standard IV

- The School of Nursing is effective in collecting expected aggregate student and faculty outcomes.
- The quality improvement environment that has been developed and fostered within the past several years has established procedures that mandate the annual assessment of key data points, and more importantly mandate a response that ensures an environment of continuous quality improvement.

Table 30. Areas of Concern and Action Plans for Standard IV

<table>
<thead>
<tr>
<th>Areas of Concern</th>
<th>Action Plans</th>
</tr>
</thead>
</table>
| Tracking alumni progress                | • Determine most effective and efficient means of tracking alumni progress and satisfaction.  
• Alumni are difficult to reach through survey instruments because of their mobility; evaluation steering is continuing to monitor the issue and examine various approaches.  
• Once assessment method is deemed adequate, determine appropriate benchmarks |
| Tracking employer satisfaction          | • Determine the most effective and efficient means of tracking program-specific employer satisfaction.  
• Quantitative data is difficult to obtain and not as useful as qualitative; School of Nursing will focus on qualitative methods, e.g., advisory councils, but will continue to explore quantitative options.  
• Once assessment method is deemed adequate, determine appropriate benchmarks |

DNP Areas of Concern

- Determine the best way to track the career movement and progress of graduates of the DNP program. We have current data on our one graduate. We will build on our experience in follow-up of MSN graduates, take advantage of the opportunity to devise a prospective system for tracking DNP graduates from the outset and refine the system while our number of graduates is still small. With quality improvement of the curriculum as an outcome, we plan to survey graduates at one and three years to determine employment demographics, self evaluation of their preparation and interest in assisting as preceptors, lecturers and recruiters.
| Tracking 6 month employment rates | - End of program survey identifies employment rates upon graduation  
- Alumni survey one year post graduation will be developed (see above) and 6 month employment rates will be identified. |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Tracking employer satisfaction    | - Appoint a rotating time limited membership of employers of DNP graduates to focus group/advisory councils for our various areas of concentration and seek their evaluation twice a year  
Our goals are to learn the fit of our graduate with the job market, anticipate the need for curricular enhancements and seek recommendations for improving the competitive advantage for our DNP graduates. |
| Enhancing the rigor of the Capstone requirement | - Faculty will revise and enhance the rigor of our capstone project assignment as we participate in the national debate on defining the nature and expected outcome of this culminating DNP requirement. We support encouraging projects with outcomes that positively impact patient care and where the students develops a level of expertise on their topic that results in dissemination through peer selected public presentation and publication and has potential for making a positive impact on patient care. |