University of Pittsburgh School of Nursing's
Self-Study Report
for the Accreditation of the DNP and APRN Certificate Programs

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

Site Visit: February 26-28, 2024

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Institution Overview or Introduction

The University of Pittsburgh (Pitt) is a state-related public research-intensive university. Pitt includes the Oakland campus and four regional campuses: Johnstown, Bradford, and Greensburg campuses, all four-year undergraduate colleges, and Titusville campus, a two-year college. Pitt is accredited by the Middle States Association of Colleges and Schools Commission on Higher Education, a major accrediting body for institutions of higher education in the Mid-Atlantic region. The most recent Middle States Association accreditation reaffirmation was on June 23, 2022. For 14 years in a row, Pitt has been named #1 best value among all public colleges and universities in Pennsylvania. In 2023, the *U.S. News & World Reports* ranked Pitt #45 in Global Universities and #75 by the Center for World University. A member of the prestigious Association of American Universities (AAU), Pitt ranks 18th nationally in federal science and engineering funding according to the National Science Foundation and ranks 3rd (in 2021-22) among U.S. universities for grants awarded to faculty members by the National Institutes of Health.

Pitt is governed by a Board of Trustees and led by a chief executive officer, Chancellor Joan T.A. Gable. The board comprises 36 voting members, counting 12 appointed by Commonwealth of Pennsylvania officials (See The Pitt's University Officers organizational chart). Pitt has 16 Oakland-campus schools. These divisions are 1) Kenneth P. Dietrich School of Arts and Sciences, 2) School of Education, 3) John A. Swanson School of Engineering, 4) School of Law, 5) School of Social Work, 6) School of Computing and Information, 7) School of Business, which includes the Joseph M. Katz Graduate School of Business, (8) Graduate School of Public and International Affairs, (9) David C. Frederick Honors College, (10) College of General Studies, and 8) the six Schools of the Health Sciences; which include the School of Dental Medicine, School of Health and Rehabilitation Sciences, School of Medicine, School of Pharmacy, School of Public Health, and the School of Nursing (SON). (See School of Health Sciences Organization)

Pitt has a strong relationship with the University of Pittsburgh Medical Center (UPMC). UPMC consists of 40 hospitals, more than 800 doctors' offices, outpatient sites, and international and enterprise divisions. It is one of the foremost non-profit health systems in the United States. UPMC has been recognized as one of "America's Best Hospitals" by *U.S. News & World Reports* and is nationally ranked in 14 medical specialties, maintaining membership in the exclusive Honor Roll group, wherein hospitals must achieve high scores in six or more specialties to be considered. Through its association with the University of Pittsburgh Schools of the Health Sciences, UPMC continues to effectively develop world-renowned programs in transplantation, oncology, neurosurgery, psychiatry, orthopedics, and sports medicine.

Institutional Overview of the Program Under Review

The University of Pittsburgh School of Nursing (SON) is 79 years old, founded in 1939. The SON offers a baccalaureate program (BSN), a master's program (MSN), a Doctor of Nursing Practice (DNP) program, a PhD program, and post-master's advanced-practice registered nurse (APRN) certificates. The DNP program consists of 5 majors (1. Clinical Nurse Specialist, 2. Health Systems Executive Leadership, 3. Nurse-Midwife, 4. Nurse Anesthesia, and 5. Nurse Practitioner (NP). The NP major has 7 Areas of Concentration (ARCOs). There are 4 APRN certificates. The SON baccalaureate program includes the Traditional Pre-licensure and Accelerated 2nd Degree. The MSN program includes 1. Neonatal Nurse Practitioner (re-opening in 2024) 2. Clinical Nurse Leader, 3. Nursing Informatics, and 4. School Nurse.

The DNP and APRN certificate programs were last accredited by CCNE on February 24, 2014. The baccalaureate and master's programs were accredited by CCNE on October 1, 2019. The Council on Accreditation of Nurse Anesthesia Educational Programs (COA) accredited the DNP in Nurse Anesthesia from June 3, 2020, until Spring 2030. The Midwifery Program was accredited by the Accreditation Commission for Midwifery Education (ACME) from February 16, 2022, until February 2027. The SON is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation until July 31, 2025.

Table 1 below identifies the DNP majors/ARCOs and certificate programs under review.

Table 1: Pitt DNP and APRN Certificate Programs Under Review

DNP Program	APRN Certification

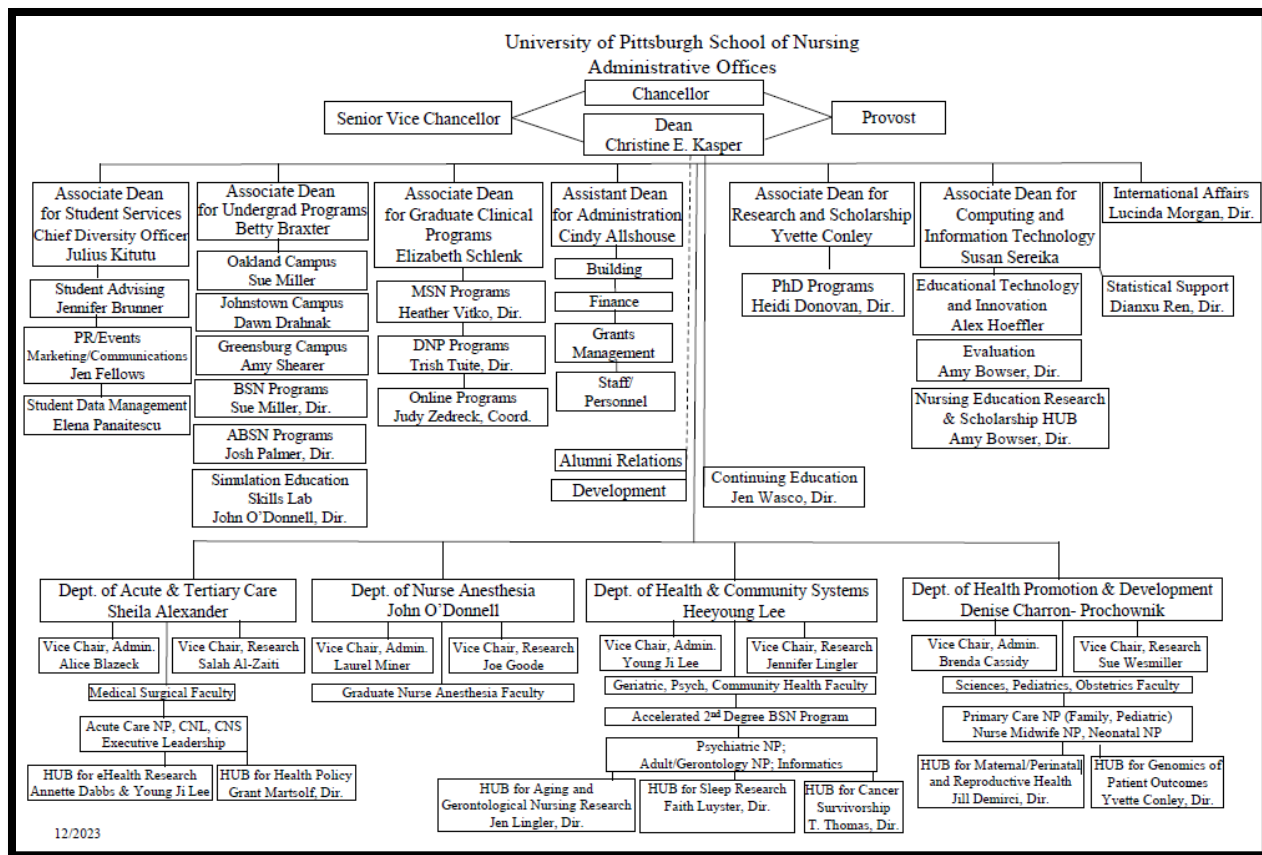|	

Majors
  1. Clinical Nurse Specialist
  2. Health Systems Executive Leadership
  3. Nurse Anesthesia
  4. Nurse-Midwife
  5. Nurse Practitioner
 	
Areas of Concentration (ARCOs):
Within Clinical Nurse Specialist:
  • Adult-Gerontology Clinical Nurse Specialist
 	
Within Nurse Practitioners:
  • Adult-Gerontology Acute Care
  • Adult-Gerontology Primary Care
  • Family Nurse Practitioner
  • Neonatal
  • Pediatric Primary Care
  • Pediatric Acute Care
  • Psychiatric Mental Health
	1. Adult-Gerontology Acute Care
	2. Neonatal
	3. Pediatric Acute Care
	4. Psychiatric Mental Health

The SON student enrollment for the Fall 2023 term is 1,039. The SON employs 88 100% doctorally prepared, full-time faculty at the Pitt main campus and 37 part-time faculty. Two of Pitt's regional campuses, Johnstown and Greensburg, offer the BSN degree through the same curriculum as the Oakland campus; both were accredited in 2019 by CCNE through Pitt SON.

The Pitt SON is ranked 10th in DNP and BSN programs in the *U.S. News & World Report's* 2023 report. *U.S. News and World Report's 2023 Best Nursing Graduate Schools* also ranked SON 6th in Nursing Administration. In spring 2023, the Pitt SON online master's program was ranked 7th by *US News & World Report Best Online Programs.* In the 2023 QS World University Rankings by Subject, the SON ranked 35th. SON is ranked 12th in NIH funding among schools of nursing.

The SON comprises four academic departments: Acute and Tertiary Care, Health and Community Systems, Health Promotion and Development, and Nurse Anesthesia. The Acute and Tertiary Care Department faculty cover topics such as ethics, medical/surgical nursing, pathophysiology, and pharmacology at the baccalaureate level, along with several areas of concentration within the master's and doctoral programs (i.e., Clinical Nurse Specialist, Health Systems Executive Leadership, and Adult Gerontology Acute-Care NP). Health and Community Systems includes faculty with expertise in inpatient and community settings, including the Adult-Gerontology Primary Care NP and Psychiatric Mental Health NP. Health Promotion and Development includes a variety of undergraduate courses as well as the Master's and DNP Neonatal NP and the remaining population-focused Doctor of Nurse Practitioner programs (Nurse-Midwife, Family NP, Pediatric NP-Primary Care, and Pediatric NP-Acute Care). The Department of Nurse Anesthesia houses only the Doctor of Nursing Practice Nurse Anesthesia Program.

The Office of the Dean houses the SON's Dean and six associate deans: The Associate Dean for Graduate Clinical Education, the Associate Dean of Undergraduate Education, the Associate Dean for Research, the Associate Dean for Student Affairs and Alumni Relations, the Associate Dean for Administration, and the Associate Dean for Computing and IT. Student Affairs and Alumni Relations (SAAR) is responsible for student recruitment, advisement, orientation, communication, scholarships, and alumni activities. Department of Professional Development and Continuing Education provides a variety of live and online educational activities to promote lifelong learning for professional nurses. The organizational chart for the Pitt SON is below.

University of Pittsburgh School of Nursing
Administrative Offices

Chancellor

Senior Vice Chancellor

Dean
Christine E. Kasper

Provost

Associate Dean for Student Services
Chief Diversity Officer
Julius Kitutu

- Student Advising
  Jennifer Brunner
- PR/Events
  Marketing/Communications
  Jen Fellows
- Student Data Management
  Elena Panaitescu

Associate Dean for Undergrad Programs
Betty Braxter

- Oakland Campus
  Sue Miller
- Johnstown Campus
  Dawn Drahnak
- Greensburg Campus
  Amy Shearer
- BSN Programs
  Sue Miller, Dir.
- ABSN Programs
  Josh Palmer, Dir.
- Simulation Education
  Skills Lab
  John O'Donnell, Dir.

Associate Dean for Graduate Clinical Programs
Elizabeth Schlenk

- MSN Programs
  Heather Vitko, Dir.
- DNP Programs
  Trish Tuite, Dir.
- Online Programs
  Judy Zedreck, Coord.

Assistant Dean for Administration
Cindy Allshouse

- Building
- Finance
- Grants Management
- Staff/Personnel

Alumni Relations

Development

Associate Dean for Research and Scholarship
Yvette Conley

- PhD Programs
  Heidi Donovan, Dir.

Associate Dean for Computing and Information Technology
Susan Sereika

- Educational Technology and Innovation
  Alex Hoeffler
- Evaluation
  Amy Bowser, Dir.
- Nursing Education Research & Scholarship HUB
  Amy Bowser, Dir.

International Affairs
Lucinda Morgan, Dir.

Statistical Support
Dianxu Ren, Dir.

Continuing Education
Jen Wasco, Dir.

Dept. of Acute & Tertiary Care
Sheila Alexander

- Vice Chair, Admin.
  Alice Blazeck
- Vice Chair, Research
  Salah Al-Zaiti
- Medical Surgical Faculty
- Acute Care NP, CNL, CNS
  Executive Leadership
- HUB for eHealth Research
  Annette Dabbs & Young Ji Lee
- HUB for Health Policy
  Grant Martsolf, Dir.

Dept. of Nurse Anesthesia
John O'Donnell

- Vice Chair, Admin.
  Laurel Miner
- Vice Chair, Research
  Joe Goode
- Graduate Nurse Anesthesia Faculty

Dept. of Health & Community Systems
Heeyoung Lee

- Vice Chair, Admin.
  Young Ji Lee
- Vice Chair, Research
  Jennifer Lingler
- Geriatric, Psych, Community Health Faculty
- Accelerated 2nd Degree BSN Program
- Psychiatric NP;
  Adult/Gerontology NP; Informatics
- HUB for Aging and
  Gerontological Nursing Research
  Jen Lingler, Dir.
- HUB for Sleep Research
  Faith Luyster, Dir.
- HUB for Cancer
  Survivorship
  T. Thomas, Dir.

Dept. of Health Promotion & Development
Denise Charron-Prochownik

- Vice Chair, Admin.
  Brenda Cassidy
- Vice Chair, Research
  Sue Westmiller
- Sciences, Pediatrics, Obstetrics Faculty
- Primary Care NP (Family, Pediatric)
  Nurse Midwife NP, Neonatal NP
- HUB for Maternal/Perinatal
  and Reproductive Health
  Jill Demirci, Dir.
- HUB for Genomics of
  Patient Outcomes
  Yvette Conley, Dir.

12/2023

Standard I
Program Quality: Mission and Governance

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

I-A. The mission, goals, and expected program outcomes are:
  ▪ **congruent with those of the parent institution; and**
  ▪ **reviewed periodically and revised as appropriate.**

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

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

Program Response:

The University of Pittsburgh (Pitt) School of Nursing (SON) mission statement, goals, and program outcomes (MGOs) are congruent with those of its parent institution, Pitt. The Pitt SON (hereafter, *SON*) goals come from the mission statement and are congruent with Pitt's strategic plan goals. SON program outcomes are here defined as three categories of outcomes, which comprise 1) Student Learning Outcomes (SLOs), 2) Faculty Outcomes, and 3) Program Achievement Outcomes that are CCNE specified in Standard IV and our Other Outcomes listed in IV-I. SLOs for the DNP program reflect the AACN Essentials. Currently, we are transitioning our current SLOs to new SLOs reflecting the AACN Essentials (2021). Both sets of SLOs are listed on the website, as the current students are completing the older SLOs, and the incoming students will be in the curriculum reflecting the new SLOs. These outcomes are listed on [our website](#).

<p style="text-align:center">SON's Mission Is Congruent with Pitt's Mission Statement</p>

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

<p style="text-align:center">Table I.A.1. Congruence Between Pitt and SON Mission Statements</p>

Pitt Mission Statement	SON Mission Statement
1. Provide high-quality undergraduate programs in the arts and sciences and professional fields, with emphasis upon those of special benefit to the citizens of Pennsylvania	1. Provide high-quality undergraduate education in nursing
2. Offer superior graduate programs in the arts and sciences and the professions that respond to the needs of Pennsylvania, as well as to the broader needs of the nation and the world	2. Maintain and develop superior graduate programs in nursing that respond to the needs of healthcare in general and nursing in particular within Pennsylvania, the nation, and the world
3. Engage in research, artistic, and scholarly activities that advance learning through the extension of the frontiers of knowledge and creative endeavors	3. Engage in research and other scholarly activities that advance learning through the extension of the frontiers of knowledge in healthcare
4. Cooperate with industrial and governmental institutions to transfer knowledge in science, technology, and healthcare	4. Cooperate with healthcare, governmental, and related institutions to transfer knowledge in health sciences and healthcare

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

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

This review occurs every 5 years. The most recent faculty review and approval of the SON mission and goals were in the Total Faculty Organization meeting on November 22, 2021 (See Appendix 1: Total Faculty Organization [TFO] minutes). The new DNP Program student learning outcomes linked to the AACN Essentials were approved by the Task Force on Student Learning Outcomes, which included representatives from the BSN, MSN, and DNP Councils, the DNP Council, and lastly, TFO on November 27, 2023, and were posted on the School of Nursing website (DNP Program Student Learning Outcomes | School of Nursing | University of Pittsburgh).

SON Goals Are Congruent with Pitt Goals

Every five (5) years, Pitt develops a strategic plan with goals aligned with its mission. The Plan for Pitt launched in the Fall of 2021 and reported the mission and values with a focus on three areas: People, Programs, and Purpose. Pitt's supplementary Global Plan 2025 contains four initiatives: 1) Taking Pitt to the world and bringing the world to Pitt, 2) Preparing and supporting global-minded students, faculty, and staff, 3) Ensuring global impact, and 4) Supporting global operations. Each Pitt school developed school-related goals to advance People, Programs, and Purpose. The SON developed goals that coincide with each of Pitt's strategic plan goals. Table I.A.2. lists the SON goals and the associated Pitt strategic plan goals. SON 2017-2018 Strategic Plan is in the Resource Room. Under the leadership of the new SON Dean, Dr. Chris Kasper, a new strategic plan is being developed (see DC Council minutes 11.27.23 for initial discussions.) Dean Christine Kasper's Strategic Plan aligns with Dr. Joan Gabel's vision, the new Pitt Chancellor as of July 2023.

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

Pitt Strategic Plan	SON Goals	2017-18 SON Strategic Plan Goals
People: We are a diverse community of scholars, learners, partners, and leaders dedicated to a common cause: the pursuit of knowledge.	Prepare highly educated and competent nurses ready to enter the workforce Foster excellence in teaching	Advance Personalized Education Increase diversity of faculty and staff Increase the number of study-abroad opportunities for nursing students
Programs: Our initiatives and operations fuel opportunities of the highest quality in three key areas: academic excellence, research and scholarship, and community service.	Contribute to and disseminate the scholarly evidence-base in nursing and health care	Increase NIH funding by 0.5 million dollars
Purpose: We improve lives and communities—at every scale—by creating knowledge and leveraging our expertise to tackle some of society's greatest and most pressing challenges.	Provide service to the profession and other communities of interest	Strengthen Alumni Connections through increasing alumni events (See Appendix 2) and strengthen presence on social media Increase international collaborations

SON Outcomes Are Congruent with Pitt Outcomes

Under the leadership of former Chancellor Patrick Gallagher and former Provost Ann Cudd, the University of Pittsburgh did not list the general student learning outcomes of all University of Pittsburgh

Graduates. SON will follow new student learning outcomes when Dr. Gable and the new Provost (not hired as of this Self-Study) publish student learning outcomes.

Faculty Outcomes are identified in I-D. The DNP Program Achievement Outcomes are the SON completion rates (IV-B), certification pass rates (IV-D), employment rates (IV-E), and other program outcomes (IV-I), including 1) Graduating students' perception of their confidence in each AACN Essential 2) Number of students with presentations or publications 3) Alumni satisfaction with the nursing program, and 4) Students' perceived confidence level in the AACN Essentials.

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

Elaboration: The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:
- The Essentials of Baccalaureate Education for Professional Nursing Practice *[American Association of Colleges of Nursing (AACN), 2008];*
- The Essentials of Master's Education in Nursing *(AACN, 2011);*
- The Essentials of Doctoral Education for Advanced Nursing Practice *(AACN, 2006); and*
- Criteria for Evaluation of Nurse Practitioner Programs *[National Task Force on Quality Nurse Practitioner Education (NTF), 2016].*

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

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

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

Program Response:

The SON has incorporated Professional Nursing Standards and Guidelines (PNSG) into the DNP programs. Table I.B.1. lists all professional nursing standards and guidelines we follow for the preparation of nursing professionals. The DNP program comprises five majors 1. Clinical Nurse Specialist (CNS), 2. Health Systems Executive Leadership (HSEL), 3. Nurse-Midwife (NM), 4. Nurse Anesthesia (NA), and 5. Nurse Practitioner (NP). The NP program has six concentrations. The six NP areas of concentration (ARCOs) are 1. Adult Gerontology Acute Care (AG-ACNP), 2. Adult Gerontology Primary Care (AG-ACNP), 3. Family (Individual Across the Lifespan) (FNP), 4. Pediatrics Primary Care (PNP-PC), 5. Neonatal (NNP), and 6. Psychiatric Mental Health (PMHNP). There are four Advance Practice Nurse Practitioner (APRN) Certificates, which include: 1. AG-ACNP, 2. Pediatric Acute Care (PNP-AC), 3. NNP, and 4. PMHNP. See III-A (Table III.A.1.) for further explanations.

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

DNP Program	*American Association of Colleges of Nursing (2006). The Essentials of Doctoral Education for Advanced Nursing Practice. Washington D.C.* *American Association of Colleges of Nursing (2021). The Essentials: Core Competencies for Professional Nursing Education. Washington D.C.*
DNP majors	
Clinical Nurse Specialist	National Association of Clinical Nurse Specialists. (2019). Clinical Expertise Nursing Practice Systems Innovations, *Statement on Clinical Nurse Specialist Practice and Education (3rd ed.).* Reston, VA.
Midwifery	American College of Nurse-Midwives (2020). *Core Competencies for Basic Midwifery Practice. Silver Spring, MD.*

Nurse Anesthesia	Council on Accreditation of Nurse Anesthesia. (2019). *Accreditation Policies and Procedures. Rosemont Illinois.*
Health System Executive Leadership	American Organization of Nurse Executives. (2015). *AONE Nurse Executive Competencies*. Chicago, IL. Accessed at: www.aone.org
Nurse Practitioner	Criteria for Evaluation of Nurse Practitioner Programs. (2016). *National Task Force on Quality Nurse Practitioner Education (NTF). Washington DC*. The National Organization of Nurse Practitioner Faculties. (2017). *Nurse Practitioner Core Competencies Content*. Washington DC.
NP ARCOs and APRN Certificates	Additional specialty area competencies
AG-ACNP, AG-PCNP	The National Organization of Nurse Practitioner Faculties, American Association of Colleges of Nursing. (2016). *Adult-Gerontology Acute Care and Primary Care NP competencies*. Washington DC.
FNP, NNP, PNP-AC, PNP-PC, PMHNP	The National Organization of Nurse Practitioner Faculties (2013). P*opulation-focused nurse practitioner competencies*. Washington DC.
NNP	National Association of Neonatal Nurses. (2018). *Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioners*. Chicago, IL.

In addition, we expect our students to adhere to the *ANA Code of Ethics for Nurses* as evidenced in academic policies on clinical practice Policy 305 and academic integrity Policy 307.

During the 2021-2022 academic year, the DNP faculty reviewed its program student learning outcomes (SLOs). Revisions to the DNP Program SLOs included developing or modifying each student outcome to reflect the AACN Essentials (2021)**.** Table I.B.2. shows the SLOs developed from 2006 and 2021 AACN Essentials. The SLOs are listed on the website.

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

AACN Essential Domains		SON DNP Student Learning Outcomes	
2006 Domain Topic	2021 Domain topics mapped to 2006	Former DNP Program SLO based on AACN Essentials (2006)	New DNP Program SLO based on AACN Essentials (2021)
I. Background for practice	I. Knowledge for Nursing Practice	1. Evaluate new practice approaches based on scientific knowledge and theories from nursing and other disciplines.	1. Synthesize knowledge from arts, humanities, and other sciences to inform and guide the practice of nursing for specific populations through clinical judgment and innovation at an advanced level within the scope of practice.
II. Leadership	X. Personnel Professional and leadership development	2. Adapt organizational and systems leadership for quality improvement and systems thinking.	10. At an advanced level within the scope of practice for specific populations, create evidence-based systems to support leadership development, peer mentorship, personal wellness, resilience, and lifelong learning.
III. Scholarship	IV. Scholarship for the Nursing Discipline	3. Demonstrate clinical scholarship and analytical methods for evidence-based practice.	4. Conduct ethical scholarly activities at an advanced level within the scope of practice for specific populations using sound analytic, translational, and dissemination methods.
IV. Technologies	VIII. Informatics and Healthcare Technologies	4. Analyze critical elements necessary to the selection, use, and evaluation of health care information systems and patient care technology.	8. Analyze critical elements necessary in the selection, use, and evaluation of current and emerging patient care technology and healthcare information

			systems at an advanced level within the scope of practice for specific populations.
V. Health Policy	III. Population Health	5. Influence health care policy at institutional, state, and/or federal levels.	3. Evaluate the process of collaborating at an advanced level within the scope of practice with Interprofessional teams and community stakeholders to influence health policy at institutional, local, state, and/or federal levels and to address social determinants of health and health disparities for specific populations along the healthcare continuum.
VI. Communication and collaboration to improve patient and population health outcomes	VI. Interprofessional Partnerships	6. Lead Interprofessional teams in the analysis of complex practice and organizational issues.	6. At an advanced level within the scope of practice, lead Interprofessional teams through effective collaboration at the systems level with care team members, patients, families, communities, and all relevant stakeholders to improve the healthcare experience and processes and outcomes of care for specific populations and spheres of care.
VII. Clinical Prevention and Population Health	II. Person-centered care	7. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.	2. Implement well-designed, evidence-based, holistic, and person-centered plans of care at an advanced level within the scope of practice that promotes self-care management for specific populations and spheres of care.
VIII. Professionalism	IX. Professional-ism	8. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	9. Demonstrate professional behaviors within the scope of practice of advanced clinical or administrative practitioners for specific populations that reflect nursing's characteristics and ethical values.
	V. Quality and Safety		5. Demonstrate organizational and systems leadership at an advanced level within the scope of practice for quality improvement, patient safety, and a work environment that functions optimally to promote best practices for specific populations.
	VII. System-based Practice		7. Within complex systems, proactively coordinate interventions for specific populations among multidisciplinary services across a continuum of care to achieve quality care at an advanced level within the scope of practice that is fiscally sound, equitable, and respectful of diversity.

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

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

Program Response:

SON's community of interest (COI) comprises external constituents, including advisory boards, the University of Pittsburgh Medical Center (UPMC) Health System, other clinical partners, Pitt Schools of the Health Sciences, and the overall Pitt administration. The SON has an advisory board for the entire school, the Board of Visitors, and there are advisory boards for each DNP major and concentration/APRN certificate. APRN certificate programs are included in the NP Majors' Advisory Boards. A list of advisory board members and their affiliations appears in the Resource Room. Each advisory board provides feedback in relation to the program/major/concentration/APRN certificate curriculum and student and graduate performance.

The Board of Visitors reflects our external constituencies; membership includes individuals from UPMC, UPMC Health Plan, deans of other schools of nursing, Pitt Health Sciences Administration, alumni, and nursing national organization leaders (see Appendix 3). At annual meetings, the Board of Visitors offers input about our MGOs (See III.A for examples). University administration has directed Schools to reconstitute their Board of Visitors to focus on income generation and entrepreneurial activities, which will occur in the SON in 2024.

One of the largest employers of SON nursing students is UPMC. UPMC is a $26 billion healthcare provider based in Pittsburgh, comprising 40 academic, community, and specialty hospitals that employ 5,000 physicians (UMPC facts). UPMC and SON enjoy a close relationship through academic-clinical partnerships, faculty involvement in UPMC, and UPMC staff participation in SON Councils.

Pitt provides SON feedback to the MGOs. The SON Dean works with the Pitt institutional administration, including the Senior Vice Chancellor of the Health Sciences (SVCHS), University Provost, and Chancellor of the University of Pittsburgh. The SON Dean is a member of the SVCHS Dean's cabinet. Examples of Pitt Administration or Health Sciences input is through nursing representation on the Provost's Advisory Committee on Undergraduate Programs (PACUP) University Council on Graduate Study (UCGS). During the revision to a holistic admissions process across university academic programs, Dr. Godfrey, Vice Provost for Graduate Studies and Office of Admissions and Financial Aid (OAFA) met with University Legal and OAFA regarding adherence to the SCOTUS ruling on race-based admissions and SON Associate Deans attended this meeting.

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

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

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

Program Response:

Faculty appointment descriptions are found in the Pitt Faculty Handbook and the SON's Guidelines for Faculty Appointment and Promotion. Table I.D.1. provides excerpts from each document that link the SON faculty appointment expectations with the Pitt faculty tenure-stream appointment expectations. (See the SON's faculty appointment guidelines in the Resource Room.)

In 2019, Pitt changed the name of "non-tenured" faculty to "appointment" faculty, which is noted in the University Times. Under the new Dean, the SON documents are being updated. All full-time faculty in the SON must have a doctoral degree (i.e., DNP, PhD, or other doctorate). All faculty, regardless of rank or track, except the 4-day/week clinical faculty, are expected to demonstrate excellence in teaching and scholarship, which includes annual publications and service to the school, university, community, and/or the profession. Pitt also has part-time and adjunct faculty. These faculty members are 100% teaching faculty.

Table I.D.1. Congruence Between Pitt and SON Faculty Tenure-Stream

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

	considerable weight; in other areas, teaching experience is essential.	C. Demonstrated expertise in the area of nursing or related field

Consistent with the Pitt faculty handbook, the School of Nursing has faculty with appointment stream appointments who possess special skills contributing substantially to the mission of the University but are not expected to perform the same range of duties expected of a tenure-stream member of the faculty or to make the same contributions to the University community and who are agreeable to an appointment without implication of tenure. Appointments outside the tenure steam and without tenure may be made at the ranks and with the title of professor, associate professor, assistant professor, or instructor. Prefixes may be added to these ranks, such as Teaching, Research, Adjunct, Clinical, Field, and Visiting.

Criteria for each rank in the tenure stream and the appointment stream are clearly specified in the School of Nursing Guidelines for Faculty Appointment and Promotion and are consistently applied for the appointment, reappointment, and promotion process.

Faculty update their annual self-merit information in the ProjectConcert electronic database, which includes sections for scholarship, service, and teaching. Annually, faculty provide goals for each of these three areas; the following year, faculty report if the goals were met. Faculty information can be viewed in ProjectConcert under the Information tab. In 2024, the Merit Form of Faculty Evaluation (see Resource Room) will be re-introduced along with a one-page Self Reflection evaluation document to help promote the achievement of criteria by faculty and evaluation by Chairs. The Self-Reflection will cover three items: (1) Do you meet the criteria for your rank specific to teaching, service, and scholarship this year? (2) How will you meet criteria specific to teaching, service, and scholarship next year? (3) If you did not meet minimum expectations to the criteria of your rank, explain why and what your remediation plan for the next 6 months will be.

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

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

Program Response:

A description of student and faculty roles in program SON Bylaws governance is found in the SON Bylaws (See CCNE Resource Room). All faculty teaching in the DNP and APRN Certificate programs are members of the DNP Council, and two DNP student representatives (appointed and alternate) serve on this council. In addition, one of our COIs, the UPMC hospital system, sends a UPMC representative to the DNP Council. In these council meetings, faculty do the following: 1) approve any changes in curricular plans and any new or substantially revised courses specific to their program and new or revised policies or bylaw changes that affect their program, 2) develop action plans for evaluation benchmarks (expected) that were not met, and 3) remain informed of governing activities occurring in SON Committees (e.g., Curriculum, Evaluation Steering, Bylaws and Policy, Planning and Budget), Dean's Council, and advisory boards. DNP students also serve on the following Committees: 1) Evaluation and Steering, 2) Curriculum, 3) Bylaws and Policy, and 4) Planning and Budget. Another example of student and faculty participation in program governance is in the Academic Integrity Committee. Other avenues of student participation in school governance are through participation and leadership in the Nursing Student Association, the Graduate Nursing Student Organization, Sigma - Eta Chapter, the Men in Nursing Club, the Black Student Nurses Association, and Chi Eta Phi – Kappa Beta Chapter (the diversity sorority). (See SON Nursing Organizations)

Faculty participation in developing and revising policies occurs through the Bylaws and Policy Committee, which reviews the SON undergraduate, graduate, and general policies. This committee comprises nine faculty, two students, and two staff members (See Appendix 4 for the current standing committee list). The DNP Council reviews graduate policies relative to their program. Once approved by the Bylaws and Policy Committee, the policies go to the TFO for a vote. Administrative policies are reviewed and revised by the Dean's Council and announced at the TFO monthly meeting.

SON faculty participation in Pitt governance primarily is through University Senate standing committees. Faculty across Pitt can run as a candidate for any Senate Committee. Faculty who win a seat on the Committees serve a 3-year term. In 22-23, 16 SON faculty, or 18% of full-time faculty, are on Senate Committees.

SON Deans participate on Pitt leadership councils and committees. Associate Deans participate on the Provost's Advisory Committee on Undergraduate Programs, University Council on Graduate Study, University Research Council, University Associate Deans for Research Committee, Enrollment Management Steering Committee, Community Engagement Center Internal Advisory Board, Graduate and Professional Admissions & Recruiting Committee, Inclusion Network, Health Sciences Diversity Deans Committee, UPMC + University of Pittsburgh APP Inclusion Council, and University Cluster Hire Committee. Dean Kasper also serves on the Health Sciences Planning and Budget Committee.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are:
- **fair and equitable;**
- **published and accessible; and**
- **reviewed and revised as necessary to foster program improvement.**

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

Program Response:

The SON creates and maintains undergraduate academic policies (range 0–199), graduate academic policies (range 200-299), "general" policies (applicable across programs) (range 300-399), administrative policies (range 400-499), and continuing education policies (500-6990, which all are posted on the SON website.

Pitt and SON policies are congruent. SON administrative policy 421 states that any policy enacted by Pitt will automatically be enacted by the SON. Furthermore, The SON Bylaws and Policies Committee reviews policies and ensures that any changes to a SON policy remain congruent with Pitt policies. For example, SON grading policies 60, 209, 312, and 313 follow the Pitt grading requirement. Table I.F.1. lists three other SON policies that are aligned with Pitt policies.

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

SON Policy	Pitt Policy
Policy 1: Admission & Financial AID: Undergraduate	CS 07 Nondiscrimination, Equal Opportunity, and Affirmative Action
Policy 437: Student Code of Conduct This policy incorporates the Pitt Promise	Pitt Promise
Policy 365: Verification of English Language Proficiency for Students Classified as Foreign Students	AC 07 Assessment of English Language Proficiency for Admissions

The SON ensures the requirements for CCNE accreditation and PA State Board of Nursing are met. Policy 430: Course Review, Revision and Approval Process details the approval process for changes to courses or curriculum where approval is required from PA State Board of Nursing and/or CCNE. SON policies also reflect the ANA Code of Ethics including Policy 437: Student Code of Conduct, Policy 307: Academic Integrity: Student Obligations, and Policy 305: Unsafe Student Clinical Performance. The Student Code of Conduct Policy cites the "Code for Nurse," and the Academic Policy states that students may be found to violate their student obligation if they violate any part of the Code for Nurses. The Unsafe Clinical Performance Policy states that the patient, public and staff have a right to safety, which is paramount and supersedes student learning and skills. The ANA Code for Nurses is noted in the policy as addressing that the nurse must act to safeguard the

client and public when safety is affected by any person who is incompetent or unethical. SON faculty must first follow the ANA Code for Nurses and protect the patient's safety when assigning and supervising nursing students in the clinical setting.

The Bylaws and Policy Committee ensures SON policies are aligned with Pitt policies. For example, in addition to the policies in Table I.F.1., other SON Policies (444, 311, 310, and 32) reference the Pitt policy numbers to allow individuals to cross-reference what SON and Pitt support. (See SON policy page on website). Program-relevant student policies are discussed in the BSN First-year Seminar (NUR 0001) and the Nursing Graduate Orientation Module (NUR 2044).

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

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

Each academic year, graduating students are asked on the end-of-program survey to rate their agreement with the statement, "SON policies are fair and equitable." Table I.F.2. shows the response:

Table I.F.2. DNP/ APRN Certificate Graduating Students' Agreement on "SON's Policies Are Fair and Equitable"

Program	Percent of Student Agreement over 3 Years		
	2020-21	2021-22	2022-23
DNP	96% (n=68)	82% (n=79)	96% (n = 54)
APRN Certificate	100% (n=8)	88% (n=8)	100% (n= 6)

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

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

Program Response:

The SON has a written policy on formal student complaints SON Policy 424: Formal Student Complaints. In Policy 424, complaints are defined as "Any signed, written claim brought by a student alleging discriminatory, improper, or arbitrary treatment." The policy explains that "No retaliation or adverse action shall be taken against any student for initiating, participating, or refusing to participate in, a formal complaint." The SON formal complaint process follows Pitt policies:

1. Pitt Policy CS 20: Health, Safety, and Sexual Misconduct
2. Pitt Policy CS 07: Nondiscrimination Equal Opportunity, and Affirmative Action and
3. Pitt Policy AC 39: Guidelines on Academic Integrity - Student and Faculty Obligations and Hearing Procedures

Formal complaints involving an issue of Academic Integrity will fall under SON Policy 307: Academic Integrity: Student Obligations, and SON Policy 306: Academic Integrity: Faculty Obligations. DNP students are introduced to the formal complaint process in NUR 2044: Nursing Graduate Orientation Module. There is a separate section in the module pertaining only to this process. A link is provided to take students to the SON Policy 424: Formal Student Complaints. Table I.G.1. provides students' rates of agreement with the end-of-

program survey question, "I am aware of the formal complaint process." The SON's benchmark (expected outcome) is "50% of student report being aware of the formal complaint process and how to access relevant policies."

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

Year	DNP	APRN Certificate
2020-2021	81% (n=68)	75% (n=8)
2021-2022	82% (n=79)	88% (n=8)
2022-2023	80% (n=54)	100% (n=6)

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

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

If a program chooses to publicly disclose its CCNE accreditation status, the program uses <u>either</u> *of the following statements:*

"The (baccalaureate degree program in nursing/master's degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)."

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

Program Response:

Pitt is responsible for providing accurate information to all students, faculty, and staff. On the Pitt Website, the COI has access to information including student admission process, faculty and staff handbooks, human resource information, and campus-wide resources. Pitt documents accurately communicate Pitt's mission, goals and outcomes, faculty and student policies, academic calendar, and the academic and physical resources that are available to students, faculty, and staff.

The SON website provides nursing students, faculty, and staff with information in relation to the school. Accreditation statements are accessed through the "About" tab, and all accreditation statements are accurate. The description about the DNP program includes a program description and the program student learning outcomes. Applicants and students locate information about each DNP major, concentration, and APRN certificate including a description, the curriculum, admission process, courses, and course descriptions. Faculty and staff contact information are provided, also.

Nursing policies are available on the SON website. The website and written material are reviewed and updated as needed annually. Leadership in the SON Student Affairs and Alumni Relations (SAAR) works closely together to ensure all recruitment material in print and on the website is accurate for applicants, students,

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

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

and alumni. All references to information about student affairs, including recruitment and admission policies, transfer of credit policies, grading policies, tuition/fees, academic calendar, and graduation requirements, are annually reviewed by the Associate Dean for SAAR. Each program, major, concentration, and APRN certificate reviews its website information and requests revisions as needed to accurately reflect current information including degree/completion requirements and licensure and/or certification examination eligibility. Changes in information are sent to the Associate Dean of Graduate Clinical Education (MSN, DNP, and certificate programs) or the Associate Dean of Undergraduate Education (BSN tracks). The Associate Deans review and approve all edits before they are submitted to the SON webmaster. This review process occurs between May and August of each year. Graduate Admission policies are reviewed by the Bylaws and Policy Committee every 3 years. This committee comprises faculty from each program council to provide input as needed. Undergraduate admission is done at the Pitt Office of Admission and Financial Aid. The Dean reviews all new and revised policies prior to posting on the main web page. The Director of Operations and Communications and the Associate Dean for SAAR are responsible for reviewing and ensuring the accuracy of all other website content.

Standard II
Program Quality: Institutional Commitment and Resources

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

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

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

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

Program Response:

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

Fiscal Resources, Budget, and Review Process

While budgets for the individual units in the Pitt Schools of the Health Sciences vary according to size and programmatic need, they are treated comparably regarding augmentations and reductions. Table II.A.1. presents the total spending (in thousands) for the SON for the previous 3 years and the current budget at the Oakland campus. The Oakland campus Is the location of the PhD, DNP, MSN, APRN certificates, ABSN, and BSN. There are BSN programs at Johnstown and Greensburg. '

Table II.A.1. Pitt SON (Pitt-Oakland) Summary of Expenses (Thousands)				
Fiscal Years 2021–2024				
	Actual	Actual	Actual	Budget
	FY 2021	FY 2022	FY 2023	FY 2024
Salaries	$16,038	$15,667	$15,930	$17,603
Fringe Benefits	4,842	4,816	5,101	5,780
Subtotal Compensation	20,880	20,483	21,031	23,383
Travel and Business	108	268	607	946
Other	4,036	-2,299	2,331	5,412
Total Expenses	$25,024	$18,452	$23,969	$29,741

Pitt sets the overarching guidelines for planning, budgeting, and review through the Planning and Budgeting System (PBS), which is fully detailed on the Pitt website The Planning and Budget System at the University of Pittsburgh. Under this system, individual units and departments within those units are given latitude in assessing their needs and setting their budgets according to Pitt priorities and funding realities. The SON operating budget is determined annually, with the Senior Vice Chancellor for the Health Sciences and the

Provost's oversight. Changes to the SON operating budget are based on changes to the Pitt budget. Annual adjustments include funds to allow for employee salary increases, to address changes in the fringe benefit costs, to allow financial aid to keep pace with tuition increases, and to address specific needs of the SON. Salary increase funds are provided to compensate employees performing satisfactorily and address merit, market, and equity needs. The budget continues to meet operating needs adequately.

Extramural funding for the SON includes gifts from friends and alumni, sponsored projects, and support from UPMC. The National Institutes of Health (NIH) ranks the SON 12th in research dollars awarded among schools of nursing. In addition, the SON receives support from the Health Resources & Services Administration (HRSA) and several foundations. Grants awarded from all sources during the fiscal year 2023 totaled $8.2 million.

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

Information that reflects the SON's ability to recruit qualified faculty and staff can be found in recruitment materials available in the Resource Room. Faculty positions are advertised through professional nursing organizations, including online job postings/career boards, digital ads, and emails to the groups' members. Social media postings (paid and organic) are also used for faculty recruitment. Over the last 4 years (2020-2023), several positions were successfully posted for recruitment and filled, including the Dean, Coordinator of the Neonatal Nurse Practitioner concentration, Director of Professional Development and Continuing Education, and several Nurse Practitioner and Nurse Anesthesia faculty. New personnel includes 33 faculty hired for community health, anatomy/physiology, genetics, ethics, nurse anesthesia, acute care, health policy, psychiatric mental health, medical-surgical, obstetric, pediatric, and gerontological nursing.

Review Process. The SON conducts internal reviews and evaluations to examine its fiscal resources continuously. Department budgets are evaluated annually. Departmental requests for personnel are made and approved throughout the year as needs arise. Annually, each department submits a request for non-compensation expenses. Requests are evaluated and approved by the Dean.

Three years ago, Pitt launched an initiative to enhance the budget formulation process and the University's budget model. The new process formalized a resource request process and introduced annual strategic resource reviews. The new budget model was developed to improve transparency, authority, and accountability at the Responsibility Center (R.C.) level. Annually, the School submits a Responsibility Center Resource Proposal (RCRP) that includes an operating budget, strategic resource, and capital budget requests. Through this process, the SON secured funding for an embedded school counselor to support undergraduate program expansion, new dean startup funds, a space programming study, and new classroom seating. The new budget model was enacted in fiscal year 2023; we await the year-end financial allocation results to determine the impact.

For review of SON fiscal resources for new programs, proposals are presented to the Planning and Budget Committee of the Senior Vice Chancellor for Health Sciences, then to a specific university council; if undergraduate, to Provost's Advisory Committee on Undergraduate Programs (PACUP); if graduate, to University Council on Graduate Study (UCGS). In addition, new proposals are discussed at the Dean's Council, specific BSN, MSN, DNP, or PhD Councils, Department meetings, and Total Faculty Organization meetings.

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

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected

outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

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

Program Response:

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Physical Resources

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The SON DNP and APRN majors and concentrations are housed in the Victoria Building (V.B.) on the main campus. Built in 1976, the V.B. comprises five floors that total 116,399 square feet (ft^2), including corridors, restrooms, and mechanical spaces. Physical resources enable the program to fulfill its mission, goals, and expected outcomes.

The first floor (28,158 ft^2) houses lecture halls, classrooms, a Clinical Research Suite equipped with a CLIA-waived lab, a wellness room, a lactation room, a student lounge, a food service area, and student lockers. Classrooms are equipped with state-of-the-art audio/visual equipment.

The Clinical Research Suite is a 1,800-foot space equipped with one examination/treatment room, two observation rooms, and two consultation rooms; one large conference room may be divided into 2 smaller rooms: a greeting/reception area and a restroom for research participant use. The Clinical Research Suite is designed to implement research protocols by the research faculty and graduate students at the School of Nursing.

The second floor (27,403 ft^2) houses an anatomy and physiology/microbiology laboratory, a student computer lab, a state-of-the-art mock 18-bed skills lab, three simulation spaces with control rooms, a recording studio, telehealth space, Student Affairs and Alumni Relations office, health sciences information technology, global education, PhD and DNP student lounges, and student study space.

The third floor **(**27,135 ft^2) houses faculty and staff offices, the DNP program director, the Office of the Dean (OOD), the Acute and Tertiary Care (ATC) Department, the Department of Nurse Anesthesia (DNA), the Center for Research and Evaluation (CRE) transitioning to the Office of Research and Scholarship (ORS), the Department of Professional Development and Continuing Education, data analytics, and an exercise room.

The fourth floor (27,927 ft^2) houses a multi-faith prayer/meditation room and the faculty and staff offices for two departments: Health and Community Systems (HCS) and Health Promotion and Development (HPD). The laboratories and biobank comprise approximately 4,000 square feet of space divided into 5 rooms: the Omics laboratory, Pathology laboratory, Microscope room, General laboratory, and Biobank facility. These facilities are overseen by the Associate Dean for Research and Scholarship with the assistance of a full-time lab manager who holds an advanced degree and has worked within the School of Nursing laboratories for over 20 years. Several Principal Investigators share this space.

The fifth floor (5,776 ft^2) houses mechanical systems and a biobank facility of freezers. The biobank facility is climate-controlled and contains twenty-two -80°C freezers connected to emergency generators and an automatic notification system to alert the Associate Dean for Research and Scholarship and the laboratory manager should a freezer start to have complications.

Simulation Expansion. Simulation has expanded since the onset of the pandemic. The School purchased eleven manikins/ simulators, incorporating a diversity of age, gender, and race. We entered into a paid pilot agreement with Lumis Corporation to evaluate the utility of augmented reality (A.R.) in our program. In 2022, we purchased the Lumis Insight Platform, which provides general learning (e.g., anatomy visualization, basic and advanced pharmacology, patient assessment, monitoring outputs) and anesthesia learning. We have modernized the Anatomy and Physiology/Microbiology lab through the purchase of an Anatomage Table, a 3D interactive, virtual dissection table to replace the use of cadavers. Simulation activities are also held at the Pitt Peter M. Winter Institute for Simulation, Education, and Research (WISER). Both undergraduate and graduate students and faculty use the simulation labs at WISER. The Associate Director of WISER is Dr. John O'Donnell, SON Chair of the Department of Nurse Anesthesia.

Faculty Computers. Faculty and staff were provided with new laptops and peripherals to accommodate remote and onsite work.

Physical Site Enhancements. Physical space in the V.B. was enhanced for students, faculty, and staff and includes significant audio-visual and technology enhancements, new Anatomy and Physiology/Microbiology lab seating, the installation of panic buttons in classrooms that can lock classrooms and notify police, and conference rooms that have been upgraded. Research labs house new equipment, and biobank freezers were replaced. Wellness and meditation/prayer rooms were opened. Classroom seating replacement is underway in nine traditional classrooms in the V.B. New classroom seating will provide a better learning environment for students through flexible seating that can be reconfigured to promote discussion and support educational excellence.

Plans for a New School of Nursing Building. In 2022, we engaged Ayers Saint Gross (ASG) for consultation services to study and define space requirements for a new School of Nursing building by translating the School's vision for the future into an architectural plan. Focus groups of nursing faculty, staff, students, health sciences administration, Pitt offices of planning, design and construction, and facilities management all participated in planning the initial program. The second phase of the programming study set priorities to determine a conceptual building layout based on a potential building site. Final reports are pending, and a site was recently confirmed.

Oakland Physical Resources Review and Outcomes. Physical resources and capital needs are reviewed on an ongoing basis by the building operations manager, and departmental needs are brought forward throughout the year through several forums, including monthly faculty meetings, staff administrator meetings, and weekly Deans Council meetings. Requests for capital funding are prioritized by the Dean and submitted through the RCRP process. The University of Pittsburgh Department of Facilities Management performs an ongoing review of building infrastructure. Needs not prioritized by the University for capital funding can be shared with potential donors.

Clinical Sites

Clinical sites are sufficient, appropriate, and available to achieve all programs' mission, goals, and expected outcomes. The SON maintains affiliation agreements with all agencies and individuals used for clinical and practicum experiences. The SON is responsible for finding clinical sites for students. Before any clinical site is utilized, faculty visit the site or interview the preceptor to ensure the appropriate environment meets course learning outcomes. Once a clinical site is being used, students evaluate the preceptor each term (Policy 433), and clinical faculty review the site and preceptor at least once a year during clinical site visits to ensure that it is still an appropriate site. Faculty clinical site evaluation forms are attached to the end of Policy 433, and samples of student and faculty evaluations of preceptors/sites can be viewed in the Resource Room.

Nurse Anesthesia major: The students complete clinical rotations in various UPMC and non-UPMC facilities to ensure they meet all clinical course learning outcomes and case/hour requirements set by the program and the AANA Council on Accreditation (COA). Each student is required to complete more than 2,000 clinical hours and more than 800 cases (COA requires a minimum of 600) and case numbers in all procedural, demographic, and specialty case areas. Nurse Anesthesia students acquire breadth and depth of clinical experiences through required rotations in cardiac, neuro, obstetrics, pediatrics, dental, pain/blocks, and community facilities and through requesting optional experiences at enrichment rotations. These enrichment experiences may be at UPMC facilities or facilities outside of Pittsburgh that offer unique practice environments or case availability.

Nurse Practitioner major: Each BSN-DNP nurse practitioner area of concentration program plan includes a minimum of 1,000 supervised clinical hours. The post-professional certificate programs vary in minimum supervised clinical hours and range from 500-660 clinical hours. The SON coordinates student clinical placements for onsite students. In conjunction with the Clinical Placement Coordinator and the student's academic advisor, course faculty match students to preceptors/clinical sites that are appropriate for their population focus and role and allow exposure to diverse patients and settings throughout the program.

Clinical Nurse Specialist major: The BSN-DNP adult-gerontology clinical nurse specialist program plan includes a minimum of 1,000 supervised clinical hours. Students enrolled in the MSN-DNP program usually complete approximately 480-550 clinical hours. The clinical hours from the prior master's degree are verified and then subtracted from 1,000, so the total clinical hours for both the master's degree and DNP degree equal a minimum of 1,000 supervised clinical hours. Course faculty match students to preceptors/clinical sites that are

appropriate for their population focus and role and allow exposure to diverse patients and settings throughout the course of the program.

Health Systems Executive Leadership major: Post Masters-DNP students enrolled in the DNP Health Systems Executive Leadership program complete a minimum of 1,000 supervised clinical hours post-BSN. Clinical hours earned during the prior master's degree are verified by the school awarding the master's degree and subtracted from the total to yield the number of clinical hours to be earned during the DNP degree. Students complete a minimum of 240 clinical hours in leadership practicum/practica with a senior level administrator; additional clinical hours may be required based on the student's prior clinical hours earned post-BSN. Student clinical placements to preceptors/clinical sites are coordinated by graduate faculty responsible for the DNP Residency course. Students initiate or complete a project that meets a strategic initiative within the agency.

Nurse Midwife major: Teaching-learning is also conducted in the clinical setting where students learn to become midwives guided by clinical preceptors and clinical faculty in clinical settings at sites such as the University of Pittsburgh Medical Center, the Midwife Center, community hospitals, community care centers, and private practices. These clinical sites provide students with the necessary clinical experiences to achieve the program's learning outcomes. Students complete a total of 1,440 precepted clinical hours. As a requirement of accreditation by the Accreditation Commission on Midwifery Education (ACME), midwifery programs are required to give students access to the following numbers of clinical experiences: Primary care (40) - Includes common acute and stable chronic health conditions; Gynecologic care (80) - Includes preconception, contraception, adolescent, perimenopausal, and postmenopausal care; Antepartum care (100) - Includes new and return prenatal care across gestational ages; Intrapartum care (60) (includes access to or opportunity to attend at least 3 births) - Includes labor assessment, labor management, and births; Postpartum care (50), which includes postpartum visits (0-7 days), up to 8-weeks postpartum, and breastfeeding support; and Newborn Care (30), which includes newborn assessment and anticipatory guidance. The specialties and curricula meet all national and state criteria with regard to clinical hours, preceptor qualifications, faculty oversight, and faculty-student ratio. Arrangements for clinical placements for midwifery-specific clinics are initiated and planned by core faculty with the assistance of a Clinical Placement Coordinator; the Office of the Dean executes the formal affiliation agreements.

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Clinical Site Review Process

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A benchmark (expected) in our evaluation plan states that 90% of the faculty will rate clinical sites and preceptors as effective in supporting student learning outcomes. Suggested faculty clinical site evaluations are attached to the end of Policy 433. There are 5 questions, with the last question asking about the overall effectiveness of the clinical site. Our 2022-2023 data indicate that DNP faculty rated clinical sites as "excellent" or "very good" in meeting student learning outcomes. With the small number of clinical sites affecting the percentage calculation, we accepted clinical sites as meeting the benchmark if the average effectiveness ranges from 4 (very good) to 5 (excellent). See Table II.B.2 below for each DNP program and course.

Currently, a Qualtrics survey and Typhon have been used to collect evaluation data on clinical sites and preceptors. The challenge is that these data are not consistently collected as expected in Policy 433. The Dean's Council has decided to implement a new clinical management system in 2024 called Exxat, which will facilitate the collection of evaluation data on clinical sites and preceptors. This data will be more easily collected and analyzed with this new database that replaces our current system. An evaluation plan will be put into place to monitor compliance every term regarding the collection of data on the clinical sites and preceptors by department administrators supporting the graduate program. The department administrators will forward the data to the administrator of the DNP program. Annually, the data will be reviewed at a monthly meeting of the DNP Coordinators to ensure that clinical sites and preceptors are adequate.

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Table II.B.2. Faculty Rating Clinical Sites' Overall Effectiveness

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	Number of Sites	Scored Very Good/ Excellent	Percent of Overall Effectiveness
AG-ACNP	5	5	100
AG-PCNP	1	1	100
AGCNS	6	6	100
FNP	3	3	100

HSEL	18	17	94
NA	See the description below point #2		
NM	3	3	100
NNP	1	1	100
PMHNP	2	2	100
PNP-AC	5	5	100
PNP-PC	11	10	91

The 5 clinical evaluation questions and results for the DNP /APRN courses are in the Resource Room. If faculty evaluate a site and determine that it does not meet student learning needs for any of the questions, then faculty address the issues with the site, and if changes are not possible, the site is not used again.

Nurse Anesthesia program ensures clinical sites are adequate with the following:

1. Clinical sites are visited before executing an affiliation agreement. Nurse anesthesia faculty do a full analysis of every aspect of the site, meet with the hospital CEO or COO, the Chief CRNA, the proposed coordinator, and the Chief MD, and establish the expectations and requirements of the rotation. Nurse Anesthesia faculty also collect data on all of the required cases that the site possesses, the number of rooms available to students, and deliver the nurse anesthesia program handbook, which covers all of these topics.
2. Nurse anesthesia faculty conduct site visits at least annually per COA policy and standards. Nurse anesthesia faculty meet with the coordinator and key personnel, observe students, tour the ORs, and present to the entire department as desired.

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

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

Program Response:

The academic support services are sufficient to carry out the School's mission, goals, and expected outcomes. Academic resources are available campus-wide and within the SON.

University-Level Learning Resource Services

The University offers a number of learning resources and services. Pitt designates Disability Resources and Services (DRS) to determine reasonable accommodations and services. Pitt is committed to providing equal opportunities in higher education to academically qualified students with disabilities. The vision is to become the most inclusive University where individuals with disabilities are integrated as completely as possible, empowering them to achieve their greatest potential. (Disability Resources and Services). Our students with disabilities are given opportunities to complete work that follows DRS recommended accommodations. The Office of Veteran Services (Pitt Veterans) provides veteran services and resources. The Writing Center provides a place for all Pitt-Oakland students to come to work on their writing skills. The Writing Center is staffed by experienced consultants trained to help others with their writing. The staff can help students with conventional or digital projects. (Writing Center).

Mental Health Services

Pitt has the University Counseling Center providing support through a hotline phone number and drop-in services. This Center also provides 10 individualized choices for mental health support, from self-help options or peer-to-peer support to individual and group counseling services (Counseling Center | Student Affairs). In 2022, the SON employed a mental health counselor in the School. Now, SON students have the opportunity for immediate, short-term support. (SON Mental Health Support). Kevan Schneider, MA, NCC, CCTP, LPC, is an experienced counselor specializing in trauma and post-traumatic stress disorder (PTSD),

stress, anxiety, depression, addictions, coping skills, life transitions, men's issues, and peer relationships (see Appendix 5 for flyer).

SAAR Advisor and Faculty Advising

DNP students are assigned a faculty advisor in their major or area of concentration for the duration of their program. Additional assistance with advice is available in Student Affairs & Alumni Relations (SAAR). Following admission, the faculty advisor meets with the student to discuss academic and career goals and develop an individual program plan (plan of study). The advisor meets in person or virtually with the student each term to review academic progress and to plan the coursework that will be completed the next term. The student or advisor may initiate additional meetings to address specific student or faculty concerns and adjust the initial program of study as needed. Before the last term of study, the faculty reviews the student's transcript to ensure that all academic requirements will be met by the end of the last term.

In SAAR, the staff Graduate Student Advisor consults with students and faculty advisors on policy and procedures, supports school and university processes relating to academic progression, provides enrollment support, refers students to campus resources, and provides additional assistance as needed. SAAR initiates the process by which students apply for graduation and reviews student transcripts for program completion in consultation with faculty advisors. As needed, students are referred to campus support services such as the University Counseling Center and Disability Resources and Services. An embedded clinician from the University Counseling Center is available in SAAR to meet with Nursing students by appointment or during walk-in hours.

The Director of Advisement in SAAR serves as the School's ombudsperson, available to assist students with resolving conflicts that arise that they believe have not or cannot be addressed within their academic department. For at-risk students, faculty on the DNP Admissions, Progression, and Graduation Committee monitor at-risk students and provide additional support collaboratively with SAAR staff.

Library System

Students, staff, and faculty at the University of Pittsburgh School of Nursing (SON) have access to the resources of the Health Sciences Library System (HSLS), the University Library System (ULS), and the Barco Law Library. The robust collections provided by the two library systems and the law library ensure that research needs are fully met, regardless of the topic or type of research. HSLS, physically located in Falk Library in Scaife Hall, is the primary library for the health sciences at the University of Pittsburgh (Pitt).

HSLS offers a wide-ranging collection of nursing, biomedical, and health-related journals and books, along with a specialized collection of rare and historical materials. Library users have access to more than 12,500 electronic journals in the health sciences, 7,000 ebooks, and 129 databases. The electronic resources include, among others, CINAHL (Ebsco), AccessMedicine (McGraw Hill), PubMed (National Library of Medicine), Medline (Ovid), APA PsycInfo (Ovid), UpToDate, Journal Citation Reports (Clarivate), Cochrane Library (Wiley), Embase (Elsevier), MICROMEDEX, and Web of Science (Clarivate). A complete list can be found at HSLS databases. SON faculty use the ebooks and video library to help reduce student textbook costs. Additionally, HSLS provides access to 11 commercial bioinformatics software titles, such as CLC Main Workbench, Partek Flow, and SnapGene, as well as workshops and ongoing guidance in using these titles. The ULS and Barco Law Library databases supplement ancillary research topics such as psychology, economics, health law, and policy.

Falk Library, the physical home of HSLS, offers computing and Internet access and educational, productivity, and research software packages. Falk Library features publicly available computers, including desktop computers, circulating laptops, and Surface Pros; a state-of-the-art classroom equipped for in-person, virtual, and hybrid instruction; and four bookable group study rooms. The library circulates computer accessories, including portable power outlets, charging cords, and headphones. The library also provides virtual reality headsets and programs for students, including clinical simulations, anatomy atlases, and medical imaging. Falk Library is currently undergoing extensive renovations as part of a building-wide construction project. The exciting new space will be completed in 2024 and will provide even more areas for learning and collaboration. Pitt's wireless network is available throughout the library.

HSLS maintains an active website (HSLS home page) that contains information about library services, resources, and activities. All Pitt faculty, students, and staff can find workshop schedules, links to electronic resources, news items, online course reserves, and lists of new books. They can request copies of books or journal articles not available in HSLS collections and suggest new purchases for library collections. Questions submitted through the Ask-A-Librarian feature typically receive a response in less than 24 hours, and a chat service is available from 9 am to 5 pm Monday through Friday. Library workshops cover various topics, including

data management, publishing, literature searching, and software such as image editing tools, citation managers, and bioinformatics programs. HSLS also publishes an online monthly newsletter, *HSLS Update*, to inform users about new developments in its services and resources. The library website also features a regularly updated nursing portal with information for nurses.

The Research, Instruction, and Clinical Information Services (RICIS) section of HSLS aids users by answering questions about library resources, conducting in-depth searching of electronic and print resources to answer complex research and clinical queries, and offering individual consultations and bibliographic instruction. The RICIS liaison to the SON (see HSLS Liaison Librarians), Rebekah Miller, MLIS, can:

- make tailored presentations to courses or departments about research, literature searching, information literacy, citation management, and library resources,
- incorporate research and information management skills into the curriculum,
- provide one-on-one assistance on research, search strategies, and/or library resources,
- collaborate on research projects or grants, and
- perform professional-level literature searches.

Students, faculty, and staff work closely with the SON's liaison librarian. Her expertise is used extensively, including assisting in homework design, supporting the DNP students' use of library resources, and conducting literature searches for publications. She regularly meets with students to assist them with literature searches for their DNP projects and classwork and guides them using citation management software. She is a guest member of the School Wide Curriculum Committee.

CANVAS Pitt Learning Management System

CANVAS is the learning management system (LMS) licensed by Pitt and utilized by SON faculty and students. CANVAS supports onsite, online, and distance education courses. The Pitt Center for Teaching and Learning (CTL) supports faculty and students (Canvas@Pitt). CANVAS is accessible by clicking the link at my.pitt.edu. Mobile apps for students and instructors provide access to the most frequently used features. The LMS Support and Consulting team comprises instructional technologists with expertise supporting CANVAS, educational video streaming tools, and multimedia. The Pitt CTL provides student support with written and video instructions on the Pitt website and by clicking the "Help" button in the CANVAS course. The Help button provides access to CANVAS guides and the Pitt Helpdesk through chat, email, or phone. The Nursing CANVAS shell developed for the SON also contains videos demonstrating how to use CANVAS. The Pitt CTL instructional designers collaborate with faculty to develop fully online courses (Pitt *Online*). Pitt faculty work with them to present their content in engaging ways. Additionally, the Pitt CTL provides faculty support through online or in-person training, such as emails being returned within 24 hours, individual work with instructional designers, website instructions developed by the Pitt CTL, or the Pitt Helpdesk, which can help with general questions.

Pitt Online Course Instruction

Following admission to the SON, depending on the major or area of concentration to which graduate students are admitted, they enroll in onsite (face-to-face) or online courses based on advice from their academic advisor. Pitt *Online*, a division of the University Center for Teaching and Learning, offers graduate and professional full online programs commensurate with those offered to students at Pitt-Oakland in terms of quality, faculty, and level of support services. Support services have been designed to provide Pitt *Online* students with a superior learning environment through virtual access to Pitt's many resources, including digital libraries, academic advisement, and instructional materials. There are 77 unique graduate SON online courses.

Faculty teach onsite and online courses, providing the same commitment to quality, rigor, and adherence to the highest professional standards. All courses are designed, developed, and taught by SON faculty. Each course is assigned an instructional designer through Pitt *Online*. Judith Zedreck Gonzalez, DNP, MPM, RN, NEA-BC, FAAN, is the online program coordinator at the SON. In this role, she communicates directly with staff at Pitt *Online*, directs resources to faculty to assist in converting their face-to-face courses to an online format or develop proposals for additional online programs, and facilitates communication of faculty development forums to introduce state-of-the-art approaches to online teaching.

Since 2009, the SON has offered students the option of completing their degree online asynchronously. The following programs are currently offered online through Pitt *Online*:

- MSN for Clinical Nurse Leader, Nursing Informatics, School Nursing
- Post-Master's DNP for Health Systems Executive Leadership
- Post-Master's DNP for Nurse Anesthesia
- Post-Master's DNP for Clinical Nurse Specialist: Clinical Nurse Specialist Adult Gero
- Post-Master's DNP for Nurse Practitioner: Adult-Gerontology Acute Care, Adult-Gerontology Primary Care, Family (Individual Across the Lifespan), Pediatric Acute Care, Pediatric Primary Care, Psychiatric Mental Health, and Neonatal
- Certificates in: Nursing Informatics, Adult-Gerontology Acute Care Nurse Practitioner, Gerontology for Nurse Practitioners, School Nurse PK-12

Simulation Technology

The SON renovated its skills and simulation center in the Summer of 2017. This state-of-the-art facility now includes an 18-bed skills learning area, two simulation rooms, one recording studio, and a telehealth simulation lab (See detailed description in IIB). BSN and MSN students have access to a variety of simulation technology. Nurse Anne simulators and other equipment are available in the Skills Lab to practice various basic nursing skills. Simulation technology includes 1) high fidelity adult, child, infant, and pregnant (can deliver) mannequins. 2) otoscope and ophthalmoscope simulation equipment (OtoSim and OphthoSim), 3) heart and lung sound simulators (SAM), 4) pelvic examination simulators, 5) male GU exam simulation equipment, 6) breast examination simulation equipment (MammaCare), 7) anesthesia gas machines, 8) airway trainers, 9) regional spinal and epidural trainers, 10) IV and arterial line trainers, 11) intravenous pumps, 12) portable ultrasound machines, 13) Baby "Stap," 14) Laerdal Neonatal Intubation Trainer, 15). Baby Umbi, 16) Premature Anne, 17) SimNewB, 18) Nita Newborn (VATA), and 19) Life/Form Infant male & female catheterization trainer. Additional equipment specific to resuscitation and critical care was added in 2021, including video laryngoscopes (Glidescope), a Ventilator, a Trauma Man thoracostomy/surgical airway trainer, a Zoll defibrillator, and a crash cart with simulation drugs. Additional simulation technology is shown in Appendix 6.

Nursing students also have the opportunity to use the simulation technology at the Winter Institute for Simulation Education and Research (WISER), a Pitt-UPMC collaboration, to conduct research and training programs through simulation-based education to provide a safer environment for UPMC patients and its affiliates. Established in 1994, WISER is a world-class multidisciplinary training, development, and research facility. WISER is accredited by the Society for Simulation in Healthcare (SSH) in Teaching, Assessment, Research, Systems Integration, and Fellowship Programs. In addition to being a critical part of the infrastructure for the University of Pittsburgh and the UPMC Health System, WISER also offers training and skill development to healthcare simulation professionals worldwide.

SON Distance Education

The distance education option is also available for onsite graduate students who reside in the Commonwealth of Pennsylvania and whose address is 50 miles or more from the Pitt-Oakland campus. The distance education courses are offered synchronously with the onsite course through Zoom software. The Health Sciences Information Technology department collaborates with faculty to create the meetings and sends students enrolled in the distance education (D) course an invitation to attend course sessions. This option enables the student to attend an onsite course with other students. A list of active distance education courses appears in Appendix 7.

Review Process of Academic Resources

We systematically examine academic resources through the annual review of responses by DNP and certificate graduates on the SON end-of-program survey. Benchmarks (expected outcomes) are established in the Evaluation Plan. The Evaluation Steering Committee (ESC) examines student responses each year. When student satisfaction falls below the 90% benchmark, improvements or action plans are developed and implemented in the Councils. Other reviews include student feedback to councils by student representatives and the Pitt senior graduate survey.

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

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

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

Program Response:

Christine E. Kasper, PhD, RN, FAAN, FACSM, became the Dean and Professor of Nursing at the University of Pittsburgh School of Nursing on January 1, 2023. Over this past year, Dean Kasper has evaluated the finances and completed a financial audit. She has systematically reviewed all systems to ensure all campuses and departments follow the university's and accrediting bodies' best practices and regulations. She has visited each regional campus to ensure faculty and nursing students have the same opportunities as the main campus. For example, at the November 2023 visit with Johnstown, Dean Kasper discussed nursing student participation in the Pitt Frederick Honors College and Study Aboard programs. With knowledge of growing enrollment and moving to a competency-based education model for all programs, Dean Kasper's initiative is to increase simulation teaching to 25% of clinical time. On November 29, 2023, simulation consultants analyzed the state of the SON simulation program, processes, and equipment. The consultants are presenting their recommendations in Spring 2024. All faculty who teach clinical courses are trained to take the certification exam for Certified Simulation Healthcare Educator (CHSE).

Dr. Kasper served as dean of the University of New Mexico's College of Nursing for four years prior to coming to the Pitt SON. In her role at UNM, Kasper led a nursing college with more than 1,100 students. Enrollment in UNM's College of Nursing increased by 35% during her tenure. She was chosen as SON Dean after a highly competitive national search. Dr. Anantha Shekhar, senior vice chancellor for the health sciences and the John and Gertrude Petersen Dean of the School of Medicine, stated that Dr. Kasper was chosen from a pool of exceptionally qualified leaders identified through a national search. He believed Dr. Kasper was superbly qualified to lead Pitt's School of Nursing on a continued path of success.

Before joining UNM, Dean Kasper was a senior nurse executive in the U.S. Department of Veterans Affairs, Office of Nursing Services. In that post, she advised the chief nursing officer on academics, research, and policy. She was the Daniel K. Inouye Graduate School of Nursing professor at Uniformed Services University of the Health Sciences in Bethesda, Maryland.

Dr. Kasper is the current editor of the Annual Review of Nursing Research and was the founding editor of Biological Research for Nursing. She was elected as a fellow of the American Academy of Nurses in 1994, elected as a fellow of the American College of Sports Medicine in 1995, and elected to the International Nurse Researcher Hall of Fame, Sigma Theta Tau International in 2015. She has over 200 national and international peer-reviewed and invited publications, books, and presentations to her credit.

Dr. Kasper received her undergraduate degree in nursing from the University of Evansville, a master's in nursing from Rush University, and a PhD from the University of Michigan, where she studied nursing and exercise physiology. Following a postdoctoral fellowship in physiology and biophysics at Rush University, she served as a professor at the University of Wisconsin-Madison and the University of California, Los Angeles. She also held the M. Adelaide Nutting Research Chair at Johns Hopkins University.

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

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the

mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

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

Program Response:

Faculty Are Academically Prepared

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

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

	Fall 2020	Fall 2021	Fall 2022	Fall 2023
Total Student Enrollment	1098	1123	1036	1039
DNP/ARPN Certificates	271	269	255	248 (and 4 DNP/PHD)
Faculty				
Full-time	93	94	89	88
Part-time	30	30	33	37
Other Affiliated	2	2	2	2
Total	125	126	124	127

Workload

Workload expectations are clearly defined. Full-time faculty receive 20% time per semester for scholarship, 5% for service, and 65%–75% for Teaching. Pre-tenured faculty in the tenure stream receive additional time to devote to scholarly and service activities. The workload is adjusted for faculty who engage in clinical practice required for certification and licensure and for faculty who engage in funded research. Full-time faculty who are nurse practitioners and must maintain their licenses are provided with a 10% academic workload for practice. The faculty service requirement may be waived for faculty teaching 80% or greater in the clinical setting. Faculty in administrative and leadership roles are provided with a 10%–50% academic workload depending upon the administrative work required. Table II.E.2. summarizes the workload for all three campuses.

Table II.E.2. SON Faculty Workload Percentage

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

Faculty to Student Ratios

Faculty-to-student ratios are adequate for promoting proper supervision. In general, courses have at least 8 students to be offered, although exceptions may be made based on student progression to graduation. Online courses generally have a maximum of 20 students. Onsite courses with 100 students or more are assigned a teaching assistant. SON maintains a 1:1 ratio for direct clinical experiences and a 1:6 ratio for indirect supervision of clinical experiences. We will occasionally increase the ratio to 1:8, which aligns with the quality standards (NTF, 2022). Preceptor-to-student ratios meet the requirements of regulatory and clinical agencies. (See Standard III.F below).

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

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

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:
▪ *clearly defined and communicated to preceptors;*
▪ *congruent with the mission, goals, and expected student outcomes;*
▪ *congruent with relevant professional nursing standards and guidelines; and*
▪ *reviewed periodically and revised as appropriate.*

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

Program Response:

The coordinator for each major and concentration oversees all practicum and clinical courses and ensures that the preceptor will support student mastery of the course learning outcomes. These course learning outcomes are linked to the standards and competencies identified in Standard I and the DNP Program student learning outcomes posted on the Pitt SON website.

The Roles and Performance Expectations for Preceptors

The roles of the preceptor in teaching, supervising, and evaluating students are clearly defined (see Policy 433). Policy 433 is an administrative policy reviewed by the Deans Council every 3 years. Preceptors are expected to be academically and experientially qualified to precept in the area they are hired. Majors and concentrations with specific preceptor credentials identified by national organizations are followed. Lists of preceptors and their credentials for 2022-2023 are in the Resource Room. Coordinators ensure preceptors are qualified and are responsible for collecting preceptor qualifications. Coordinators orient preceptors to their roles and expectations each semester through email, phone conversation, and/or face-to-face interactions. Copies of the orientation materials for DNP/APRN courses are available in the Resource Room.

Preceptor credentials are collected by clinical faculty, and current state license verification is completed by the clinical faculty's administrative support staff through a search of the preceptor's state board of nursing license verification. If staff are unable to obtain license verification through a state board of nursing

site, a copy of the preceptor's current license and certification is requested. For the NP ARCOs and NM major, the preceptor qualifications are entered into the preceptor profile on Typhon.

For all majors and concentrations, faculty serve as supervisors of the student, supplementing the preceptor's teaching, acting as a liaison with the clinical sites, and evaluating student progress. Faculty are available when students are working with the preceptor.

Nurse Practitioner major and concentrations. For all NP ARCOs, faculty conduct site visits for each student one to two times per semester. Consistent with Standards for Quality Nurse Practitioner Education, 6th Edition, when providing direct oversight of students in the clinical setting as their preceptor, faculty maintains a 1:1 faculty: student ratio. All preceptors of NP students are licensed and certified CRNPs, doctors of osteopathic medicine, and/or medical doctors consistent with Pennsylvania State Board of Nursing requirements for the education of nurse practitioners and NTF Standards. Clinical faculty request updated CVs from preceptors annually.

Health Systems Executive Leadership. Clinical preceptors are required to have a minimum of a master's degree in a health-related or business field (MSN, MHA, or MBA). They may not be the student's direct supervisor to avoid role confusion while the student is completing this leadership practicum. Program faculty serve as indirect supervisors of the student (supplementing the preceptor's teaching through student journals and 1:1 coaching sessions as needed), act as a liaison with the clinical sites, and evaluate student progress. Preceptor credentials are confirmed with the submission of the preceptor's CV.

Clinical Nurse Specialist. Preceptor-student ratios are 1:1 or 1:2. All preceptors are either prepared at the master's or doctoral level and working in the role of a clinical nurse specialist. If a clinical nurse specialist is not available to serve as a preceptor, other professionals, such as nurse practitioners or physicians, may be used consistent with guidelines from the Statement of Clinical Nurse Specialist Practice and Education (3rd edition).

Nurse-Midwife. Per the International Confederation of Midwives Global Standards for Midwifery Education (Revised 2021), "The ratio of midwifery students to clinical preceptors/teachers is based on the learning context and the needs of the students." When providing direct oversight of students in the clinical setting as their preceptor, faculty maintain a maximum 1:2 faculty-to-student ratio. The ratio for indirect supervision of a clinical experience is 1:6, consistent with the School of Nursing policy for other primary care advanced practice specialties. Per ACME criteria, midwifery students must have at least 50% of clinical experiences precepted by CNMs. In their primary care clinicals, students are precepted by NPs and primary care physicians. In their newborn clinical, they are precepted by NPs or pediatricians. In the other nurse-midwife clinicals they are primarily precepted by midwives, with the occasional day with an NP.

Nurse Anesthesia. A master's or doctorally prepared CRNA clinical coordinator is present at each clinical site to work with our faculty to oversee the clinical learning of students supervised by a CRNA or anesthesiologist. Preceptors in the Nurse Anesthesia major are Certified Registered Nurse Anesthetists (CRNA) or anesthesiologists. The program handbook is distributed to each site every year. Faculty visit each site regularly and meet with the coordinator and site preceptors to review student progress and observe students' clinical performance. A faculty member is always on call for any clinical issues or questions. Council on Accreditation of Nurse Anesthesia Education Program criteria stipulate that a preceptor cannot supervise more than two students; the preceptor-to-student ratio is almost always 1:1.

The Program Ensures That Preceptor Performance Meets Expectations

A benchmark (expected) in our evaluation plan states that 90% of the faculty will rate clinical sites and preceptors as effective in supporting student learning outcomes. Faculty make site visits one to two times a semester. Faculty evaluate preceptors to ensure preceptors are meeting expectations. Students are asked to evaluate preceptors at the end of every clinical course. Faculty complete evaluations called "Faculty Evaluation of the Preceptor." Our 2022-2023 data is summarized below in Table II.F.1. The average score accepted to meet the benchmark was between 4 (very good) and 5 (excellent). (See the evaluations in the Resource Room).

Table II.F.2. Faculty Rating Preceptors' Overall Effectiveness

	# of preceptors	Number rated very good/ excellent	Percent of overall effectiveness
AG-ACNP	1	1	100

AG-PCNP	7	7	100
CNS	6	6	100
FNP	3	3	100
HSEL	19	18	95
NA	See the description in the above paragraph.		
NM	3	3	100
NNP	2	2	100
PMHNP	2	2	100
PNP-AC	5	5	100
PNP-PC	15	15	100

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.
▪ *Faculty have opportunities for ongoing development in teaching.*
▪ *If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship.*
▪ *If service is an expected faculty outcome, expected service is clearly defined and supported.*
▪ *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence.*
▪ *Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it.*

Program Response:

The SON has faculty expectations in teaching, scholarship, service, and practice. As such, the SON provides an environment that supports and recognizes these activities. The expected outcomes are delineated in the merit guidelines. The Dean meets quarterly with tenured, tenure stream, and appointment stream faculty to provide support. In TFO meetings, the Dean acknowledges faculty honors related to teaching, scholarship, service, and practice by announcing awards and other achievements.

Support for Teaching

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

SON's Support of Healthcare Simulation Educator Certification: In 2022, Dean Kasper launched a Simulation initiative to support all BSN, MSN, and DNP faculty teaching clinical to get certified as a Certified Healthcare Simulation Educator (CHSE). In preparation for the exam, the faculty are provided with an 8-hour training conference presented by an expert from the Society for Simulation in Healthcare (SSH). Additionally, nine study sessions led by another SSH expert were run over nine weeks. The SON covers training, study materials, practice exams, and fees. Currently, two faculty cohorts are CHSE-certified, and the third cohort is studying

for the exam. Similarly, DNP faculty are encouraged to earn the Telehealth certificate with the option for certification.

SON Health Sciences Information Technology Support: Health Sciences Information Technology (HSIT) provides technological support for teaching. In the fall of 2023, this office transitioned from being overseen by SON to being incorporated into the new Health Sciences IT department. HSIT maintains two computer labs that are used for teaching and testing. HSIT provides all (1) audio-visual and computer support in classrooms and conference rooms in VB and (2) computer support for faculty and staff in the SON. HSIT assists with all the student computer testing, user account creation, alias creation, graphics creation, photography, video recording, and support for courses transmitted via distance education. In addition, HSIT assists with computer technology and repair, B-Line software support for simulation, and telehealth technology.

Faculty Forums: The SON offers Faculty Forums on teaching and scholarship topics. Topics are selected through faculty-expressed interests and data indicating development areas. Free Nursing Continuing Professional Development (NCPD) is offered to faculty attending the forums. The forums are held on the Oakland campus, with the Johnstown and Greensburg campuses connected via teleconferencing. During COVID, the faculty forums transitioned to weekly Monday faculty meetings where the Dean provided up-to-date information regarding Pitt and SON policy and didactic, lab, and clinical teaching changes. The meetings provided time for faculty and staff to address real-time issues with teaching, student, faculty, and staff mental health concerns. The SON meetings during COIVD provided critical SON community engagement and support to meet professional and personal needs. Faculty Forums returned in 2021. Table II.G.1. shows the 2023 Faculty Education Forums.

Table II.G.1. 2023 SON Faculty Forums

Date	Topic/Title	Expert Presenter
4/3/2023	Evaluating and Ameliorating Disparities in Autism Diagnoses	Daniel Wilkenfeld
5/8/2023	School of Medicine Competency-Trust as a Scaffold for Competency-Based Medical Education	D. Michael Elnicki, MD. & Reed Van Deusen, MD
5/22/2023	DNP Projects: An evaluation strategy to guide future program, faculty, and student development	Laura Fennimore, DNP
10/9/2023	Introduction to Machine Learning in Healthcare (4-Day Course)	Salah Al Zaiti, PhD
10/9/2023	Understanding Competency-Based Assessment: Using Item Analysis to Assess Test Items	Amy Bowser, PhD
10/23/2023	Lecturing Best Practices	J.D. Wright
11/13/2023	Canvas Best Practices	Sarah Kildow

SON Department of Professional Development and Continuing Education. In addition to the SON Faculty Forums, the Department of Professional Development and Continuing Education provides nursing professional development (NCPD) contact hours for various live (in-person and virtual) and on-demand, enduring programs for faculty development. These professional offerings support the renewal of nursing licensure and certifications by providing just-in-time, contemporary nursing educational activities. Activities can be developed with other organizations to ensure a robust programming catalog. (See the table of all 2023 NCPD offerings in Appendix 8).Current projects being developed are an extensive faculty development program and clinical preceptor modules.

Awards Support Faculty Teaching. Several SON awards recognize or support faculty teaching efforts. The Dean's Distinguished Teaching Award recognizes excellence in teaching. Faculty are nominated for this award by their peers or students, and an award is given to one tenured and one appointment stream faculty each year. The Nursing Excellence in Teaching (NET) award is given annually to acknowledge the exceptional efforts of a faculty member who has used evidence-based teaching strategies to enhance the educational experience for students. The Distinguished Clinical Scholar Award is awarded yearly to an appointment stream faculty member to support a project to enhance clinical practice and student learning. The Lucie Young Kelly Faculty Leadership Award, is given yearly to recognize a faculty member as having outstanding leadership qualities and

the potential for outstanding contributions to nursing. The award supports a scholarly project, which can include a teaching project. Faculty awardees are listed in the Resource Room.

Support Services for Research and Scholarship

The SON supports faculty research and scholarship through a variety of mechanisms. Faculty are given a workload effort to focus on research and scholarship. As reported in II-E, the workload effort awarded for research and scholarship depends on track, rank, and the extent to which the faculty member's salary is supported by external funding. Given the scholarly expectations that new tenure-stream faculty must meet to be promoted to Associate Professor with Tenure, the SON has implemented several activities to support their ability to meet these expectations. The SON provides time for new tenure-stream faculty to develop their research agenda throughout the pre-tenure period through reduced teaching loads (See Table II.E.2) and research mentorship. A time plan has been developed for new faculty to help them with expectations of gaining tenure. Appendix 9 shows the benchmarks (expected) for new faculty to attain tenure over 9 years.

SON Funding Support. Funding is available for tenured/tenure-stream and appointment-stream faculty. First, all new tenure-stream faculty receive a substantial startup package, and new appointment-stream faculty with substantial scholarship potential and goals are given a modest startup package. Second, tenure-stream faculty can apply for internal funding for pilot research through SON endowments and University funds. Third, appointment stream faculty are invited to participate in the Distinguished Clinical Scholar Program, which provides protected time and funds to conduct a substantial scholarly project, and they can apply for many of the same internal awards through SON endowments. Fourth, the SON supports 8 HUBS of Research and Scholarship, providing a venue for collaborations and pilot funding. Also, the SON established the Research Catalyst Award. This program is administered through the SON's Office of Research and Scholarship and awards small grants to junior faculty on the tenure track (i.e., Assistant Professors who are not yet tenured) in the SON. This program is targeted at supporting small feasibility studies, the results of which would be included as a preliminary study in an R01 submission to the NIH.

UPMC support for DNP Projects. The SON has a close working relationship with the UPMC health system. The system is very supportive of student DNP projects. Patricia Tuite, the Director of DNP program is a member of the system wide Evidence-based Practice Council and is also a member of the Oakland campus Evidenced Based Practice (EBP)Student Project Review group for approving DNP projects. Dr. Tuite's working relationship with the Programmatic Specialist for Research/EBP helps identify potential projects. As Director, Dr. Tuite also works with the Wolfe Center to assist with UPMC processes for QI approval and data collection software. The Department of Nurse Anesthesia holds a meeting every 4 months with the managers of nurse anesthetists at the UPMC clinical sites to determine possible projects for students that are entering the nurse anesthesia program. An APRN or a UPMC representative serves as either a member or a consultant on all the projects completed in the inpatient areas within UPMC.

The Office of Research and Scholarship (ORS). The HUBS of Research and Scholarship (described below) are administered through the ORS, as are the monthly Research Methodology Series and Research Faculty Forums. The monthly presentations and workshops entail guest speakers discussing career development and current issues and methods in quantitative and qualitative research. These presentations are open to all in the SON community, emphasizing scholarly production by SON faculty and PhD and DNP students. This Fall 2023 Faculty Research Forums included tenured and tenure-stream Faculty presentations of their work and a 3-hour seminar for appointment-stream faculty on writing grant proposals. Table II.G.2 lists the 2023 Research Methodology Series. NCPD credits are offered for these presentations.

Table II.G.2. 2023 Research Methodology Series

Date	Activity Title	Speaker(s)
2/20/2023	Introduction to Machine Learning in Healthcare (Part I)	Salah Al Zaiti, PhD
3/20/2023	Introduction to Machine Learning in Healthcare (Part II)	Salah Al Zaiti, PhD
4/17/2023	Cardiometabolic Risk Factors and Risk of Dementia	Dianxu Ren, PhD
5/15/2023	Social Determinants of Health Part I: Social relationships and health: How do we know if social support is there?	Patricia Documet

7/17/2023	Social Determinants of Health Part II: Measuring social determinants of health in place: Moving from neighborhoods to activity spaces	Jaime Booth
9/18/2023	Pitt Research Concierge and Navigator	Kerri Jackson
10/16/2023	Office of Research, Health Sciences (OORHS) Resources to Help Health Sciences Faculty Obtain Funding for Biomedical Research	Anthony Brickner
11/20/2023	Intellectual Property, Best Practices, and Submitting a Disclosure	Nicole Oshurak & Andrew Remes

As part of a top-ranked research university, the School of Nursing hosts rigorous research and scholarship programs to advance nursing science and practice. The School is home to eight Research and Scholarship HUBS, providing funding opportunities and fostering collaborative, interdisciplinary research and scholarship programs. HUBS features multiple faculty members and students with similar research and scholarship interests pursuing projects on similar topics and themes or integrating multiple existing projects that can benefit from leveraging their resources and research expertise. The School of Nursing Research and Scholarship HUBS are:

- Excellence in Digital Health Research
- Genomics of Patient Outcomes
- Sleep and Circadian Rhythms: Effect on Symptoms and Functional Outcomes Across the Lifespan
- Nursing Health Services and Policy Research
- Maternal/Perinatal and Reproductive Health Research
- Aging and Gerontological Nursing Research
- Cancer Survivorship
- Nursing Education Research and Scholarship

SON Departments Support. Each department also provides scholarly support. Departments hold weekly scholarship meetings where all faculty are invited, and mock reviews of grant proposals are performed when appropriate. Faculty also meet individually with their department's Vice Chair for Research and Scholarship, who assists them with conceptualizing their projects and writing for funding. Moreover, faculty are encouraged to collaborate with interprofessional teams and senior faculty to develop their program of research.

Supporting Teaching through Research. Nursing Education Research and Scholarship HUB supports faculty to improve teaching through research and scholarship. A website provided resources for developing scholarship and research projects and the steps needed to complete and publish the results. The Hubs pilot awards and Jane Knox Award support DNP/APRN Certificate faculty to submit teaching projects to study and collect evidence on best practices in teaching. For example, one scholarship project gathers data to create and evaluate instructional materials for educating student nurses about the health needs of the LGBTQIA+ population. Another project supports the development of Telehealth scenarios in pediatric primary care courses.

Health Sciences Support. The SON is part of Pitt's Schools of the Health Sciences. Dr. Anatha Shekhar, Senior Vice Chancellor for the Health Sciences, oversees six schools that include Nursing, Medicine, Dentistry, Pharmacy, Public Health, and Health and Rehabilitation Sciences. The Office of Research, Health Sciences is designed to foster emerging and established research within and across the six health science schools. This office provides consultation on grant development, review of proposals, budgetary assistance, information relevant to grant development, funding opportunities, and policies, and supports an ongoing lecture series. The Office of Academic Career Development, Health Sciences also offers a yearlong orientation program for new faculty investigators during their first year. Nursing faculty can take advantage of the numerous presentations offered by the Schools of Health Sciences through regular seminar series and planned events. The Career Education and Enhancement for Health Care Research Diversity (CEED) Program offers research development to faculty in underrepresented populations.

Pitt Scholarship Resources. Two resources are particularly applicable to the SON. The University Office of Research, led by Senior Vice Chancellor for Research Rob Rutenbar, PhD, provides overall grants management, consultation, information dissemination, policy development, and small grants funding for research. Pitt's Office of Research provides consultation to faculty on grant design and review. Faculty can engage with the

Chancellors' career development program and apply for funding through the [Pitt Seed Money program](#). In the 2019–2020 academic year, then Provost and Senior Vice Chancellor Ann E. Cudd and Senior Vice Chancellor for Research (SVCR) Rob A. Rutenbar collaborated to enhance and streamline internal funding opportunities for faculty research while continuing to support high-quality research, scholarship, and creative endeavors. The result was a jointly funded large-scale research development fund—[the Pitt Momentum Funds](#)—which restructured the University's suite of internal funding programs (Central Research Development Fund, Social Science Research Initiative, and Special Initiative to Promote Scholarly Activities in the Humanities) and added a new SVCR/Provost Fund to provide allocations for research projects based on field of study and scope or size of project team.

Support for Clinical Practice

Full-time, 12-month faculty with practice requirements for certification and/or licensure must maintain an active faculty practice (see [Policy 422](#)). Consistent with PA State Board faculty requirements for nurse practitioner programs, SON faculty teaching clinical courses in the nurse practitioner concentrations must engage in ongoing faculty practice. The SON supports these requirements by giving faculty with faculty practice requirements up to 10% workload credit (200 hours per year) to engage in clinical practice. To be eligible for the Distinguished Clinical Scholar Award (for teaching or clinical projects), faculty members must engage in ongoing clinical practice.

Support for Service

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

Standard III
Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:
- **are congruent with the program's mission and goals;**
- **are congruent with the roles for which the program is preparing its graduates; and**
- **consider the needs of the program-identified community of interest.**

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

Program Response:

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

The SON DNP and APRN curriculum is developed, implemented, and revised to be congruent with the Pitt mission, the SON mission, and the roles for which the program prepares its graduates. Pitt SON DNP and APRN students graduate with a nurse specialty role and are prepared to work in hospitals, community health organizations, academic institutions, or government agencies. Table III.A.1. shows the association between the SON mission, DNP student learning outcomes (SLOs), and examples of DNP courses that reflect the SLOs. To clarify, the courses listed in the table are courses taught across DNP majors and ARCOs and culminating clinical/practicum courses for each major.

Table III.A.1. Congruence Between SON Mission, DNP SLOs, and Example Courses with Course Learning Outcomes/Objectives

SON Mission:	
Maintain and develop superior graduate nursing programs that respond to healthcare needs in general and nursing in particular within Pennsylvania, the nation, and the world.	
DNP SLOs (2019)	DNP Courses and Course Learning Outcomes/Objectives Associated with SLO
1. Evaluate new practice approaches based on scientific knowledge and theories from nursing and other disciplines.	**NUR 3099 Science of Healthcare Delivery** 1. Integrate theories, principles, and techniques from physical, behavioral, and social sciences into interprofessional approaches to health care delivery. 2. Evaluate the delivery of safe, effective, evidence-based care in the current healthcare environment, highlighting where gaps in care delivery provide opportunities for healthcare improvement processes. **NURSP 2062 Organizational and Systems Management for Healthcare Leaders** 2. Evaluate care delivery approaches that meet patient populations' current and future needs based on scientific findings in organizational, political, and economic sciences.
2. Adapt organizational and systems leadership for quality improvement and systems thinking.	**NURSP 2062 Organizational and Systems Management for Healthcare Leaders** 3. Discuss the importance of advanced communication skills and outcome-driven processes to lead quality improvement and patient safety initiatives in health care systems. 6. Explore concepts of complexity science and systems theory and their relationship to healthcare design, delivery, and evaluation. **NURSP 2092 Leadership Development** 1. Demonstrate key leadership behaviors necessary to meet the challenges posed by the healthcare environment today and in the future. 4. Assess the key challenges facing today's healthcare environment, including effective strategies for creating healthy work environments.

	NURSP 2099 Financial, Business, and Economics Drivers in Healthcare Management 2. Explore business, finance, and economics principles to develop and implement effective plans for practice-level and/or systems-level practice initiatives to improve care delivery quality.
3. Demonstrate clinical scholarship and analytical methods for evidence-based practice.	**NUR 2000 Research for Evidence-Based Practice 1** 2. Critically appraise published practice guidelines and studies, including systematic reviews, to evaluate their quality and applicability to clinical practice. 4. Compare and contrast quality improvement projects, surveillance projects, program evaluation projects, and N of 1 projects for their applicability to clinical practice. **NUR 2011 Applied Statistics for EBP** 4. Understand the impact of data issues (quality, outlier, missingness, et al.) on statistical analysis and statistical computer software output results. **NUR 3031 Methodologies for DNP Projects** 2. Identify a practice issue to be addressed by one of the four methodologies. 4. Develop an evidence-based Form 1 proposal based on one of the four methodologies or another acceptable methodology. **NUR 3037 DNP Project Implementation** 3. Implement an evidence-based project in a clinical setting. 4. Evaluate the effectiveness of their evidence-based project. **NURSP 2062 Organizational and Systems Management for Healthcare Leaders** 1. Integrate nursing science with knowledge from cultural diversity, business ethics, evidence-based management, and organizational science to develop the highest level of nursing practice. 2. Evaluate the delivery of safe, effective, evidence-based care in the current healthcare environment, highlighting where gaps in the care delivery provide opportunities for healthcare improvement processes.
4. Analyze critical elements for selecting, using, and evaluating health care information systems and patient care technology.	**NURSP 2075 Introduction to Health Informatics** 2. Describe the use of healthcare information systems as they relate to healthcare delivery and the practice of nursing. 6. Explore computer applications' ethical and social impact on healthcare communication and consumer information access. 7. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.
5. Influence health care policy at institutional, state, and/or federal levels.	**NUR 3012 Public Policy in Healthcare** 4. Develop communication skills to prepare effective written policy documents and relevant oral policy presentations. 5. Advocate for the nursing profession within the policy and healthcare communities through various media strategies. 7. Improve skills in developing political strategies for influencing future health policy debates and reforms. **NUR 3099 Science of Healthcare Delivery** 5. Apply leadership, communication, and advocacy skills in developing collaborative, interprofessional patient safety and quality improvement initiatives.
6. Lead interprofessional teams in analyzing complex practice and organizational issues.	**NUR 3099 Science of Healthcare Delivery** 5. Apply leadership, communication, and advocacy skills in developing collaborative, interprofessional patient safety and quality improvement initiatives. **NURSP 2092 Leadership Development** 2. Develop effective communication and relationship management skills to resolve frequently encountered organizational issues. 5. Employ effective strategies for managing the ethical and professional challenges of today's healthcare delivery systems.
7. Analyze epidemiological,	**NUR 2010 Health Promotion and Disease Prevention in Culturally Diverse Populations**

biostatistical, environmental, and other appropriate scientific data on individual, aggregate, and population health.	1. Discuss principles of epidemiology as they relate to health promotion in a culturally diverse population. 2. Analyze local, regional, national, and international epidemiological data to identify at-risk populations and areas for health promotion. 3. Analyze social and economic determinants of health and their influence on access to and quality of health services and differences in morbidity and mortality between and within countries.
8. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.	**NA major: NURSAN 3804 Advanced Clinical Care 4** 2. Synthesize items learned in patient assessment into a patient-specific management plan across an acuity spectrum. 3. Integrate advanced scientific principles of anesthesia into the care of both routine and specialty patient populations. **CNS major: NURCNS 3039 DNP-CNS Role Practicum** 9. Utilize current evidence to develop projects that evaluate technology, products, and devices and demonstrate their impact on patients, healthcare providers, and organizations. 10. Serve as a clinical expert for designing and implementing research projects and incorporating findings into practice. **HSEL major: NURSP 3097 DNP Residency: Administration** 1. Conduct a comprehensive and systematic assessment of complex situations, incorporating diverse and culturally sensitive approaches. 4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based practice. **NP major: NURNP 3038 DNP Role Practicum Clinical** 1. Implement the diagnostic process to promote, maintain, and/or restore the health of individuals. 3. Achieve a beginning level of decision-making regarding patient care delivery, quality improvement, and health care policy.

Student Outcomes Are Congruent with the Roles for Which the Program is Preparing its Graduates

To ensure the programs support the expected student outcomes and the roles for which the program prepares its graduates, SON faculty crosswalked the new AACN 2021 and all DNP courses and the course learning outcomes/objectives. A gap analysis for each program was performed to determine what new AACN Essentials must be added to the curriculum. See Appendix 10 for an example gap analysis. (See all crosswalks and gap analysis in the Resource Room). In addition, we are using the published documents by national organizations showing the crosswalk of the 2021 AACN Essentials and Nurse Practitioner Standards, the 2021 AACN Essentials and Council on Accreditation of Nurse Anesthesia Educational Program Standards (COA), and the AACN Essentials and Nurse-Midwife Standards (ACME.) (See the Resource Room). SON is moving forward to ensure all specialty areas of NP competencies are also mapped to the new AACN Essentials. Since our course learning outcomes reflect the AACN Essentials, AACN Essentials and specialty competencies are crosswalked, indicating shared competencies, and our syllabi indicate the Essentials and specialty competencies addressed by each course learning outcome/objective, we have our course SLOs associated with the DNP program SLOs. Table III.A.2. links DNP program student learning outcomes, a sample of specialty competencies, and course learning outcomes/objectives.

Table III.A.2. Examples of Congruence Between DNP SLOs, DNP Courses with Course Learning Outcomes/Objectives, and Nursing Specialty Area Competencies

DNP SLO 3. Demonstrate clinical scholarship and analytical methods for evidence-based practice.					
Course Learning Outcomes/ Objectives	COA Graduate Standards	ACNM Leadership Competencies and Skills	NONPF NP Role Competencies	NACNS Core CNS Competencies	AONE Nurse Executive Competencies

NUR 2000 Research for Evidence-Based Practice 1 2. Critically appraise published practice guidelines and studies, including systematic reviews, to evaluate their quality and applicability to clinical practice. **NUR 3031 Methodologies for DNP Projects** 3. Critically appraise literature using the four methodologies. 4. Develop an evidence-based Form 1 proposal based on one of the four methodologies or another acceptable methodology. **NUR 3037 DNP Project Implementation** 3. Implement an evidence-based project in a clinical setting.	D.23 Use science-based theories and concepts to analyze new practice approaches. D.44 Analyze strategies to improve patient outcomes and quality of care. D.48 Disseminate scholarly work.	**Professional Expertise Skills** Demonstrate relevant professional skills necessary for specific leadership roles, including benchmarking, quality assurance, funding, risk management, advocacy, and/or health policy. Demonstrate project management skills to plan, execute, and oversee projects. Communication as a Change Agent Skills Disseminate evidence-based practice and research.	**Quality Competencies** 1. Uses best available evidence to continuously improve the quality of clinical practice. 5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.	**Nurses and Nursing Practice Sphere** N.10. Leads nurses in the process of planning, implementing, and evaluating change, considering intended and unintended consequences. **Organization/System Sphere** O.4. Leads and participates in systematic quality improvement and safety initiatives based on precise problem/etiology identification, gap analysis, and process evaluation.	**Nursing Practice and Application** Transforms care delivery models and environmental design to ensure the delivery of safe patient care that is evidence-based, accessible, affordable, and equitable. **Evidence-Based Practice** Promotes integration of evidence-based research into practice.
DNP SLO 5. Influence healthcare policy at institutional, state, and/or federal levels.					
NUR 3012 Public Policy in Healthcare 4. Develop communication skills in preparing effective written policy documents and oral policy-relevant presentations. 5. Advocate for the nursing profession within	D.41 Evaluate how public policy-making strategies impact the financing and delivery of healthcare D.42 Advocate for health policy change to improve patient care.	**Professional Expertise Skills** Demonstrate relevant professional skills necessary for specific leadership roles, including benchmarking, quality assurance, funding, risk management, advocacy,	**Policy Competencies** 2. Advocates for ethical policies that promote access, equity, quality, and cost. 4. Contribute to the development of health policy.	**Organization/ System Sphere** O.12. Promotes nursing's unique contributions toward advancing health to stakeholders (e.g., the organization, the community, the public, and policymakers). O.13. Advocates for equitable health care by participating	**Economics and Policy** Influences health care policy as it affects safe, quality, accessible, and affordable health care through advocacy at all levels of government.

the policy and healthcare communities through various media strategies. 7. Improve skills in developing political strategies for influencing future health policy debates and reforms.	D.43 Advocate for health policy change to advance the specialty of nurse anesthesia.	and/or health policy.	5. Analyze the implications of health policy across disciplines. 7. Advocates for policies for safe and healthy practice environments.	in professional organizations and public policy activities.	

Faculty is Responsible for Maintaining Curricular Content

DNP coordinators are assigned to DNP majors/ARCOs and certificates by content. Table III.A.3. lists the program coordinators, the majors/ARCOs, and the APRN certificates they oversee.

Table III.A.3. Program Coordinators Responsible for Curriculum for Each Major/ARCO and APRN Certificate

Program Coordinators	Major/ARCO, APRN Certificate
Patricia Tuite, PhD, RN, CCNS	CNS major
Judith Zedreck, DNP, MPM, RN, NEA-BC, FAAN	HSEL major
John O'Donnell, DrPh, RN, CRNA, CHSE, FSSH, FAANA, FAAN	NA major
Nancy Niemczyk, PhD, RN, CNM, ACNM	NM major
Cynthia Chew, DNP, RN, CPNP-PC, IBCLC	NP major
Brady Bielewicz, DNP, RN, CRNP, CNS, CCRN, TCRN	AG-ACNP and AG-ACNP-CRT
Joshua Palmer, DNP, RN, PMHNP-BC	AG-PCNP
Amanda Ringold, DNP, RN, FNP-BC, SANE-A	FNP
Cynthia Chew, DNP, RN, CPNP-PC, IBCLC	PNP-PC
Jaclyn Calhoun, DNP, RN, CPNP-AC, CCRN	NNP and NNP-CRT
Jaclyn Calhoun, DNP, RN, CPNP-AC, CCRN	PNP-AC and PNP-AC-CRT
Brayden Kameg, DNP, PMHNP-BC, CARN, CNE	PMHNP and PMHNP CRT

Each Coordinator is actively involved in the professional organization and makes changes as needed. For example, the nurse-midwife faculty convenes monthly to discuss student and curricular issues to ensure adherence to ACME accreditation requirements. The director is also responsible for ACME standards to be taught in the midwifery courses and convenes the curriculum committee, with community nurse-midwife representation, to provide input into curricular development. Courses are reviewed when new competencies are implemented or the course syllabus is three years old. When the course needs to be reviewed, the director completes a Triennial Review to ensure the course learning outcomes/objectives are mapped to the ACME competencies and aligned with assignments and assessments. An example is that curricular review by the program director when the new ACNM Core Competencies were implemented led to the addition of a new assignment on clinical precepting in NURNM 3510 Nurse-Midwife Role Seminar 2 and a new presentation on preconception care in NURNP 2523 Management of Women's Health.

Curriculum Committee Oversee Course and Curriculum Revisions

Through the actions of the Curriculum Committee, the Triennial Review process was developed to ensure that courses are reviewed every three years and course learning outcomes/objectives are mapped to AACN Essentials and specialty area standards, course content, and methods of evaluation. Currently, the Curriculum Committee is facilitating the development of a new curriculum focused on learning outcomes, which is based on the 2021 AACN Essentials. Course learning outcomes are aligned with program student learning outcomes based on 2021 AACN Essentials, showing progression across the BSN, MSN, and DNP programs; course content is mapped to AACN Essentials and specialty area standards; and methods of evaluation are mapped to the course learning outcomes. See the Resource Room for the didactic syllabus template, clinical syllabus template, template of course learning outcomes/content and student evaluations for AACN sub-competencies, Word files mapping course learning outcomes to AACN sub-competencies, and spreadsheets mapping the AACN sub-competencies to the curricula for the majors/concentrations. New courses

and courses undergoing Triennial Review are brought to BSN, MSN, and/or DNP Councils, school-wide Curriculum Committee, and Total Faculty Organization for review and approval. The new and updated syllabi are then placed into Project Concert for easy access.

Similarly, new academic programs and curriculum modifications proceed through this rigorous review process to ensure that curricula are current, logically organized, and internally consistent, with attention to content scaffolding across years and programs. SON continues the implementation of the 2021 AACN Essentials and transitions from a traditional model to a competency-based education model. (See Appendix 11 for new didactic and clinical syllabus templates).

Consider the Needs of the Program-identified Community of Interest

UPMC as a Community of Interest. UPMC appoints a representative to each program council (BSN, MSN, and DNP.) The purpose is to facilitate communication back and forth concerning the needs, interests, and solutions of both entities. In addition. Dr. Elizabeth Schlenk and Dr. Betty Braxter represent the SON on the Academic Service Partnership Council. In response to the needs of UPMC, we have increased enrollment in the undergraduate program. SON is working to increase enrollment in the graduate-level program by re-opening admissions to the BSN to MSN program, except for Nurse Anesthesia. For example, the NNP area of concentration plans to re-open admissions to the BSN to MSN in Fall 2024 so UMPC nurses can benefit from a UPMC scholarship for this specialty. We have added exposure to finance and leadership models in healthcare to prepare better graduates for employment at UPMC and other medical centers in this content.

Advisory Boards as a Community of Interest. Every two to three years, DNP Advisory Boards meet, with the exception that the Nurse Anesthesia Community Advisory Board (CAB) meets every semester. In the meetings, the board members review the curriculum to determine whether the curriculum addresses the current state of practice. For example, in the CNS Advisory Board meeting (07/19/2018), "Curriculum plans for both the BSN-DNP and MSN-DNP were reviewed. The group felt the curriculum was inclusive and the course work should prepare the students well." In the HSEL Advisory Board meeting (02/01/2023), Advisory Board members discussed the data of the HSEL major with the minutes stating, "Our DNP program remains in the top 10 of all DNP Programs; the DNP Administration (HSEL) program was #6 in the US News & World Report rankings for 2023." A final example is the PNP-PC Advisory Board meeting (09/22/2021), which addressed integrating telehealth content into the curriculum "to prepare students to conduct telehealth in clinical sites." (see Appendix 12)

In September 2020, the Board of Visitors (BOV) (See Resource Room for names) brainstormed ideas for adapting the SON Curriculum and infrastructure to address supply and demand challenges. Several ideas generated by the Board included: 1) Migrating to a competency-based curriculum by creating a school-based task force to review the national framework/guidelines on competency validation, having a dedicated faculty development role and extending practical community health clinical experiences outside of acute care in Oakland and regional campuses, and 2) Expand Pitt undergraduate enrollment by focusing on a distinguished second-degree nursing program in Oakland and regional campuses and create a task force to identify the specific marketing tactics, as well: as build and align with high school/undergrad programs, regional health system collaborations (UPMC and others), put investments in hospital-based clinical faculty who attract and build graduating student teams and put investments in hospital-based care delivery teams (faculty supervising students) allowing RNs to elevate to care coordination. Pitt has asked schools to redirect their board's focus toward institutional advancement, so the current BOV of Nursing will be disbanded, and new members will be appointed by Dean Christine E. Kasper.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* **(AACN, 2008).**

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

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where

and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response:

III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
    - a. **All master's degree programs incorporate** *The Essentials of Master's Education in Nursing* **(AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.**
    - b. **All master's degree programs that prepare nurse practitioners incorporate** *Criteria for Evaluation of Nurse Practitioner Programs* **(NTF, 2016).**
- **Graduate-entry master's program curricula incorporate** *The Essentials of Baccalaureate Education for Professional Nursing Practice* **(AACN, 2008) and appropriate graduate program standards and guidelines.**

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

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

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

Program Response:

III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
    - a. **All DNP programs incorporate** *The Essentials of Doctoral Education for Advanced Nursing Practice* **(AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.**
    - b. **All DNP programs that prepare nurse practitioners incorporate** *Criteria for Evaluation of Nurse Practitioner Programs* **(NTF, 2016).**
- **Graduate-entry DNP program curricula incorporate** *The Essentials of Baccalaureate Education for Professional Nursing Practice* **(AACN, 2008) and appropriate graduate program standards and guidelines.**

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

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

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
  ▪ *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
  ▪ *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
  ▪ *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

Program Response:

The SON DNP programs are developed, implemented, and revised to reflect the *Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program. The DNP student learning outcomes are currently being revised to reflect the 2021 AACN Essentials. Both the current and new student learning outcomes are posted on the website. DNP faculty mapped all courses to the new Essentials and analyzed each program's gap. (See Resource Room for all crosswalks and gap analysis.) Based on the gap analyses, faculty are implementing the new level 2 Essentials into the curricula. At the SON, each DNP SLO correlates with one of the DNP Essentials (see Table III.D.1. below). Then, faculty map each course's learning outcomes to the AACN Essentials and specialty area competencies, which include competencies for the following majors: Clinical Nurse Specialist, Health Systems Executive Leadership, Nurse Anesthesia, Nurse Midwifery, and Nurse Practitioner.

Each of the Advanced Practice Registered Nurse DNP major/ARCO requires advanced physiology/ pathophysiology (NUR 2004 Pathophysiology Across the Life Span), advanced health assessment techniques (NUR 2031 The Diagnostic Physical Exam Across the Lifespan), and advanced pharmacology (NUR 2034 Advanced Pharmacology Across the Lifespan). All BSN-DNP program plans include these courses. The MSN-DNP program plans do not list those courses as required. However, all incoming MSN-DNP students undergo a gap analysis to evaluate that the minimum MSN curriculum, including individual advanced physiology/pathophysiology, pharmacology, and pathophysiology, were completed in the student's MSN program and to determine which courses from the student's MSN may be accepted as transfer credits. Credits earned in a previous degree may be credited toward courses within the MSN-DNP program if they meet the same student learning outcomes as the equivalent Pitt course. Acceptance of transfer credits is guided by SON [Policy 224 Transfer of Credits from Another Graduate Institution](#). See Appendix 10 and other example gap analyses can be found in the Resource Room. As illustrated in Table III.A.1., the DNP courses and course learning outcomes/objectives are mapped to the SON DNP SLOs. Table III.D.1. shows SON DNP SLOs are congruent with the AACN Essentials. Therefore, each SON course and course learning outcome/objective reflects SON DNP SLO and the AACN Essentials. (See Table III.A.1. as an example of course learning outcomes/objectives mapped to SLO).

Table III.D.1. Congruence Between AACN Essentials and Current DNP Student Learning Outcomes

AACN Essential	DNP SLOs
Essential I: Scientific Underpinnings for Practice	1. Evaluate new practice approaches based on scientific knowledge and theories from nursing and other discipline.
Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking	2. Adapt organizational and systems leadership for quality improvement and systems thinking.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice	3. Demonstrate clinical scholarship and analytical methods for evidence-based practice.
Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care	4. Analyze critical elements necessary to the selection, use, and evaluation of health care information systems and patient care technology.
Essential V: Health Care Policy for Advocacy in Health Care	5. Influence health care policy at institutional, state, and/or federal levels.
Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	6. Lead interprofessional teams in analyzing complex practice and organizational issues.
Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health	7. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
Essential VIII: Advanced Nursing Practice	8. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.

The NP major incorporates the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016.) Please see the NTF worksheet document accompanying this 2024 DNP/APRN self-study. The NP major and ARCO coordinators ensure all NTF criteria are met. Additionally, Tables III.E.1. and III.E.2. below are examples of NP courses linked to NONPF core and specialty area competencies.

Mastery of the course learning outcomes is evaluated at the individual and aggregate levels. The syllabus reflects the course learning outcomes, content, and evaluations used to assess student learning. For example, Appendix 13 shows an excerpt from the NURNP 2327 syllabus demonstrating course learning outcomes, the AACN Essentials, and NONPF competencies taught in the course, the course content, and evaluations used to assess individual student learning of course learning outcomes. Graded assignments are found in the CANVAS gradebook. Additionally, students demonstrate mastery of the Essentials in the DNP Portfolio.

Aggregate student mastery is demonstrated by the DNP student through the DNP Comprehensive Exam. Development and administration of the DNP Comprehensive Exam is guided by SON Policy 284 Doctor of Nursing Practice (DNP) Comprehensive Examination, which outlines the three components of the DNP Comprehensive Exam: the DNP scholarly project, the DNP portfolio, and the clinical comprehensive exam. Successful completion of each component is required for graduation. The DNP scholarly project demonstrates the student's knowledge synthesis by applying evidence-based practice and lays a groundwork for future scholarship. The student curates the DNP portfolio and includes examples of coursework that illustrate mastery of the AACN Essentials and reflective statements that the student uses to describe their personal experience developing competence in each Essential during their DNP education. The clinical comprehensive exam assesses mastery of content within the student's program major or area of concentration. The clinical comprehensive exams are developed by faculty within each area of concentration and reflect the depth and breadth of knowledge required for the doctoral graduate entering practice. The evaluation plan has a benchmark to assess aggregate student success in the DNP program. The benchmark states that 90% of the students will pass the comprehensive exam on the first attempt, and 100% will pass on the second attempt. (Please see Standard IV, Key Element IV-I, Outcome 2)

DNP Curricular Revisions to Reflect Relevant Professional Nursing Standards and Guidelines

Curricular revisions address professional nursing standards and guidelines. Several majors/ARCOs have revised their curricula. The revisions have been approved through the SON DNP Council, SON Curriculum Committee, SON Total Faculty Organization, SON Planning and Budget Committee, Pitt Health Sciences Planning and Budget Committee, Office of the Provost, and the Pennsylvania State Board of Nursing.

PMHNP Revision. Dr. Kameg's revision of the PMHNP BSN-DNP curriculum reflects AACN DNP Essentials and NONPF core and psychiatric mental health NP competencies. These revisions were made to increase the amount of psychiatric content within this ARCO and were based on feedback from prospective and current students, alumni, and employers of University of Pittsburgh School of Nursing graduates. Further, these revisions better align the BSN-DNP PMHNP ARCO with the PMHNP scope of practice guidelines, the American

Association of Colleges of Nursing Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education, and with consideration of comparable/peer PMHNP curriculum plans. The changes to the BSN-DNP PMHNP program are as follows:

Didactic Course Modifications: NURNP 2520 Mgt: Pediatric Health Theory (2 credits), NURNP 2523 Management: Women's Health 1 (2 credits), NURNP 2515 Management: Adult Acute/Chronic Theory (4 credits), and NURNP 2526 Management: Geriatric Health Theory (2 credits) were replaced with NURNP 2327 Principles of Substance Use Treatment (2 credits), NURNP 2318 Child and Adolescent Psychiatric Management (2 credits), and NURNP 2321 Health Topics Concerning Psychiatric Management (2 credits).

Clinical Course Modifications: NURNP 2521 Management: Pediatric Health Clinical (2 credits) and NURNP 2505 Management: Adult Acute/Chronic Illness Clinical (3 credits) were replaced with an increase in required NURNP 3038 DNP NP Role Practicum credit hours from 2 credit hours to 7 credit hours.

These revisions decreased the required credits within the BSN-DNP PMHNP ARCO from 93 to 89 credits.

PNP-PC Revision. PNP-PC faculty recognized the need for increased behavioral and mental health competency for PNP-PC students. As a result, the faculty revised the PNP-PC curriculum to support this need. NUNRP 2550: Management Advanced Pediatric Health Problems Clinical was increased from 2 to 3 credits, increasing the clinical requirement from 120 to 180 hours. An additional 60 hours of clinical work were added to provide students with a dedicated behavioral/mental health rotation. PNP-PC faculty were forward-thinking in this decision, as evidenced by the most recent revision of the 2023 PNCB PNP-PC Certification Exam Content Outline. Developmental, behavioral, and mental health moved from the 5th to 1st in terms of percentage of clinical content on the exam.

Nurse Anesthesia Revision. The proposed curriculum modification was designed to streamline the process for completion of the DNP scholarly project as well as ensure that students receive academic credit for their efforts within the courses in the curriculum toward completion of their DNP scholarly project instead of having project deliverables outside of established courses. The proposal has been approved by the following committees within the School of Nursing: DNP Council, school wide Curriculum Committee, and Total Faculty Organization. The curriculum change had no impact on the budget of the School of Nursing, as no additional faculty, staff, materials, or facilities were required. The Nurse Anesthesia revisions submitted to the SON and presented in Appendix 14 demonstrate the faculty thought and rationale behind the changes.

Nurse Midwifery Revision. An example is that curricular review by the program director when the new ACNM Core Competencies were implemented led to the addition of a new assignment on clinical precepting in NURNM 3510 Nurse-Midwife Role Seminar 2, and a new presentation on preconception care in NURNP 2523 Management of Women's Health.

AG-ACNP Revision. Faculty reviewed and revised the management courses in the AG-ACNP ARCO to ensure that the content was in line with the certification exam. Course outlines were reviewed, and content was added or removed based on exam blueprints. Content was also reviewed for relevancy in terms of practice. The content was moved between courses to ensure smooth transitions between topics (See Resource Room for the grid).

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

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

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

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:
- *Advanced physiology/pathophysiology, including general principles that apply across the lifespan;*
- *Advanced health assessment, which includes assessment of all human systems, advanced assessment techniques, concepts and approaches; and*
- *Advanced pharmacology, which includes pharmacodynamics, pharmacokinetics, and pharmacotherapeutics of all broad categories of agents.*

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

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

Program Response:

SON has four APRN certificate programs for nurse practitioners (AG-ACNP, NNP, PMHNP, PNP-AC). Each APRN certificate program is developed, implemented, and revised to reflect the APRN core established by NTF Standards (2016), NONPF NP Role Core Competencies, and Population-Focused Nurse Practitioners Competencies (2013). The NNP certificate also included the National Association of Neonatal Nurses (2018) competencies. As part of the triennial review or development of a new course process, faculty map each course learning outcome/objective to the identified Essentials and competencies listed in Table I.B.1. Table III.E.1. below is a sampling of certificate courses with the NP core mapped to a course and course learning outcomes/objectives. (See the Resource Room for each certificate folder containing the course syllabi and triennial reviews for courses reviewed before 2022 or the new extended syllabi format).

Table III.E.1. NONPF Core Competencies Mapped to NP Certificate Program Courses and Course Learning Outcomes/Objectives

NONPF Competency Area NONPF Core Competency	Course (NP Certificate Program) Course Learning Outcome/Objective
Scientific Foundation Competencies 1.1. Critically analyze data and evidence for improving advanced nursing practice. 1.2. Integrates knowledge from the humanities and sciences within the context of nursing science.	**NURNP 2346 Management Practicum of Chronic Health Problems of Psychiatric Patients (PMHNP)** 3. Incorporate current research findings into management plans. **NUR 2682 Human Genetics and Clinical Applications (AG-ACNP, PNP-AC)** 2. Incorporate principles of genetic variability and inheritance patterns into their patient assessments. **NURNP 2320 Neurobiology of Psychiatric Disorders (PMHNP)** 4. Identify common principles of molecular and behavioral genetics in relation to psychiatric disorders. **NURNP 2570 Comprehensive Neonatal Assessment Theory (NNP)** 3. Discuss the relationship between assessment findings, underlying pathology, and physiologic alterations.
Leadership Competencies 2.6. Communicates practice knowledge effectively, both orally and in writing. 2.7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.	**NURNP 2028 Role Practicum (AG-ACNP, NNP, PNP-AC)** 7. Educate patients/families and health professionals regarding health promotion and protection measures. **NURNP 2029 Role Seminar 2 (PMHNP)** 5. Discuss strategies that promote leadership in the nurse practitioner role among healthcare professionals and healthcare consumers.
Quality Competencies	**NURNP 2029 Role Seminar 2 (PMHNP)**

3.1. Uses best available evidence to continuously improve quality of clinical practice. 3.2. Evaluate the relationships among access, cost, quality, and safety and their influence on health care.	2. Discuss health care delivery systems, organizational structures and budgetary considerations for community and population-based systems. **NURNP 2028 Role Practicum (AG-ACNP, NNP, PNP-AC)** 6. Evaluate health care delivery to identify strategies for the implementation of coordinated, cost-effective clinical care.
Practice Inquiry Competencies 4.2. Generates knowledge from clinical practice to improve practice and patient outcomes. 4.6. Analyzes clinical guidelines for individualized application into practice.	**NURNP 2028 Role Practicum (AG-ACNP, NNP, PNP-AC)** 8. Integrate research findings into patient care plan development. **NURNP 2320 Neurobiology of Psychiatric Disorders (PMHNP)** 6. Analyze the relevance of research in relation to current practice.
Technology and Information Literacy Competencies 5.2. Translates technical and scientific health information appropriate for various users' needs. 2.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care. 2.b Coaches the patient and caregiver for positive behavioral change. 5.3. Demonstrates information literacy skills in complex decision making.	**NUR 2682 Human Genetics and Clinical Applications (AG-ACNP, PNP-AC)** 6. Explain the impact of precision health for patients and research participants. **NURNP 2320 Neurobiology of Psychiatric Disorders (PMHNP)** 3. Critically examine the links between current technologies and the neurobiological underpinnings of psychiatric disorders.
Policy Competencies 6.1. Demonstrates an understanding of the interdependence of policy and practice. 6.2. Advocates for ethical policies that promote access, equity, quality, and cost. 6.7. Advocates for policies for safe and healthy practice environments.	**NURNP 2028 Role Practicum (AG-ACNP, NNP, PNP-AC)** 3. Apply knowledge of the legislative, regulatory, and quality processes within the health care delivery system.
Health Delivery System Competencies 7.3. Minimizes risk to patients and providers at the individual and systems level. 7.5. Evaluate the impact of healthcare delivery on patients, providers, other stakeholders, and the environment. 7.7. Collaborates in planning for transitions across the continuum of care.	**NURNP 2028 Role Practicum (AG-ACNP, NNP, PNP-AC)** 6. Evaluate health care delivery to identify strategies for the implementation of coordinated, cost-effective clinical care. **NURNP 2029 Role Seminar 2 (PMHNP)** 2. Discuss healthcare delivery systems, organizational structures, and budgetary considerations for community and population-based systems. **NURNP 2340 Management of Acute Health Problems in Psychiatric Patients (PMHNP)** 4. Demonstrate the collaborative role of the PMHNP in the management of clients with acute or episodic psychiatric and primary care needs and problems.
Ethics Competencies 8.1. Integrates ethical principles in decision-making.	**NUR 2682 Human Genetics and Clinical Applications (AG-ACNP, PNP-AC)** 7. Recognize the social/ethical issues raised by genetic testing and screening. **NURNP 2028 Role Practicum (AG-ACNP, PNP-AC, NNP)** 10. Demonstrate accountability and ethical and professional behavior for evaluating own clinical competence when implementing the nurse practitioner role. **NURNP 2327 Principles of Substance Abuse Treatment (PMHNP)**

	6. Articulate means to implement trauma-informed and harm reduction care principles into a variety of clinical practice settings.

Table III.E.2. provides examples of how the NONPF population-focused supplemental competencies are addressed within courses and course learning outcomes/objectives in the AG-ACNP, NNP, PMHNP, and PNP-AC certificate programs A complete crosswalk to NONPF Population-Focused Competencies can be found in the Resource Room.

Table III.E.2. Examples of NONPF Population-Focused Competencies Mapped to NP Certificate Courses and Course Learning Outcomes/Objectives

NONPF Specialty Area Competency	Course and Course Learning Outcomes/Objective
NONPF Scientific Foundation Competencies	
AG-ACNP-CRT 2. Uses scientific knowledge and theoretical foundations to differentiate between normal and abnormal changes in physiological, psychological, and sociological development and aging.	NURNP 2100 1. Synthesize theories, principles, and techniques from the physical, behavioral, and social sciences central to the diagnosis and management of adult-gerontology patients with episodic and chronic health care needs and problems.
PNP-AC-CRT 1. Contribute to knowledge development for improved child and family-centered care. 2. Participates in child and family-focused quality improvement, program evaluation, translation, and dissemination of evidence into practice. 3. Delivers of evidence-based practice for pediatric patients.	NURNP 2531 1. Synthesize theories, principles, and techniques and use them to assess, diagnose, and manage acutely ill, critically ill, and chronically complex pediatric patients. 2. Identify the best available evidence to continuously improve the quality of clinical practice.
NONPF Leadership Competencies	
PMHNP-CRT 3. Collaborates with interprofessional colleagues about advocacy and policy issues at the local, state, and national levels related to reducing health disparities and improving clinical outcomes for populations with mental health problems and psychiatric disorders.	NURNP 2029 5. Discuss strategies that promote leadership in the nurse practitioner role among health care professionals and health care consumers.
PNP-AC-CRT 3. Advocates within health care agencies for unrestricted access to all health care providers that provide quality, cost-effective care to children and families.	NURNP 2531 Describe the nurse practitioner's collaborative and leadership roles in managing acutely ill, critically ill, and chronically complex pediatric patients.
NONPF Quality Competencies	
PMHNP-CRT Evaluates the appropriate uses of seclusion and restraints in care processes.	NURNP 2340 3. Critique current research on management of clients with acute and episodic psychiatric and primary health care problems.
NONPF Health Delivery System Competencies	
AG-ACNP-CRT 7. Identifies processes, principles, and regulations related to payer systems used in the planning and delivery of complex health care services. 9. Promotes efficient use of resources in acute care and provision of safe, high-quality care to achieve cost-effective outcomes.	NURNP 2104 4. Develop an evidence-based, individualized, holistic, and cost-effective plan for promoting, maintaining, and/or restoring health, with particular attention to risk factors associated with hospitalization. 6. Develop a practical foundation of knowledge of the legislative, regulatory, and quality processes within the health care delivery system.

10. Analyze system barriers to acute care delivery and coordination.	
NONPF Ethics Competencies	
AG-ACNP-CRT 1. Participates in interprofessional teams to address issues related to triage, quality of life, and utilization of resources. 3. Facilitates patient and family decision-making regarding complex acute, critical, and chronic illness treatment decisions.	NURNP 2101 7. Analyze ethical dilemmas encountered in internal medicine practice and the methods by which advanced practice nurses assist the patient, family, and other health care providers with resolution.
NNP-CRT Conforms to the National Code of Ethics of the National Association of Neonatal Nurses.	NURNP 2028 10. Demonstrate accountability and ethical and professional behavior for evaluating own clinical competence when implementing the nurse practitioner role.
NONPF Independent Practice Competencies	
AG-ACNP-CRT 1. Independently manages complex acute, critical, and chronically ill adult and older adult patients at risk for urgent and emergent conditions, using physiologically and technologically derived data, to manage physiologic instability and risk for potentially life-threatening conditions. 6. Collaborates with intraprofessional and interprofessional teams and informal caregivers to achieve optimal patient outcomes during acute, critical and/or complex chronic illness. 8. Performs diagnostic and therapeutic interventions including, but not limited to: Interpretation of EKG and imaging studies; respiratory support; hemodynamic monitoring; line and tube insertion; lumbar puncture; and wound debridement and closure. 11. Collaborates with the individual, family, and caregivers in the development of educational interventions appropriate to the complex acute, critical, and chronically ill patient's needs, values, developmental and cognitive level, and health literacy.	NURNP 2101 2. Implement the role of the advanced practice nurse in diagnosing and managing adult-gerontology patients with common acute and complex chronic healthcare needs through the provision of coordinated, comprehensive, cost-effective care. 7. Utilize collaborative skills when interacting with the patient/family and other healthcare team members to provide quality care, emphasizing health protection. NURNP 2104 7. Demonstrate the ability to perform invasive procedures involved in the care of acutely and critically ill adults.
NNP-CRT 5. Establishes priorities of care. 6. Initiates therapeutic interventions according to established standards of care. 9. Implements developmentally appropriate care.	NURNP 2572 9. Implement a comprehensive, multidisciplinary plan of care that incorporates cultural, ethnic, developmental variations and family preferences.
PMHNP-CRT 4. Conducts individual and group psychotherapy. 5. Applies supportive, psychodynamic principles, cognitive-behavioral, and other evidence-based psychotherapy/ies to both brief and long-term individual practice. 7. Demonstrates best practices of family approaches to care.	NURCNS 2354 Demonstrate competencies in the advanced clinical nursing role as a beginning family therapist. NURCNS 2354 2. Demonstrate competence as advanced practice psychiatric nurses or members of other health disciplines in crisis intervention, cognitive-behavioral therapy, interpersonal psychotherapy, brief

	psychodynamic psychotherapy, and other forms of individual psychotherapy.
PNP-AC-CRT 4. Integrates knowledge of pathophysiology to anticipate and identify rapidly changing physiologic conditions and organ system failure in children. 5. Responds to children with complex acute, critical, and chronic problems to address rapidly changing conditions, including the recognition and management of emerging health crises and organ dysfunction using both physiologically and technology-derived data.	NURNP 2534 1. Manage acute, critical, and complex chronic illnesses and developmental and ethical concerns commonly encountered in inpatient, emergency department, and subspecialty outpatient clinic settings using the diagnostic process.

APRN Curricular Revisions

PNP-AC Certificate (and ARCO). The certificate was developed in response to the demand for qualified PNP-ACs in southwestern Pennsylvania. This need was identified in part by the UPMC Children's Hospital of Pittsburgh, a key community of interest to the SON. The hospital system was working to align NP certification to credentialing according to the APRN consensus model. No local PNP-AC program existed to meet their need. In response to their request, three PNP-AC curricula were developed: BSN-DNP, MSN-DNP, and a post-professional certificate. Development of the curricula was guided by the AACN Essentials, NONPF Nurse Practitioner Role Core Competencies, and the NONPF Population-Focused Nurse Practitioner Core Competencies for Pediatric Acute Care. DNP ARCOs are also being developed and offered in the SON. The PNP-AC BSN-DNP program is awaiting final approval at the PA SBON. The MSN-DNP and post-professional certificate programs have been fully approved and are open for enrollment.

III-F. The curriculum is logically structured to achieve expected student outcomes.
- **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.**
- **Master's curricula build on a foundation comparable to baccalaureate-level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.**

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

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

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

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

Program Response:

Baccalaureate Curricula Build on a Foundation of the Arts, Sciences, and Humanities 4-year Traditional BSN

Education for professional nursing demands a substantial knowledge of nursing, using the behavioral and biological sciences as a theoretical base. The first-year courses introduce students to concepts of nursing practice and health care (NUR 0051, NUR 0053) and include basic science courses to establish a foundation for pathophysiology (NUR 0020) and the foundational course for nursing (NUR 0080) taken in the second year. The clinical study is introduced in the second year. Clinical nursing skills are practiced first in the SON's Skills Laboratory. Students then progress to Medical-Surgical (Med-Surg) transitional units. These foundational experiences support the development of the student's knowledge and skills as they are for patients of increasing complexity during third and fourth-year Med-Surg. Population-focused courses in the third year allow students to provide care to individuals and families across the lifespan. During the fourth year, student clinical experiences are planned to encourage the synthesis of knowledge gained in preceding years. Students care for those experiencing more complex health concerns and expand from an individual patient focus to community-based healthcare provision. Professional role behaviors and interprofessional collaboration are introduced in the first year (NUR 0051 and NUR 0001), augmented during the second and third years, and expanded during the fourth year, in which students complete a culminating clinical course that provides a transition into clinical practice. The program provides a foundation for graduate education in nursing and serves as a stimulus for continuing professional development. Additionally, throughout the 4–year traditional track, nursing courses are taken concurrently with courses in the Dietrich School of Arts and Sciences, contributing to the development of the liberally educated practitioner.

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

Our MSN program is based on the foundation of a baccalaureate degree in nursing. A BSN is required for admission to our master's program. The purpose of the MSN program is to prepare nurses in a specialized role (Clinical Nurse Leader, Nursing Informatics, or School Nursing) or an advanced practice role (Neonatal Nurse Practitioner). The curriculum includes core courses, specialty courses, and role development courses. For each MSN major and area of concentration, the beginning of the program provides a foundation of knowledge used to build new skills and competencies. The MSN curriculum lays the foundation for further study at the doctoral level.

DNP Curricula Build on a Foundation Comparable to Baccalaureate (BSN-DNP) or Master Level Nursing Knowledge (MSN-DNP)

The DNP majors and ARCOs have plans of study based on national standards and are developed logically and defensibly. Advanced Pathophysiology, Pharmacology, Cultural Diversity, Health Promotion and Disease Prevention, and Research for Evidence-Based Practice are offered early in the curriculum and serve as underpinnings for the following diagnostic sequence. Those courses are also sequenced for appropriate knowledge building with advanced diagnostic physical examination/history taking and comprehensive assessment initially followed by differential diagnosis and management. Clinical courses are offered with didactic diagnosis and management courses to allow supervised clinical application of what is learned in the classroom/laboratory. The final clinical course provides supervised immersion in the role. Role seminars are offered in the first and final terms to provide students with the opportunity for a mentored discussion of the history and progression of the nursing role, role theory, interprofessional fit, and specialty credentialing.

BSN-DNP. Our BSN-DNP program aims to prepare nurses for advanced nursing roles. These programs are based on the foundation of a baccalaureate degree in nursing. A BSN is required for admission to our BSN-DNP program. Nine BSN-DNP options include Nurse Anesthesia, Clinical Nurse Specialist, Nurse-Midwife, and Nurse Practitioner, including the following ARCOs: AG-ACNP, AG-PCNP, FNP, PNP-PC, NNP, and PHMNP. The purpose of the BSN-DNP program is to prepare nurses in a specialized role (NA, CNS, NM, and NP). The curriculum

includes core courses, specialty courses, and role development courses. For each major and ARCO, the beginning of the program provides a foundation of knowledge used to build new skills and competencies.

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

MSN-DNP. The MSN-DNP program's purpose is to prepare nurses for advanced nursing roles. These programs are based on the foundation of a master's degree in nursing. An MSN or equivalent is required for admission to our MSN-DNP program. Ten MSN-DNP options include Nurse Anesthesia, Clinical Nurse Specialist, Health Systems Executive Leadership, and Nurse Practitioner, including the following ARCOs: AG-ACNP, AG-PCNP, FNP, PNP-PC, PNP-AC, NNP, and PHMNP. The curriculum includes DNP core courses not taught in the MSN and specialty and role development courses. For each major and ARCO, the beginning of the program provides a foundation of knowledge used to build new skills and competencies.

Health Systems Executive Leadership, Specific Example of MSN-DNP. The DNP Health System Executive Leadership is a post-master's curriculum designed to prepare nurses for executive leadership and management roles. This major builds on the knowledge and competencies achieved at the master's/CNL level for nurse leaders related to leadership, healthcare quality, health policy, and finance. For example, while the MSN-level course 2098 introduces healthcare quality concepts, the DNP-level course NURSP 3094 is designed to assist students pursuing advanced leadership roles within health systems by applying evidence-based management principles to design quality improvement approaches that support a culture of clinical and service excellence. Students identify a quality or management issue in their workplaces and prepare an oral presentation at an executive level that addresses organizational evidence supporting this concern and how those results compare to national benchmarks. Students present a plan of action to mitigate risk for patients and/or staff that outlines key stakeholders, resources, evidence-based solutions, and metrics that would monitor an intervention's success. In a second example, the CNL curriculum includes the course NURSP 2092 Leadership Development, which focuses on applying leadership theory and developing critical leadership skills. The DNP curriculum advances this content to assist nurse executives in leading complex organizations and systems and facilitate health care transformation. Using systems and complexity theory principles, students explore methods for assessing organizations, identifying emerging issues, and facilitating organization-wide changes to meet the ongoing challenges facing healthcare organizations. For the final project in the course, students identify a complex problem and the mental models surrounding the issue, diagram the problem using various causal links and/or archetypes, and design an intervention, including its expected outcomes over time.

Review Process to Ensure Curriculum Builds on Essentials

The Evaluation Steering Committing reviews III-F every 5 years. The Director of Evaluation presented the sequencing of BSN and graduate-level courses to ensure that graduate-level course content builds on BSN knowledge for pathophysiology, pharmacology, informatics, research, and genetics. The Evaluation Steering Committee members review course learning outcomes/objectives sequencing these courses. Similarities in course learning outcomes/objectives were found in the graduate-level and BSN genetic courses. Genetics faculty explained that before 2020, many students were not coming into the graduate programs with a genetics course. Over the next year and a half, the graduate-level genetics course was revised and reviewed by faculty

at the MSN and DNP Councils and the Curriculum Committee, with final approval at the December 2020 Total Faculty Organization meeting. (See Resource Room for tracking genetics course development through Evaluation Steering meeting through Total Faculty Organization minutes).

SON Moving forward with the AACN 2021 Essentials Level 2 Building on Level 1. SON faculty are ensuring Level 2 AACN 2021 Essentials build on Level 1 AACN 2021 Essentials. For example, over the last two years, the Curriculum Committee reviewed and approved NURSP 2175 Application of Health Informatics in Health Care (new course), NUR 2000 Research for Evidence-Based Practice 1 (existing course), NUR 2004 Pathophysiology Across the Lifespan (existing course), NUR 2218 Studies in Advanced Nursing Ethics (existing course) and is working on NUR 2011 Applied Statistics for Evidenced-based Practice (existing course). In every review, primary faculty identified that the courses met selected Level 2 sub-competencies that built on Level 1 sub-competencies. The school wide Curriculum Committees carefully reviewed the course learning outcomes, topical outline, Level 2 sub-competencies, and evaluation methods for congruence and requested revisions if needed.

III-G. Teaching-learning practices:
- **support the achievement of expected student outcomes;**
- **consider the needs and expectations of the identified community of interest; and**
- **expose students to individuals with diverse life experiences, perspectives, and backgrounds.**

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

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

Program Response:

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

Teaching-Learning Practices Support Achievement of Expected Student Outcomes

DNP teaching-learning practices support student learning of course learning outcomes/objectives. As described in the curriculum review process (See III.A above), faculty map the courses to the AACN Essentials and specialty area competencies (see Table I.B.1.). Faculty teach their course learning outcomes/objectives using best practices and assess student learning based on the course learning outcomes/objectives and content. Table III.G.1. below provides examples of DNP courses linking a course learning outcome/objective to the instruction and assessment.

Table III.G.1. Examples of DNP Teaching-Learning Practices that Meet Course Learning Outcomes/Objectives and Student Needs

Course	Course Learning Outcome/Objective in the Syllabus	Learning Activity	Example of Meeting Student Needs
NUR 2000 Research for Evidence-based Practice 1	Utilize electronic databases to identify relevant research on a clinical topic. Critically appraise published practice guidelines and studies, including systematic reviews, to evaluate their quality and applicability to clinical practice.	Students work in groups to do a critical appraisal of research papers. Then, students share with the class for feedback on the group's findings. Instructors guide student discussions by asking questions.	Students develop the knowledge and learn the skills to critically appraise a research article.

	Synthesize critically appraised evidence on a clinical topic.		
NUR 2031 The Diagnostic Physical Examination Across the Lifespan	Use problem-based learning to utilize clinical decision-making skills related to history taking and physical examination.	Students role-play history-taking with a lab partner; one plays the patient, and the other plays the patient or child's parent.	Supports clinical decision-making skills.
NUR 2031 The Diagnostic Physical Examination Across the Lifespan	Demonstrate techniques of physical examination in patient populations across the lifespan.	During skills laboratory sessions, students practice physical exam techniques using a variety of modalities, including high-fidelity mannequins, task training simulators for ear, eye, breast, and genitourinary exams, and standardized medical actors.*	Students develop advanced physical assessment skills through the incorporation of multiple practice techniques.
NUR 2033 Differential Diagnosis Across the Lifespan	Prioritize clinical clues and clusters of symptoms that lead to accurate differential diagnosis. Apply deductive reasoning skills to interpret general complaints/symptoms as they relate to specific disease processes. Integrate and prioritize clinical exam findings with patient histories and utilize clinical decision-making skills when presented with problem-based case studies.	Faculty utilize a flipped classroom approach to present course information and provide students ample practice at developing diagnostic skills.* Students are given brief recorded lectures and readings to study prior to class. Class time is spent working through cases related to the class topic.	Students practice integrating foundational knowledge of disease processes with subjective and objective exam findings. Allows students to work as a group to develop history-taking and deductive reasoning skills outside the clinical setting.
NURNP 2540 Pediatric Well Child Care Theory	Consider ethnic, cultural, and socioeconomic variations among children and families and strategies for designing culturally competent health care.	Students are provided a link to implicit bias testing through Harvard University and asked to choose several topic areas to complete an implicit bias test before class.	After a lecture on implicit bias, a class discussion occurs about how to manage implicit bias when providing care.
NURNP 2540 Pediatric Well Child Care Theory	Synthesize theories, principles, and techniques from the physical, developmental, and behavioral sciences central to designing primary health care for well children, including developmental and behavioral issues. Design developmental assessments to evaluate for developmental/behavioral	Students participate in assessing the development of children in videos, doing case reviews on the development and behavioral issues, and performing evaluation activities using websites.*	The activity supports student learning to identify components of a wellness and health promotion plan for children and adolescents. It helps students utilize developmental assessments to evaluate developmental and/or behavioral issues.

	issues common to children and adolescents.		
NURNP 2571 General Management of the Sick Neonate Theory	Summarize the necessary measures to resuscitate and stabilize an infant at delivery and on transport. Perform neonatal resuscitation according to the certification guidelines provided by the AAP and the American Heart Association. Meet the criteria to be certified as a neonatal resuscitation provider.	Students practice scenario (resuscitate and stabilize a compromised infant in the delivery room) on neonatal high-fidelity simulators with decreasing guidance from faculty.*	Teaching is designed for faculty to introduce, model, guide, and finally oversee students' skills to resuscitate an infant.
NURSP2092 Leadership Development	Demonstrate key leadership behaviors necessary to meet the challenges posed by the healthcare environment today and in the future. Develop effective communication and relationship management skills related to the resolution of frequently encountered organizational issues.	Online discussion board posts and live classes via group discussions demonstrate the application of content related to leadership development.*	Encourages students to apply course content to cases. Identify personal leadership styles and traits, learn new skills related to leadership (i.e., effective communication and conflict management), and the art of practicing as a transformational leader— experiences working together and leading teams.
NURSP 2098 Healthcare Quality	Identify criteria used to determine the significance of a quality improvement study.	Students use the SQUIRE guidelines to critically appraise a published quality improvement project and submit their appraisal in a table indicating whether the criteria were met and why.*	Students are encouraged to use standard guidelines to determine the rigor and clinical significance of a published quality improvement project. The exercise assists students with their scholarly reading and writing skills.

*Please note the technology/ innovation in this teaching-learning strategy

Table III.G.1. provides some examples of innovation and technology used to support our student learning. The SON is fortunate to possess innovative teaching environments to support student learning of essential skills needed to be an advanced practice nurse. Below are further explanations of technology and innovations used across DNP majors/ARCOs.

WISER (see description in Standard II.C). Students train in realistic simulation scenarios at the Peter M. Winter Institute for Simulation, Education, and Research (WISER) to develop nursing competencies. WISER is an institute at Pitt that is a world-class multidisciplinary training and research facility. Typically, students work in small groups during a scenario while other students observe. A debriefing follows each simulation with small and larger group debriefings to ensure participants understand their performance. Over the sequence of nursing courses, scenarios get more complex as a nursing student becomes better trained.

Telehealth Simulation. Virtual clinic rooms have been designated in the SON for the use of telehealth simulation. A multi-modal telehealth curriculum, which includes telehealth simulation, has been scaffolded across the NP curriculum for primary care focused ARCOs. These formative telehealth simulations utilize real-time video conferencing via the telehealth platform doxy.me and allow students to develop competence in telehealth etiquette and exam techniques.

Standardized Patient Program Utilization. By utilizing the University of Pittsburgh School of Medicine Standardized/Simulation Patient Program, we provide planned, structured clinical experiences for our APRN students. These planned simulated patient experiences begin in the diagnostic physical exam course. Learners interview and conduct physical exams on trained, standardized patients (SPs) for several weeks during the laboratory portion of the course. The SPs assist students in developing competence by providing feedback on their interviewing skills and exam techniques. In addition to these formative assessments, SPs are utilized for the summative return demonstration at the end of the course.

NP students continue to work with SPs throughout their curriculum. Planned clinical experiences for NP students involve the practice of skills that are high-stakes or may cause high anxiety for novice learners. During the first NP clinical practicum course, students practice history taking utilizing therapeutic communication with SPs before entry into the clinical setting. Students in this course also demonstrate competence in conducting male and female gynecologic exams on SPs before conducting them on patients in their clinical setting. Other SP simulation activities NP students experience include working with LGBTQIA+ individuals, sharing bad health news with a patient or family member, and practicing motivational interviewing techniques.

SP simulation activities are scaffolded throughout the psychiatric mental health nurse practitioner courses. Students are initially introduced to SP scenarios in a group format, where students can observe and learn from each other while providing peer feedback. As students become more familiar with SPs, they transition to individual, one-on-one SP simulation scenarios. These scenarios build competence in psychiatric interviewing, differential diagnoses, patient education/motivational interviewing, and treatment planning.

Considering the Needs of Our Community of Interest

Adult Learners. SON provides options for adult learners to participate in our programs. These options are onsite, online, distance education, and our continuing education program. Distance education is defined as student participation in a course via video conferencing. Graduate-level students who live in Pennsylvania and are outside of a 50-mile radius can attend class in 10 graduate-level courses. Table III.G.4. indicates the various formats we offer in the DNP Program.

Table III.G.2. DNP Program Format Options of Full-time, Part-time, Onsite, Online and Distance Education

Major/ARCOs	BSN-DNP, MSN-DNP, or certificate	Full-time	Part-time	100% Onsite	100% Online	Distance Education Full-time Enrolled	Some Distance Education Courses Available
CNS	BSN-DNP	x	x	x			x
	MSN-DNP	x	x	x	x		x
HSEL	MSN-DNP	x	x		x		
NA	BSN-DNP	x		x			
	MSN-DNP	x			x		
NM	BSN-DNP	x	x	x			x
Nurse Practitioner ARCOs							
AG-ACNP	BSN-DNP	x	x	x		x	
	MSN-DNP	x	x	x	x	x	
	Certificate	x	x	x	x		x
AG-PCNP	BSN-DNP	x	x	x		x	
	MSN-DNP	x	x	x	x	x	
FNP	BSN-DNP	x	x	x		x	
	MSN-DNP	x	x	x	x	x	
NNP	BSN-DNP	x	x	x			x
	MSN-DNP	x	x	x	x		x
	Certificate	x	x	x			
PNP-AC	MSN-DNP	x	x	x	x		x
	Certificate	x	x	x			
PNP-PC	BSN-DNP	x	x	x			x
	MSN-DNP	x	x	x	x		x
PMHNP	BSN-DNP	x	x	x			x
	MSN-DNP	x	x	x	x		x

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

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

Dr. Judy Zedreck is our faculty Pitt SON liaison between the nursing faculty and Pitt Online. She supports faculty's online teaching by 1) consulting with faculty, instructional designers, and instructional technologists in course development, 2) encouraging the implementation of the latest and best practices in online teaching, and 3) keeping all faculty current on changes in Pitt Online and recruitment. Each course in CANVAS begins with a comprehensive course orientation, including READ ME FIRST, faculty information, university resources, technical support (CANVAS overview, FAQs), and links to self-care resources such as virtual counseling and wellness. Additionally, there is a [Pitt Online Student Resource Page](). Students can directly connect with the 24-hour Pitt HelpDesk.

Support for English Language Learner (ELL) Students. All our ELL students have scores that demonstrate a level of proficiency in English.([SON Admissions Criteria)]() which follows the Pitt [AC 07 Assessment of English Language Proficiency for Admissions](). Pitt offers several avenues of generalized support (e.g., the Pitt Writing Center and the Pitt Academic Resource Center) for ELL students who speak a language other than English at home or are international students whose language is other than English. ELLs at the Pitt SON can access this support. In addition, to supplement this generalized support, the Pitt SON provides further support to its ELLs in need through specific mechanisms coordinated by the Pitt SON Director for International Affairs, Lucinda Morgan. For example, suppose a faculty member or advisor deems academic or linguistic support for an ELL student is necessary. In that case, the Pitt SON Director for International Affairs can be alerted, make assessments, and coordinate support.

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

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

Pitt faculty and students define diversity as "*Individual differences (e.g., personality, prior knowledge, and life experiences) and group/social differences (e.g., race/ethnicity, class, gender, sexual orientation, country of origin, and ability as well as cultural, political, religious, or other affiliations)*" *(*[University of Pittsburgh Office of the Provost).]() Nursing faculty approach all clinical teaching with the understanding that each patient has unique experiences that make them diverse and that there is an opportunity for students to incorporate principles of diversity in the care of every patient. In addition, faculty broadens students' understanding of care for patients from diverse backgrounds with planned clinical assignments and experiences. Examples of these diverse clinical experiences are illustrated in the following three courses.

1. **NURNP 3025 Diagnosis and Management of Psychiatric Disorders in Primary Care and NURCNS 2353 Family Therapy Practicum**

Majors & ARCOs: NM and NP (AG-PCNP, FNP, NNP, PNP-PC). Students participate in two standardized patient simulation experiences related to the management of lesbian, gay, bisexual, transgender, queer/questioning, intersex, and asexual (LGBTQIA+) adolescents. One scenario is related to the identification and management of depression and anxiety in a teenage girl who "came out" to her mother as gay, and the other scenario is

related to the identification and management of stimulant misuse in a teen individual who is questioning their gender identity. The scenarios were developed with feedback from LGBTQIA+ individuals with lived experiences related to this content. During the implementation of these scenarios, all efforts are made to ensure that standardized patients represent this population and prioritize LGBTQIA+ standardized patients when possible. This allows students to receive real-time feedback related to their medical interviewing skills from individuals with diverse life experiences, perspectives, and backgrounds. Students consistently provide feedback that they feel more comfortable working with those with diverse gender identities or sexual orientations after completing these scenarios.

2. **NURNP 3546 Management Adolescent and Young Adult Health Clinical**

Majors & ARCOs: NP (Required: PNP-PC; Elective: FNP). Utilizing a faculty-preceptor model, students complete about half of the clinical hours for this rotation with a PNP-PC faculty member at her faculty practice, the CHP Center for Adolescents and Young Adults. This clinic provides care to a variety of diverse adolescents and young adults (through age 26 years) for primary care, consultation, family planning, gender care, and/or behavioral health. This interdisciplinary clinic has integrated behavioral health, including social workers and therapists, onsite to provide behavioral/mental health and treatment for substance use. The clinic is a federally funded Title X Adagio Health clinic. Students gain experience working with the clinic's large LGBTQIA+ patient population and learn to provide inclusive care. Students also have the opportunity to observe gender care in the clinic's Gender and Sexual Development Program. The remaining clinical hours are completed with other NP preceptors from the clinic at various community sites. These include: 1. The CHP CareMobile, a mobile clinic serving underserved communities for children, adolescents, and young adults who require care regardless of their access to health insurance; 2. The Community Intensive Supervision Program, which serves chronic juvenile offenders in a courthouse pop-up clinic; and 3. healthcare at a drop-in center for homeless youth.

3. **NURNM 3502 High-Risk Childbearing Family**

Majors & ARCOs: NM. Students are involved in a semester-long assignment called "Voices of our Clients." A weekly assignment is designed to help students understand the diverse experiences of clients with whom they have experienced the various issues we study in the course. This consists of a weekly reading of a firsthand account by a client, followed by a class discussion to review the client's experience and draw lessons from it to apply in clinical practice.

Efforts to expand the diverse learning experience are also ongoing. The Nurse Anesthesia major recently received an HRSA grant to develop more diverse learning experiences. The following is an excerpt addressing student work with diverse populations:

> We will incorporate health equity, SDOH, CLAS standards, and best practices in the care of rural, disadvantaged and vulnerable populations across our didactic and clinical curriculum. Our students rotate through all areas of anesthesia practice both in and outside of the UPMC system, and we ensure that students are prepared to enter the anesthesia workforce with the skil and knowledge sub-sets to advance health equity and reduce health disparities. We became a BSN to DNP entry program in 2017 and have graduated 4 classes, with a total of graduates from our program being 1,053 CRNAs - approximately 2% of the US workforce……Most graduates take positions in facilities containing HPSA, rural, and underserved communities (89.7% in 2021). As part of the HRSA NAT grant application process, we asked students to complete an impact statement this year describing their work in these facilities and their exposure to diverse patient populations.

III-H. The curriculum includes planned clinical practice experiences that:
- **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- **foster interprofessional collaborative practice; and**
- **are evaluated by faculty.**

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional

collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

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

Program Response:

     Clinical experiences are planned through each program so that skills are developed over time. Faculty sequence their clinical evaluations to assess student mastery of clinical competencies. Clinical evaluations indicate how clinical competencies build from a novice level in the first clinical course until the final expected competencies are evaluated in subsequent clinicals. The example provided here is from the NP major. Nurse practitioner clinical courses are offered concurrently with didactic diagnosis and management courses to allow supervised clinical application of what is learned in the classroom/laboratory. Clinical courses are logically sequenced to focus on foundational skills such as history taking, physical assessment, and differential diagnosis early in the program. Followed by clinical courses that focus on incorporating management skills. The final clinical course provides supervised immersion in the role where students are expected to fully manage patient care for acute and chronic problems as well as health maintenance. Clinical evaluation tools reflect this building of skills throughout the program. Table III.H.1. below provides an example from the pediatric primary care NP ARCO of how evaluation metrics are built throughout the program. NUR 2032 Differential Diagnosis Clinical is the first clinical course for NP students. By the end of the clinical course, students are expected to be proficient in history and physical assessment skills and attain novice-level diagnostic skills. By the final clinical course, NURNP 3038 DNP Role Practicum, students are expected to fully demonstrate more advanced skills and manage patient care.

Table III.H.1. Increasing Clinical Expectations Through the PNP-PC Clinical Course Sequence for Selected Clinical Skills

	NUR 2032 Differential Diagnosis Clinical	NURNP 2521 Management: Pediatric Health Clinical	NURNP 3038 DNP Role Practicum
History and Physical Exam Skills	Demonstrates knowledge of pediatric variations in anatomy and physiology with all body systems.	Demonstrates advanced knowledge of pediatric variations in development, anatomy, and physiology.	Demonstrates progression of knowledge of pediatric variations in anatomy and physiology from novice to advanced level.
	Elicits a meaningful health history from child/parent/caretaker.	Elicits a meaningful health history from child/parent/caretaker.	Elicits a meaningful health history.
	Elicits age-appropriate developmental data.	Utilizes understanding of developmental theories and expectations to assess pediatric patients with developmental concerns, disabilities, and chronic issues.	Elicits age-appropriate developmental data and identifies appropriate developmental assessment tools when indicated.
	Performs an accurate and methodical physical examination utilizing techniques appropriate for pediatric patients.	Performs an accurate and methodical physical examination utilizing techniques appropriate for pediatric patients with acute, chronic, and developmental concerns.	Performs an accurate and methodical physical examination utilizing techniques for pediatric patients.
Diagnostic Skills	Based on understanding of anatomy, physiology, and pathophysiology, synthesizes	Synthesizes objective and subjective data to identify potential differential	Based on understanding of physical and behavioral sciences, synthesizes

		diagnoses/hypotheses, based on physical and behavioral sciences.	objective and subjective data to arrive at suitable differential diagnoses/hypotheses.
	Discusses preceptor's medical choices, diagnostic testing, non-pharmacological treatments, and rationale for referrals.	Selects appropriate diagnostic screening tests and discusses options based on evidence with preceptor.	Selects appropriate diagnostic/laboratory studies to complete the data base and/or confirm hypotheses.
Management Skills	Observes and discusses preceptor's plan of care.	Participates in designing an appropriate plan of care.	Participates in designing a plan of care.
	Uses evidence to achieve a novel level of clinical decision-making.	Makes clinical decisions based on evidence and integrates research findings into the plan of care.	
	Discusses preceptor's medical choices, diagnostic testing, non-pharmacological treatments, and rationale for referrals.	Select appropriate medications and non-pharmacological treatments and discuss options based on evidence.	Select appropriate medications and educate patients and families about them. Prescribes non-pharmaceutical treatments appropriately. Suggest appropriate referrals/consultations as indicated.
		Initiates health teaching/counseling to promote the optimal level of development and maintain/restore health.	Initiates health teaching/counseling to promote, maintain, or restore health.

In the NA BSN-DNP program, the clinical courses follow a logical sequence, which provides planned clinical experiences for students. The course sequence ensures competence in a specific set of skills prior to advancement to the next course. Table III.H.3. provides an example from the NA major of how planned clinical experiences are aligned to course learning outcomes/ objectives in NURSAN 3790, the first NA clinical course.

Table III.H.2. Planned Clinical Experiences in NURSAN 3790

NURSAN 3790 Course Learning Outcomes/Objectives	Planned Clinical Experiences
1. Implement anesthesia preoperative, intraoperative, and postoperative assessment skills. 2. Implement patient safety principles across the perioperative anesthesia care continuum. 3. Apply basic scientific principles to make patient and case-specific adjustments to care. 4. Correctly perform basic psychomotor skills in managing patient care. 5. Correctly utilize basic-level anesthesia technology, equipment, and monitoring procedures. 6. Correctly administer a variety of anesthetic medications and utilize a variety of techniques. 7. Analyze patient response to anesthetic medications. 8. Provide culturally competent care throughout all phases of the anesthetic process (assessment,	Students are assigned to a clinical facility in Pittsburgh or the surrounding area. During this first clinical term, they receive extensive simulation and didactic preparation prior to entering the clinical area. Structured workshops and labs are used to develop key baseline competencies and ensure the students can safely provide patient care. All clinical experiences are directly precepted by CRNA and MD preceptors. We attempt to have the students work with a small group of CRNA preceptors in the early courses. By the end of the program, students are prepared to manage their own rooms (for simple procedures) with an anesthesiologist only supervision. Clinical experience increases in complexity and in frequency across the seven clinical terms with specialty rotations in pediatrics, obstetrics, cardiac,

| planning, and administration) to a diverse patient population across the lifespan.
9. Develop effective communication skills during assessment, patient care, and hand-offs.
10. Demonstrate professionalism through appropriate behaviors, including timely arrival and completion of cases.
11. Critique their own clinical performance according to the NURSAN 3790 Clinical Debriefing Tool.
12. Accept clinical performance feedback according to the NURSAN 3790 Clinical Debriefing Tool. | neuro, regional anesthesia, and dental. Students also rotate to facilities with CRNA-only practice.

Preceptors use clinical 'debriefing tools' to assess students' performance. Each site has a clinical coordinator who summarizes performance and sends this evaluation to the program. These evaluations are reviewed by the faculty advisor and student on a semester-by-semester basis for the purposes of feedback and for the assignment of grades. NURSAN clinical courses are graded on a S/U grading scale. |

In addition to planned clinical experiences related to the development of competence and skills, DNP majors/ARCOs provide planned clinical experiences that immerse students within the APRN role and ensure consistent experiences for all students. Table III.H.4. presents examples of planned clinical experiences reflecting how a course learning outcomes/objective is planned and taught in a clinical course.

Table III.H.3. DNP Planned Clinical Experiences in Courses and Associated to Course Learning Outcomes/Objectives

Majors/ARCOs That take course	Courses and Course Learning Outcomes/Objectives	Planned Clinical Experience
CNS	**NURCNS 2851** Develop educational programs for patients/families and health care personnel that promote cost-effective, quality outcomes. Collaborate with nursing and other healthcare personnel to initiate changes designed to ensure patients receive a range of healthcare services needed to achieve cost-effective, quality outcomes.	Students work as consultants and complete a project that is beneficial to the organization. Examples of projects include: an educational project for an identified unit need; development and/or initiation of protocols, procedures, or practice guidelines; development and/or the initiation of a quality improvement or process improvement project; case management initiatives such as tracking and analyzing variances, consulting on a challenging clinical case.
CNS, AG-ACNP, PNP-AC	**NURNP 2104** Demonstrate the ability to perform invasive procedures involved in the care of acutely and critically ill adults. Safely perform invasive procedures in laboratory settings. Identify potential complications of invasive procedures and measures to prevent, minimize, or treat complications. Identify how the advanced practice role is implemented in diagnosing and managing acutely and critically ill adult-gerontology patients. Develop diagnostic reasoning skills for physiologic and technologic assessment, diagnosis, planning, and management of adult-gerontology patient problems/needs.	Lab-intensive procedures include intubation, central line placement, and suturing. Communication lab using standardized patients – the focus is on breaking bad news. Simulations focused on caring for patients in shock and respiratory distress.
NM, AG-PCNP, FNP, NNP, PMHNP, PNP-PC	**NURCNS 2353 and NURNP 3025**	LGBTQIA+ standardized patient simulation experience. See III.G for a dull

	Use evaluation criteria to determine the effectiveness of specific clinical nursing therapeutics.	description of this planned clinical experience.
NNP	**NURNP 2572** Perform the interventions to resuscitate and stabilize a compromised infant in the delivery room.	Perform neonatal resuscitation according to the certification guidelines (content learned in NURNP 2571).
PMHNP	**NURNP 2341** Utilize advanced clinical skills in the assessment, diagnosis, planning, and management of clients' psychiatric and primary healthcare needs.	Consultation/liaison psychiatry immersion experience. Students spend a brief rotation conducting psychiatric consultations in inpatient settings.
PNP-PC	**NURNP 3546**Synthesize theories, principles, and techniques from the physical and behavioral sciences central to identifying and managing adolescent and young adult health care in various settings. Demonstrate critical thinking in the clinical decision-making process related to complex developmental, psychosocial, and primary health care needs of adolescents and young adults. Integrate evidence-based practice related to the management of complex developmental, psychosocial and/or primary health care concerns of adolescents and young adults.	During this experience, students provide care to a variety of diverse adolescents and young adults (through age 26 years) for primary care, consultation, family planning, gender care, and/or behavioral health. See III.G for a full description of this planned clinical experience.

In 2023, Dean Kasper announced a simulation initiative to increase clinical teaching in simulations. By increasing simulation to the curriculum to standardize the evaluation of competencies, the SON will increase planned experiences. Currently, all faculty teaching clinical courses are training to become certified as a Certified Healthcare Simulation Educator (CHSE). (See IV-J for further explanation.)

Planned Clinical Practice Experiences Foster Interprofessional Collaborative Practice

The interprofessional collaborative experiences in the DNP and APRN courses support deeper knowledge and skills in their specialized role. Table III.H.3. provides examples of interprofessional opportunities.

Table III.H.4. Planned Interprofessional Clinical Experiences

Program DNP	Course	Describe Experience	Instructional Strategies
All DNP Students	NURSP 2061 Organizational and Management Theory	Contribute to interprofessional teams in the analysis of complex practice and organizational issues.	Group case studies, class discussion, and presentation of selected course modules by group.
All DNP Students	NURSP 2092 Leadership Development	Assess the key challenges facing today's healthcare environment, including effective strategies for creating healthy work environments.	Group case studies, class discussion, and presentation of selected course modules by group.
FNP, NM, AG-ACNP, AG-PCNP, PMHNP, CNS	NUR 2032 Differential Diagnosis Clinical	Macy Foundation: A 3-day intensive interprofessional experience learning, examining, and discussing interprofessional care for complex geriatric patients. Students from	Students from several health sciences schools participated in lectures, small groups, patient interviews, and problem-based learning activities led by health

		several health sciences schools participated in lectures, small groups, patient interviews, and problem-based learning activities led by health sciences faculty and expert clinicians. The other Pitt Health Science schools involved are the Medicine, Dental Medicine, Pharmacy, Social Work, Health and Rehabilitation Sciences, including PT, OT, PA, Audiology, and Speech-Language Pathology.	sciences faculty and expert clinicians.
AG-PCNP	NURNP 2528 Seminar in Geriatric Care	AG-PCNP students participate in weekly interdisciplinary professional development conferences. Attendees include practicing clinicians, academic faculty, and health science students from medicine, OT, PT, Social Work, and Pharmacy.	Include journal club, clinical case discussions, presentations, updates from national professional conferences, new clinical guidelines, and healthcare delivery issues— occasional live presentations from national experts.
AG-ACNP	NURNP Clinical Emphasis Courses: NURNP 2105 Cardiopulmonary NURNP 2106 Critical Care NURNP 2107 Oncology NURNP 2194 Trauma Emergency Preparedness NURNP 2109 Directed Study (Students select 1 of these clinicals)	Students participate on a specialty medical team depending on the registered course (cardiopulmonary, critical care, oncology, trauma/emergency preparedness, or directed studies). Collaborative practice involves participation in inpatient multi-professional rounds (MD, RN, PharmD, Social worker).	Each student leads rounds on their respective patient(s). Pre- and post-rounding involve interacting and consulting with other interprofessional team members to plan and coordinate care (PT, OT, Speech and Language Pathology, Pharmacist, Dietician, Respiratory Therapist, Nurse Care Coordinators, Case Managers, and other physician consult teams).
CNS	NURCNS 3039 DNP-CNS Role Practicum	Students participate in various activities based upon opportunities with preceptors and the goals set for the clinical practicum. Examples include the following: working with physician and dietician to develop an algorithm for tube feedings; teaming up with the MD head of critical care to implement a protocol to improve sedation interruption and spontaneous breathing trials in the ICUs; and working with a multidisciplinary team to decrease instances of hypoglycemia.	Participate in multidisciplinary meetings and work with various disciplines during clinical practicum experiences.
NNP	NURNP 2028 Role Practicum for NNP	The team comprises staff nurses, neonatologists, neonatal fellows, pediatric residents, nutritionists, pharmacists, and respiratory	Students participate as student NNPs in a multidisciplinary team as they assume care responsibilities with a preceptor for neonates in the NICU.

		therapists.	
HSEL	NURSP 3097 DNP HSEL Residency	Students participate in various activities during residency experiences. An example is the development of a health literacy project in the local community.	Participate in multidisciplinary meetings and work with various disciplines during residency.
NM	NURNM 3500 Ambulatory Role Practicum NURNM 3504 Labor & Birth Role Practicum NURNM 3503 Integration Role Practicum	All nurse-midwife students take at least one of the following clinicals at The Midwife Center for Birth and Women's Health. At The Midwife Center, the student is responsible for presenting clients at the monthly chart review to an interprofessional team of nurse-midwives, nurse practitioners, family physicians, and licensed clinical social workers.	The student presents the new clients they have seen along with their care plan and incorporates input from the interprofessional team into a revised care plan.
NM	NURNM 3502 High Risk Childbearing Family	A weekly assignment called "Voices of our Clients" is designed to help students understand the diverse experiences of clients with whom they have experienced the various issues we study in the course.	This strategy consists of a weekly reading of a firsthand account by a client, followed by a class discussion to interrogate the client's experience and draw lessons from it to apply in clinical practice.
NM	NURNM 3500 Ambulatory Role Practicum NURNM 3504 Labor & Birth Role Practicum NURNM 3503 Integration Role Practicum	All nurse-midwife students take at least one of the clinicals at The Midwife Center for Birth and Women's Health. At The Midwife Center, the student is responsible for presenting clients at the monthly chart review to an interprofessional team consisting of nurse-midwives, nurse practitioners, a family physician, and a licensed clinical social worker.	The student presents the new clients they have seen along with their care plan and incorporates input from the interprofessional team into a revised care plan.

In addition to Interprofessional classroom experiences, interprofessional education is important across all Pitt Health Science Schools. Pitt Health Sciences appointed B.J. Costello, MD, DMD as the Vice Chancellor of Interprofessional Education. He is charged with driving integration amongst the health science schools in multiple areas such as curriculum development, faculty support, clinical team development, and interprofessional educational platforms. The SON Associate Dean for Undergraduate Education and Associate Dean for Graduate Clinical Education serve on the Working Group on Interprofessional Education. Faculty from Pitt Schools of the Health Sciences and Social Work provide comprehensive didactic and experiential training in interprofessional collaborative practice. This training results in professionals who enter the workforce being prepared to positively influence patient-centered, team-based care. In 2023, the Interprofessional Forum introduced the theme of interprofessional collaboration to 1,316 students arranged in groups of 30 with 2 faculty co-facilitating each group. Students from the University of Pittsburgh Schools of the Health Sciences (dental medicine, health and rehabilitation sciences, medicine, nursing, pharmacy, and public health), Social Work, and health professions at the three regional campuses (UPJ, UPG, and Bradford) attended. The required 2-hour program targets the following interprofessional learning outcomes: 1) Illustrate the areas of expertise of various health professionals who provide patient care; 2) Explore the importance of teamwork among health care providers from the patient's perspective, and 3) Provide 'complete' care and optimized patient functionality and quality.

SON Faculty Members Evaluate Planned Clinical Experiences

Members of the SON Faculty are responsible for student evaluations. Through observations and clinical assignments, DNP faculty evaluate student clinical performance. They are available for more communication as

needed. Faculty determine the final course grade by evaluating the completion of all clinical requirements, including the clinical assignments, the preceptor's evaluation of the student, and the completion of required hours. Clinical courses in each major and ARCO provide nursing students (onsite and online) the opportunity to develop professional competencies and to prepare students for their nursing role.

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

Elaboration: Evaluation of student performance is consistent with expected student outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. Processes exist by which the evaluation of individual student performance is communicated to students. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.

Program Response:

The SON Faculty Evaluates Individual Student Performance

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

Individual Student Performance Reflects Achievement of Expected Student Outcomes

As part of the Curriculum Committee tasks, every course is reviewed every three years, and each new course must be approved. Faculty link Essentials and specialty area competencies to course learning outcomes/objectives, and, in turn, assessments are linked to the course learning outcomes/objectives. For didactic courses, faculty create a topical outline and identify the type of evaluations for each course learning outcome/objective. For clinical courses, faculty create the clinical competencies to be addressed. The syllabi indicate the plan for individual student assessments to meet student outcomes (See Appendix 19 for the syllabus template and Resource Room for the 2022 updated clinical and didactic syllabi and the syllabi and triennial review forms before 2022). Individual assignments in the Resource Room reflect how students meet the expected course learning outcomes/objectives. Evidence of student achievement is also linked to expected student learning outcomes at a program level. As part of completing the DNP requirements, students complete the DNP Portfolio. This Portfolio houses the students' DNP Project manuscript, the PowerPoint presentation (PDF format), and Forms 1, 2, and 3, which document the completion of the DNP Project. In addition, attached assignments and a narrative to each Essential and associated program student learning outcome are listed, demonstrating how they met the work and mastery for each outcome. (See Resource Room for a sample of DNP Portfolios.)

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

The SON grading policy is documented in Policy 60 Grading System and Policy 209 Grading Policy, which are found on the SON website. Table III.I.1. presents the grading scale in all course syllabi for which students earn a letter grade.

Table III.I.1. SON Grading Scale

A+	97-100
A	94-96
A-	90-93
B+	87-89
B	84-86
B-	80-83
C+	77-79
C	74-76
C-	70-73
D+	67-69
D	64-66
D-	60-63
F	Less than 60

According to Policy 435, the faculty must describe the grading point systems within their syllabus. Please see Resource Room and CANVAS for examples of 1) measurements of student performances (didactic and clinical), 2) evaluation tools for exams, quizzes, presentations, papers, projects, and peer ratings, and 3) more documentation confirming that faculty are responsible for grading all courses and clinical experiences.

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

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

Program Response:

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

Faculty use data from faculty and student evaluations of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Through CANVAS, students are sent a link to the evaluation of teaching at the end of each course. We call this student-reported response to the course "the OMET" (from the Office of Measurement and Evaluation of Teaching). In every course, students respond to the same 15 questions: eight questions are instructor variables, and seven are course-related variables (this evaluation is described further in IV-G). Faculty can also add more personalized questions concerning their course, teaching, or specific activities. Table III.J.1. indicates that faculty have used the OMET scores to change their course or teaching-learning practices. It summarized a 2021-2022 faculty survey question, "Do you use OMETs or other course evaluations to make changes to your teaching or course?"

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

Faculty	Yes	Sometimes	Not Frequently	Not at All
Oakland Faculty (n=55)	39	15	1	0

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

Faculty who reported not frequently using OMET scores stated that OMETs are somewhat problematic because the student response rate is very low. Faculty find it hard to make major decisions about their teaching when the student response to the OMETs is less than 50%. In addition, OMETs are not administered if enrollment is below 5 students; thus, some clinical practicum courses cannot use OMETs. Faculty were then asked (in the 2021-2022 faculty survey) whether they relied on other data sources to foster ongoing

improvement. Table III.J.2. lists other data sources and the number of faculty who rely on each.

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

Other Sources of Data Used to Improve Teaching	Number of Faculty Who Stated Using the Data Source
Directly Asking Students for Feedback	15
Journal Articles/ Research	9
Other Faculty/ Mentor/Peer Review	9
Professional Organizations/Accreditation Requirements/Map to National Standards/Government Agencies	5
Webinar/Faculty Forum	5
Student Performance on Assignments/Exams/Item Analysis	10
Pitt Center for Teaching and Learning	2

The curriculum is regularly evaluated by faculty and revised as appropriate. (See III-A, III-D, and III-E for references to the Curriculum Committee and faculty's Triennial Review process).

Evaluation Data are Used to Foster Ongoing Improvement

Even though aggregate faculty OMET data indicate that we are meeting the benchmark (expected) for teaching, faculty and the SON are continually working to improve the quality of teaching. As mentioned in II-G, faculty participate in SON faculty teaching forums to learn how to use evidence-based teaching practices. Faculty have also commented they use direct communications with their students to help assess the effectiveness of their teaching methods and assignments.

The Curriculum is Regularly Evaluated by Faculty and Revised as Appropriate

Faculty are responsible for evaluating and revising the curriculum as appropriate. The evidence for this appears throughout this document. Faculty evaluate and revise curriculum through the Curriculum Committee and course review process, taskforces assigned by the DNP Councils, and major/ARCO coordinators monthly meetings.

As professional organizations update their competencies, SON updates the curriculum. For example, professional organizations are mapping their updated competencies with the new AACN Essentials. The completed document SON is using is NACNS, COA, and NONPF. Nancy Niemczyk, PhD, CNM, ACNM, is the Director of the American College of Nurse-Midwives Education Committee and is leading the mapping of AACN Essentials with the NM competencies.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:
- *is written, is ongoing, and exists to determine achievement of program outcomes;*
- *is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);*
- *identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;*
- *includes timelines for data collection, review of expected and actual outcomes, and analysis; and*
- *is periodically reviewed and revised as appropriate.*

Program Response:

A Systematic Process Is Used to Determine Program Effectiveness

The Evaluation Steering Committee (ESC) functions by SON Bylaws describing the committee (Article VI § 4) (Resource Room: University of Pittsburgh School of Nursing Bylaws). Faculty from each Program level Council (BSN, MSN, DNP, and PhD) review evaluation data and convey feedback to Faculty within the Councils.

The SON has a Total Faculty Organization approved Evaluation Plan (See Appendix 15). The most recent one was TFO approved on January 27, 2020 (See Appendix 16). The Evaluation plan is organized by the CCNE elements. For each element, the SON has written strategies, benchmarks (expected), data sources, and data collection dates. Benchmarks (expected) are measurable statements with quantitative and qualitative data. The SON employed a Director of Evaluation to oversee the evaluation process, including collecting faculty, student, and program outcomes data. Using the data collection dates in the Evaluation Plan, yearly Quality Improvement Review (QIR) reports contain the key elements that need to be assessed for the Year. QIR reports are developed for the BSN, MSN, and DNP programs, and one QIR report is developed for the School-wide key elements. The QIR report includes the key element, strategies, data sources, benchmarks (expected), findings, action plans for "not met" benchmarks (expected), and a follow-up review of action plans implemented the previous Year(s). The 2019 Evaluation Plan and the DNP and School-wide 2022-2023 Excel report are in the Resource Room (See a DNP QIR 2022-2023).

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

Faculty, student, and program outcomes are determined to be successful if the benchmarks (expected) are met. In 2016, a software system, ProjectConcert, was licensed and implemented to create a repository database for student and faculty outcomes. Each faculty member and each student have an account to record ongoing teaching/learning, service, and research/scholarship activities. Other data collected are through SON and Pitt surveys and assessments and reporting by Faculty and other stakeholders. Table IV.A.1. lists specific recurring surveys and timelines.

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

Measurement Tool	When Administered	Required By
Student End-of-Program Survey (EOP)	Last term of student enrollment	SON
Alumni Survey	6-month, 3-year, and 5-year post-graduation	SON

Faculty Resource Satisfaction Surveys	Every three years – last administered Spring 2022	SON
Faculty Clinical Site/Preceptor Evaluation	Annually	SON
Student Evaluation of the Preceptor	Each term	SON
Senior Survey	Annually to graduating senior	Pitt's Office of Institutional Research
OMETs (Student Evaluation of Course/Teaching)	Every term	Pitt's Center for Teaching and Learning

Evidence that the systematic evaluation process is implemented to determine program effectiveness is illustrated in meeting minutes that track the flow of evaluation data from the ESC to Councils, ESC to the Dean's Council once a year, and Dean's Council report to ESC and Councils. The annual QIR reports demonstrate the ongoing systematic review. Faculty record the findings for the implemented action plan and report if the benchmark (expected) is met or not met. If the benchmark (expected) is met, the action plan is closed. If the benchmark (expected) is not met, the action plan is developed by Councils and reviewed by ESC for further action. The not met benchmark (expected) will be on the following Year's QIR report, and ESC tracks the review of past not met benchmarks (expected). Through this systematic review process, the findings also indicated a need to assess evaluation tools. For instance, the End-of-Program Surveys were updated during 2022-2023 to obtain student feedback on current student resources and teaching practices. Councils reviewed the surveys and provided current practices (See minutes for DNP/APRN faculty review of the EOP). The 2017 Faculty Resource Satisfaction Survey was improved and re-administered in Spring 2022 to better access research and scholarship practices for faculty (See faculty survey in Resource Room).

IV-B. Program completion rates demonstrate program effectiveness.

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

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

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

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

Program Response:

The degree completion rates are based on the stipulated terms to complete the DNP program majors or ARCOs, and APRN certificates in each respective approved curriculum. For example, BSN-DNP full-time programs are 3 years or 8-9 terms, and MSN-DNP full-time is 2 years or 5 terms. The APRN certificates are 3-5 terms. In the computation, cohorts included each program major/AROC who graduated in 2022. In Table IV.B.1., the overall DNP completion rates for 2022 are calculated using (1) the total number of students who enrolled at the beginning of each program, and (2) the total number of students who enrolled at the beginning of each program excluding the students who were inactive due specific identified factors. Inactive factors include family obligations, personal reasons, relocation, financial barriers, and decisions to change major or to

transfer to another institution of higher education. The completion rate algebraic formula is provided in Appendix 17.

To remain as an active student In the Pitt system, a student must be enrolled for one of the previous three terms. Students are identified as inactive when they have not enrolled for 3 consecutive terms. Active is defined as students who enrolled in the program but have not graduated. SON completion rates indicate that we meet the CCNE standard, "*the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education*" (See Appendix 18 for the complete completion rate table).

Table IV.B.1. DNP Fall 2023 Completion Rates with Active and Inactive Students

SON Benchmark (expected)	Actual findings					Data Sources	Benchmark Outcome
The completion is 80% or higher.	2023 Completion Rates got DNP and APRN Certificate Students					Data collected from SAAR	Met
		Admitted	Active	Inactive	Completers	% Active Completed		
	DNP	67	63	4	57	90.4		
	CRT	15	0	6	9	100.0		

IV-C. Licensure pass rates demonstrate program effectiveness.

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

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

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

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

Program Response:

IV-D. Certification pass rates demonstrate program effectiveness.

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

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

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

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

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

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

Program Response:

The website describes 9 DNP majors/ARCOs and 4 ARPN certificates preparing students to take certification exams. Table IV.D.1. presents certification exam pass rates for the 13 majors/ARCOs and APRNs. Ten of the programs meet the benchmark, "*the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years.*" The Nurse-Midwifery major and the Neonatal Nurse Practitioner ARCO meet the CCNE benchmark, "*the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*" The Nurse Anesthesia program is presented below in Table IV.D.1. (See Resource Room for the employment and certification data tables).

Table IV.D.1. Certification Programs' Pass Rates

CCNE Benchmark (expected)	Actual findings						Benchmark Outcome
The pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.	Certification Pass Rates for Combined Years 2020, 2021, and 2022 by Major or ARCO, and APRN Certificate						Met
	Program	Total Grads	Total Test Takers	Total 1st-Time Passed	1st-Time Pass Rate	Total Passers	Total Pass Rate	
	AG-ACNP	17	12	11	92			
	AG-ACNP CRT	17	13	12	92			
	AG-PCNP	4	3	3	100			
	AGCNS	7	3	3	100			
	FNP	13	7	7	100			
	HSEL	18	5	5	100			
	NNP	2	1	0	0	1	100	
	NNP CRT	0	0	No testers				
	NM	5	5	3	60	4	80	
	PMHNP	8	7	7	100			

	PMHNP CRT	2	1	1	100			
	PNP-AC CRT	1	0	No testers				
	PNP-PC	8	7	7	100			

The Nurse Anesthesia program meets the first CCNE pass rate statement, *"The pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31)."* Table IV.D.2. presents the Nurse Anesthesia pass rates for the 2022 calendar year. Please see the Nurse Anesthesia website for further details.

Table IV.D.2. Certification Programs' Pass Rates

CCNE Benchmark (expected)	Actual findings				Benchmark Outcome
The pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31).	Certification Pass Rate for Calendar Year 2022 for the Nurse Anesthesia Program				Met
		Total Graduates	Total 1st time passed	1st Time Pass Rate	
	NA	41	37	90.2	

IV-E. Employment rates demonstrate program effectiveness.

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

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

Program Response:

DNP and APRN Certification Programs Employment

The Provost annually requests graduate-level employment data. Within 12 months of graduation, the SON collects employment data through advisors, following up with students, and searching on the Internet. Table IV.E.1. provides DNP and APRN employment numbers for the 2021-2022 academic year. When this self-study was completed, the 2022-2023 data were still being collected. The SON meets the CCNE standard: "*The employment rate is 70% or higher*" (See Resource Room for employment and certification Excel workbooks).

Table IV.E.1. 2021 DNP and APRN Certification Graduates Employment, Benchmark (Expected) Actual Findings

CCNE Benchmark (expected)	Actual findings					Benchmark Outcome
The employment rate is 70% or higher.	2021-2022 DNP and APRN Graduate Employment Rate					Met
		# graduated	number faculty reported	Number employed	Employment rate	
	AG-ACNP	10	10	10	100	
	AG-ACNP Certificate	4	4	4	100	

	AG-PCNP	3	3	3	100		
	NA	44	44	44	100		
	AGCNS	no grads					
	FNP	3	3	3	100		
	HSEL	8	8	8	100		
	NNP	1	1	1	100		
	NNP Certificate	no grads					
	NM	2	2	2	100		
	PHMNP	5	5	5	100		
	PHMNP Certificate	2	2	2	100		
	PNP-AC Certificate	no grads					
	PNP-PC	2	2	2	100		

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

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

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

Program Response:

The SON has met the CCNE-specified criteria for completion, certification, and employment. Pitt has changed the process for collecting information to improve collection. In 2019-2020, the SON implemented a new collection process for certification pass rates to record all graduates' exam status. The Associate Dean for Graduate Clinical Education added certification pass data to the Provost's graduate outcomes survey. The final survey is provided to the Director of Evaluation for data tabulation.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:
- *are identified for the faculty as a group;*
- *specify expected levels of achievement for the faculty as a group; and*
- *reflect expectations of faculty in their roles.*

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

Program Response:

We present eight faculty aggregate outcomes associated with the expectation of faculty educational degrees, teaching effectiveness, scholarship, and service in the nursing profession. Full-time tenured, tenure-stream, and appointment-stream faculty have expectations in teaching, scholarship, and service. Part-time and adjunct faculty have teaching expectations, which means they are not included in the scholarship and service benchmarks (expected) and findings. Faculty outcomes benchmarks (expected) for demonstrating program effectiveness are written in the evaluation plan and are approved by a vote at Total Faculty Organization (Appendix 16 TFO minutes January 27, 2020). Benchmarks (expected) and actual results are presented in the tables below. A quality improvement plan addresses discrepancies between the benchmark (expected) and actual findings. These plans are written in Standard IV-H. A detailed listing of individual faculty data (de-identified) used in data aggregation is available in the Resource Room.

Faculty Educational Degrees

Outcome 1: Faculty with Doctoral Degrees. Outcome 1 states that full-time Pitt Oakland faculty are doctorally prepared. Pitt Johnstown and Pitt Greensburg faculty are hired by Pitt Johnstown and Pitt Greensburg and follow those faculty expectations set by the campus. At Pitt SON, the Dean requires all SON full-time faculty to be doctorally prepared. Any hired MSN full-time faculty is offered a position in their choice of DNP majors/AROCs at Pitt. Table IV.G.1. presents the faculty doctoral preparation for Pitt Oakland, Pitt Johnstown, and Pitt Greensburg. The SON met the benchmark for Pitt Oakland, main campus. Action plans for Pitt-Johnstown and Pitt-Greensburg are described in IV-H. (A list of faculty educational degrees is detailed in the faculty credential Excel spreadsheet in the Resource Room.)

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

Benchmark (expected)	Actual Findings	Benchmark Outcome
100% of full-time faculty will be doctorally prepared.	Pitt Oakland Campus: 100% of full-time faculty are doctorally prepared	Met
	Pitt Johnstown: There are 5 full-time faculty. 4 DNP-prepared and 1 MSN-prepared	Not Met
	Pitt Greenburg: There are 4 full-time faculty at Pitt Greensburg. 2 faculty are DNP-prepared (One graduated in Fall 2023)	Not Met

Teaching

Two assessments completed by students examine teaching effectiveness: (1) End-of-Program (EOP) Survey and (2) student course evaluations. First, the Evaluation Steering Committee (ESC) determines whether the evaluation plan's teaching effectiveness benchmark (expected) is met using student reports on the EOP Survey. The EOP Survey is an exit survey given to all graduating students. Second, department chairs annually use student course evaluations when evaluating faculty teaching effectiveness. All Pitt faculty, students, and staff call these course evaluations "OMETs" (See Appendix 19 for OMETs).

Outcome 2: Teaching Effectiveness and End-of-Program Surveys. Table IV.G.2. provides teaching effectiveness benchmarks (expected) and DNP and APRN student EOP Survey aggregate results. The results below are averages of nine questions about teaching effectiveness in clinical teaching and didactic teaching. Students responded to each question using a Likert scale in which (1) = Very Dissatisfied, (2) = Dissatisfied, (3) = Satisfied, and (4) = Very Satisfied. Student scores represent the number of students rated as satisfied or very satisfied with teaching practices across all nine questions. The SON met the benchmark (DNP/APRN EOP questions and scores concerning the teaching practice survey are in the Resource Room).

Table IV.G.2. 2022-2023 Faculty Teaching Effectiveness Reported in DNP and APRN End-of-Program Survey

Benchmark (expected)	Actual Findings			Benchmark Outcome
80% of the DNP and APRN students will report being satisfied with teaching-learning practices.	Percent of Graduates Reporting Satisfaction with Teaching Practices			Met
		DNP Students	APRN Students	
	AY 2022-2023	96% (n=60))	90% (n=10)	

Outcome 3: Teaching Effectiveness on the OMETs, Pitt Student Evaluation of Teaching. Each term, students are requested to complete the evaluation of the course/instructor. The link to the survey is provided to students in the CANVAS course. In 2016, Pitt instituted the Student Evaluation of Educational Quality (SEEQ) scale as the official Pitt OMET (See Appendix 20). Across Pitt courses, faculty are evaluated by students on the same 8 questions. The SON added 7 additional questions to all nursing OMETs. These questions are scored on a scale from strongly disagree (1) to strongly agree (5). Each faculty member receives an OMET report of each question reflecting the averages of student responses and all student comments. The SON stated that faculty averages should be at or above a score of 4 to demonstrate teaching effectiveness. Courses with 5 or fewer students do not receive the Pitt OMET evaluation. Students in these low enrollment courses, such as the clinical practicum courses, complete a qualitative questionnaire. Faculty receive average student scores on each question and all student comments for review. "Teaching effectiveness" is identified in one item on the evaluation: "Express your judgment of the instructor's overall teaching effectiveness." To determine the overall DNP/APRN program OMET score for teaching effectiveness, all the course section scores measuring "Teaching Effectiveness" are averaged. Please note that DNP and APRN students take the same courses, and there is no way to identify student data as a DNP or APRN student. Table IV.G.3. indicates the SON benchmark (expected) for OMETs and the average of all course sections for teaching effectiveness. The score is the average score on one item across all courses taught in the 2022-2023 academic year in DNP/APRN courses. The SON met the benchmark (See Resource Room for an Excel table of faculty averages on all questions).

Table IV.G.3: 2022 Student OMET Evaluation of DNP/APRN Faculty on Overall Teaching Effectiveness

Benchmark (expected)	Actual Findings			Benchmark Outcome
Pitt Office of Measurement and Evaluation of Teaching	Number of Graduate Course Sections	Number of Respondents	Average Teaching Effectiveness	Met
	142	939	4.28	

Scholarship

Faculty Scholarship activities include active grant funding, publications, and presentations. At the SON, these performance criteria are assessed at the end of each fiscal year when faculty report their self-merit activities.

Outcome 4: Active Research Funding. Pitt is an intensive research doctoral university (Carnegie Level 1), and internal and external funding is expected. All tenured and tenure-stream faculty are expected to have active funding. The SON benchmark is 85% of tenured and tenure-steam faculty will be funded within each fiscal year. The benchmark allows for faculty to transition from completed grants to new ones. Table IV.G.4. presents the percentage of tenured and tenure-stream faculty with active funding. The SON met the benchmark (See Resource Room for tables listing faculty performance on grants, publications, and presentations).

Table IV.G.4. Percent of Tenured or Tenure-Stream Faculty with Active Funding in 2022-2023 Fiscal Year

Benchmark (expected)	Actual Findings				Benchmark Outcome
85% of tenured and tenure-stream faculty will have active funding	Active Grant Funding	Total	Funded	Percent	Met
	Tenured	22	20	87	
	Tenure-stream	15	13	87	

Outcome 5: Faculty Publications. All faculty are expected to publish each year. Table IV.G.5. provides the number of faculty who published in each of the last three fiscal years. The SON met the benchmark for tenure-stream faculty and did not meet the benchmark for tenured and appointment-stream faculty. A quality improvement plan is discussed in IV-H (See Resource Room for tables listing faculty performance on grants, publications, and presentations).

Table IV.G.5. Percent of Full-time Faculty Published in 2022-2023 Fiscal Year

Benchmark (expected)	Actual Findings: Percent of Faculty with Publications

100% of full-time faculty will have publications	Publications	Total	Published	Percent	Benchmark Outcome
	Tenured	22	20	90	Not Met
	Tenure-stream	15	15	100	Met
	Appointment	51	25	49	Not Met

Outcome 6: Faculty Presentations. Faculty are encouraged to present their research and scholarly findings. Table IV.G.6. provides the number and percentage of faculty who presented in the last fiscal year. The SON met the tenure-stream faculty benchmark but did not meet the tenured and appointment-stream faculty benchmark. A quality improvement plan is discussed in IV-H. (See Resource Room for tables listing faculty performance on grants, publications, and presentations).

Table IV.G.6. Percent of Full-time Faculty Who Made a Presentation

Benchmark (expected)	Actual Findings: Percent of Faculty with Presentations			
90% of full-time, tenured/tenure-stream faculty and 75% of full-time appointment-stream faculty will make presentations.	Presentations	Total	Presented	Percent	Benchmark Outcome
	Tenured	21*	16	76	Not Met
	Tenure-stream	15	14	93	Met
	Appointment	51	25	49	Not Met
	*1 faculty on sabbatical, not counted				

Service in the Nursing Profession

The SON is fortunate to have faculty who are leaders in the nursing profession committed to the quality of patient care, advancing the knowledge in nursing research and education, and advancing the nursing profession. The data presented here are from the self-merit data report for the 2022-2023 fiscal year.

Outcome 7: Service to the Community. Pitt defines community service as volunteering time and expertise to the nursing profession and the community (local, state, regional, national, and international). Pitt nursing faculty are leaders in nursing through their service to professional organizations and their communities. Table IV.G.7. reports the percentage of faculty participating in leadership roles, including boards, committees, and task forces in professional organizations, government (e.g., NIH Study Sections), and UPMC. The SON met the benchmark (See the faculty list in the Resource Room).

Table IV.G.7. Percent of Full-time Faculty Who Serve in Leadership Roles

Benchmark (expected)	Actual Findings			Benchmark Outcome
75% of faculty serve in leadership roles.				Met
	Fiscal Year	Faculty number	Percent	
	2022-2023	79/90	87%	

Outcome 8: Faculty Service on a Board. One example of leadership is participating in an organization's board. Board membership can include service on an editorial, advisory, professional nursing organization, or other business or school boards. Table IV.G.8. indicates that the SON meets this benchmark (See the faculty list in the Resource Room).

Table IV.G.8. Percent of Full-time Faculty who Serve on Boards

Benchmark (expected)	Actual Findings for the Last 3 Fiscal Years				Benchmark Outcome
60% of faculty serve on boards only.	Academic Year	Faculty number	Percent		Met
	2022-2023	63/90	70%		

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

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

Program Response:

Faculty outcome data are used to promote ongoing program improvement.
The SON's evaluation plan includes faculty outcomes and is reviewed in the school-wide QIR report. Quality improvement plans for benchmarks (expected) not met are developed in the Dean's Council and returned to Pitt Oakland departments and program directors at the Johnstown and Greensburg campuses. Quality improvement plans involve supporting faculty to reach the faculty expectations. Below are action plans to increase the tenured and tenure-stream faculty active funding and all full-time faculty publications and presentations.

Faculty Outcome 1: Faculty with Doctoral Degrees Action Plans. At the Pitt Johnstown campus, the MSN-DNP faculty will begin their DNP degree in the HSEL major in the Fall of 2024. At the Pitt Greensburg campus, two faculty are MSN-prepared. These two recently hired MSN faculty will begin their DNP programs in the Fall 2024.

Faculty Outcome 5: Faculty Publications Action Plans. Tenured faculty are expected to publish. Of the 22 tenured faculty, two did not have a publication in the 2022-2023 fiscal year. One tenured faculty retired, and the other faculty is collaborating with the Associate Dean for Research and Scholarship and the Dean of the School to implement a specific plan to meet the requirement. See IV-J for further action plans.

Faculty Outcome 6: Faculty Presentations Action Plans. A change in financial support is needed to increase faculty presentations at conferences. New Dean Kasper provided $2,500 to each faculty to annually present a poster or podium presentation.

The Evaluation Plan and the school-wide QIR report assess ongoing faculty development toward meeting all faculty outcomes. Department Chairs and Vice Chairs for Research annually review data in ProjectConcert and the Grants Management Office database, including grant submissions, numbers of publications and presentations, H-Index, number of Nursing Continuing Professional Development activities, and committee membership and leadership at local, state, national levels. The SON also uses outside sources, such as our national rankings as well as number and type of awards, honors, and fellowships to measure the effectiveness of our faculty development activities. These data are used to determine if individual faculty are meeting faculty outcomes or need additional support. Faculty are engaged in the program improvement process through participating on the ESC, reviewing ESC benchmark data at Council meetings, volunteering for task forces to address areas for improvement, and setting individual personal goals during the merit review process.

IV-I. Program outcomes demonstrate program effectiveness.

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

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

Program Response:

We present 4 "Other" Outcomes, which include the following: (1) graduating students' perception of their confidence in each AACN essential, (2) DNP clinical comprehensive exam pass rate, (3) DNP students with DNP Project publications, (4) alumni satisfaction with the program, and (5) alumni with notable achievements.

Other Outcome 1: Graduating Students' Perception of their Confidence in each AACN Essential. This outcome is congruent with our DNP Student Learning Outcomes associated with the AACN essentials. On the

End-of-Program Surveys, DNP graduating students are asked how confident they are concerning each Essential. For the End-of-Program Survey, we selected Sub-Essentials to represent each Essential. Students are asked to rate their confidence level in each Sub-Essential from Poor (1) to Excellent (4). DNP students who rated their confidence levels on an Essential at Good (3) or Excellent (4) were considered to have a satisfactory level of confidence. Sub-Essentials were averaged together to calculate the confidence level for the parent Essential. Table IV.I.1. presents the 2022-2023 DNP graduates' confidence in the Essentials. The SON met the benchmark (See EOP Survey data in the Resource Room).

Table IV.I.1. Percent of DNP Students Reporting Confidence in AACN Essentials

Benchmark (expected)	Actual Findings		Benchmark Outcome
80% of students will be confident with each AACN Essential.	2022-2023 Percent of DNP Students' Confidence in Essentials		Met
	DNP Essential	Pitt Oakland	
	I	99	
	II	98.1	
	III	94.6	
	IV	93	
	V	91	
	VI	98.3	
	VII	95	
	VIII	98	

Other Outcome 2: DNP Clinical Comprehensive Exam Pass Rate: Once students complete all coursework, students take a 1-day comprehensive exam on clinical content. This exam assesses student knowledge taught in all courses, mapped to the AACN Essentials and professional organization competencies. Thus, the clinical comprehensive exam is a summative assessment of student mastery of the nursing content in the AACN Essentials and professional organization competencies. Table IV.I.2. indicates the clinical comprehensive exam pass rate in 2022 and 2023. At the time of the self-study submission, the Fall 2023 clinical comprehensive exams were still being graded. The SON met the benchmark in 2023 with 91% passing on the first attempt but did not meet the benchmark in 2022 with 85% passing on the first attempt. Please see below for the action plans in place to support students.

Table IV.I.2. 2022 and 2023 DNP Clinical Comprehensive Exam Pass Rate

Benchmark (expected)	Actual Findings							Benchmark Outcome
90% of students will pass the clinical comprehensive exam on the first attempt and 100% on the second attempt.	Date	Program	# took	# passed 1st time	% passed 1st time	# passed 2nd time	Total % passed	90% on the 1st time: Not Met 100% on the second attempt: Met
	2023*	DNP	11	10	91%	In progress		
	2022	DNP	61	52	85%	9	100%	
	*Self-study submitted before completion of Fall 2023 grading							

In 2022, nine students did not pass the clinical exam on the first attempt, resulting in an 85% pass rate. Support for passing the exam is provided individually to each student, which is outlined in Policy 284. Policy 284 states that if a student fails to achieve 80% on the first attempt, the advisor will develop a remediation plan that the student must complete before repeating the examination. The advisor's permission is required before the examination can be administered again. If a student fails to pass the clinical comprehensive exam on the second attempt, the major/ARCO coordinator/director, in consultation with the student's advisor, will develop a comprehensive remediation plan that includes a substantial plan of study and/or additional

coursework to address the student's deficits on previous attempts to pass the examination. It is expected that remediation prior to taking the examination a third time will usually extend the student's program of study by at least one term. A copy of the remediation plan should be submitted to the DNP Admission Progression and Graduation Committee within 5 business days of meeting with the student. Failure to pass the clinical comprehensive exam after the third attempt will result in the inability to complete the DNP degree.

Other Outcome 3: DNP students with DNP Project Publications. Table IV.I.3. indicates the number of students who published their DNP projects from 2016 through 2022. Dr. Laura Fennimore received the internal SON Teaching as Research Award to complete a descriptive study on the DNP projects between 2016 and 2022. The data came from the DNP Portfolio and record keeping in ProjectConcert. She presented her data on May 23, 2023. The presentation demonstrates the differences in DNP Project types, time to completion, methodology, sample size, and submission of publications. This data is a baseline that informed the development of the DNP Project Pathway (See IV-J). Recommendations for moving forward and limitations to the study are presented in PowerPoint (See the presentation in the Resource Room).

Table IV.I.3. Number of DNP Project Publications AY 2019-2022

Benchmark (expected)	Actual Findings		
Developing a Baseline	Graduates	Submissions	Publications
	179	87	24
	Publication rate = 28%		

Other Outcome 4: Alumni Satisfaction with the Program. Outcome 4 is congruent with the SON's mission to "Provide high-quality undergraduate education in nursing" and "Maintain and develop superior graduate programs" and the SON's goal to "Prepare educated and competent nurses ready to enter the workforce." Table IV.I.4. provides the SON alumni data on DNP students who are satisfied with the education they received in their nursing program at 3 years and 5 years post-graduation. The University of Pittsburgh Philanthropic and Alumni (PAE) office sends out the SON alumni surveys at the end of each year. Alumni respond to two questions: (1) My school of nursing program met my needs, and (2) Do you feel your Pitt Nursing education prepared you for long-term success? Question 1 responses are on a 5-point Likert scale of Extremely Satisfied to Extremely Dissatisfied. Question 2 responses are either Yes or No. The following tables indicate three years of Alumni satisfaction with Question 1 and Question 2 on the 3-year and 5-year Alumni surveys. The SON met the benchmark (Please see the Resource Room for a full table).

Table IV.I.4. Nursing Alumni Report of Satisfaction with Their Education

Benchmark (expected)	Actual Findings					Benchmark Outcome
80% of the alumni will report satisfaction with their nursing educational experience.	3-Year Findings: Percent Satisfaction					Met
	Year Collected	Year of Graduation	% Response Rate	% Satisfaction with Question 1	% Satisfaction with Question 2	
	2023	2020	In Progress			
	2022	2019	27.3	100	100	
	2021	2018	22.9	100	100	
	2020	2017	46.1	100	100	
	5-Year Findings: Percent Satisfaction					
	Year Collected	Calendar Year of Graduation	% Alumni Response Rate	% Satisfaction with Question 1	% Satisfaction with Question 2"	

	2023	2018	In Progress			
	2022	2018	33.3	100	100	
	2022	2017	50	100	100	
	2021	2016	32.1	100	100	

Other Outcome 5: Alumni with Notable Achievements. Table IV.I.5. indicates the number of Honorary alumni recognized for their leadership in nursing in various workplaces. Specific names and positions of our alumni are posted on the Pitt SON website on the Alumni tab.

Table IV.I.5. Numbers of Alumni Recognition in Service to the Nursing Profession

Academic Deans	Academic Organizations and Research	Hospital/Health Administration	Military, Governmental, and Multinational NGOs	Hospital, Health Care, and Community Leadership
10	6	14	2	15

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

Elaboration: For program outcomes defined by the program:
- *Actual program outcomes are used to promote program improvement.*
- *Discrepancies between actual and expected outcomes inform areas for improvement.*
- *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- *Faculty are engaged in the program improvement process.*

Program Response:

This section addresses 4 quality improvement plans developed and implemented by faculty. These quality improvement plans include the following: (1) Curriculum development to support rigorous DNP Projects, (2) DNP student satisfaction with student orientation, (3) Increasing simulation education, and (4) Research and scholarship support to enhance faculty productivity. Program outcome data are used by faculty to foster ongoing program improvement. Program data are reported to DNP Council during the "QIR report," in which the ESC representative presents key-elements findings. Key elements in the review are selected from the evaluation plan, which is labeled for the year's evaluation. With input from the Deans Council, program Councils develop action plans when benchmarks (expected) are unmet. The BSN, MSN, and DNP Councils and the ESC do a review of the action plan. Other quality improvement plans are generated from faculty expertise and the changing landscape of the nursing profession and nursing education.

Quality Improvement 1: Curriculum development to support rigorous DNP Projects

There are several sources of data for establishing the implementation of the "DNP Pathway," which is the alignment of DNP Project assignments throughout courses to support student learning to complete DNP Projects. First, COA accreditors' feedback indicated that students and faculty alike were concerned with the efficiency and effectiveness of the current DNP curriculum in regard to completing the DNP Project. Specifically, accreditors pointed out barriers to the existing Form 1 process and the lack of specific DNP milestone placement within DNP core courses. Further, the delay in completing DNP Projects until Term 9 negatively impacted nurse anesthesia program certification examination pass rates (as has been reported by many other nurse anesthesia programs across the US). Second, upon receiving this feedback, the Director of Evaluation was asked to pull student feedback on the End-of-Program Surveys. Although the benchmark for satisfaction with working with their advisor/DNP Chair to complete the project was met each year, a collection of student comments from 2016-2021 indicated that the DNP Project process is not confined to the nurse anesthesia program student body and faculty. Trends of dissatisfaction with the process of completing the DNP Project existed across all DNP majors and ARCOs. Third, as reported in IV-I Outcome 3 above, Dr. Fenimore's presentation on past DNP Project publications indicated a need for more teaching-learning support to complete well-developed and executed DNP projects. The DNP Taskforce was appointed by Dr. Dunbar-Jacob in March 2020 following the review of COA accreditors and student feedback. The task force included the following: Dr. John O'Donnell (Chair), Dr. Tricia Tuite, Dr. Elizabeth Schlenk, Dr. Dianux Ren, Dr. Amy Bowser, Dr. Jeffrey Rohay, Dr. Meg Anderson, and Dr. Judy Zedreck.

The DNP Taskforce met on a total of five occasions and is making the following recommendations, which have been termed the "The DNP Pathway" (See Appendix 20). This DNP pathway is designed for students planning to complete the DNP program on a full-time basis over 9 terms but could easily be modified for students following a part-time (PT) trajectory. DNP project topic approval, known as Form 1, is now approved by the faculty teaching the existing course in which Form 1 is developed in consultation with the DNP Project faculty leader, which expedited the approval process. Also, the task force decided to adjust student assignments within the DNP courses so that assignments would build upon each other and support the students through the DNP Project process. Additionally, two new courses would need to be developed. One course focuses on the development of a DNP Project proposal (known as Form 2). Currently, students are developing the project proposal with the DNP Project team but not within a course. The second course is a DNP Project synthesis course leading to the development of a final presentation. Currently, the presentation is also being developed outside of a course. The DNP Project clinical course was restructured and is now entitled DNP Project Implementation. Each course now has specific deliverables and was placed in a sequence to facilitate project development, implementation, and evaluation. We are currently implementing the DNP Pathway. The first group of students to follow this curriculum was the nurse anesthesia students admitted in January 2022.

Next, a task force of DNP area coordinators was assembled to update the DNP Project Guidelines. The new Guidelines will now be driven by the DNP Pathway. Dr. Patricia Tuite, Dr. Lauren Fennimore, Dr. Jackie Calhoun, Dr. Cynthia Chew, Dr. Nancy Niemczyk, and Dr. John O'Donnell volunteered to join the task force and revise the current DNP Guidelines. Drs. Tuite, Fennimore, and Calhoun contacted peer schools of nursing for input on their DNP Project Guidelines to ensure we were consistent and to obtain input on ways to improve our current processes. We have feedback from DNP students stating that the Guidelines are vague and do not provide explicit guidance. Our goal is to use the feedback from our peer schools, students, and documents from the American Association of Colleges of Nursing to revise our current DNP Project Guidelines. The revised Guidelines should help clarify and streamline the process for students moving forward and provide a more detailed framework. This quality improvement plan is currently ongoing.

Follow-up Evaluation Plan: Our goal is to determine if the new DNP Pathway process and revised DNP Project Guidelines will help students move through the process and complete their DNP Projects with less difficulty. We will survey our students to determine if the modifications assisted with a quicker approval of the DNP Project topic (currently Form 1), development of the DNP Project proposal (currently Form 2), and dissemination of the results of the DNP Project (currently Form 3). We will be able to compare this new process with our current baseline data. Our current process involves significant time by DNP Project faculty leaders at each step of the process. By incorporating these important milestones into courses, the goal is to allow the faculty leader to serve in more of an oversight role. Faculty supporting the projects will be surveyed to see if there is an increase in satisfaction with the new process. This quality improvement plan will also involve collecting data on methodologies, sample sizes, clinical significance to determine if the projects will remain at the same level of rigor or be more rigorous as our current projects, and number of publications.

Quality Improvement 2: DNP student satisfaction with student orientation

DNP and APRN certificate student satisfaction on student orientation was identified on the End-of-Program Survey as not consistently meeting the 90% satisfaction benchmark. Students rate their satisfaction on four questions using a Likert scale (1= Very Dissatisfied, 2= Dissatisfied, 3= Satisfied, and 4= Very Satisfied). The data in Table IV.J.1 indicate the percentage of DNP and APRN certificate students who rated their satisfaction with student orientation.

Table IV.J.1. Percent of DNP and APRN Student Satisfaction with Student Orientation

Benchmark (expected)	Actual Findings			Benchmark Outcome
90% of the DNP and APRN students will report satisfaction with student orientation.	DNP and APRN Certificate Students Satisfied with Student Orientation			Not Met consistently over the last 3 years
	Academic Year	DNP Student Satisfaction	APRN student satisfaction	
	2021-2022	90% (n=77)	80% (n=5)	
	2020-2021	91% (n=44)	50% (n=2)	
	2019-2020	82% (n=62)	100% (n=2)	

Additionally, the Director of Evaluation was asked to examine the student comments on student orientation to determine reasons for dissatisfaction. The consistent themes in the comments indicated that students did not receive enough specific program information, and students did not understand the goals of student orientation. To address this gap, a SON DNP CANVAS organization was created. Matriculating students are enrolled in the CANVAS Organization, which we are calling the DNP Program Handbook. The link to access the Handbook was sent to new and current students in the DNP Program this past fall. Students will remain in the CANVAS Organization throughout their program and know this is the location to find information specific related to the DNP Program, the DNP Project, and access to other resources to assist them while in the program. Each area of concentration also has a page for individualized information. In-person orientations were also launched this fall. The NP and CNS majors held an orientation day for new students. Students already in the program were also invited. The Nurse-midwife students were invited but could not attend due to a class conflict and will be included next year. Nurse anesthesia holds its own orientation session. A small group of area of concentration coordinators are also developing advising guidelines for faculty. These guidelines will be shared with all faculty and eventually become part of the orientation of new DNP faculty.

Follow-up Evaluation Plan: With the CANVAS Organization (DNP Program Handbook) now accessible to the students, we will add a question to the End-of-Program Survey to survey their satisfaction with the CANVAS Organization (DNP Program Handbook). Students have opportunities to provide ideas for improvement to the Handbook and access to the CANVAS Organization. Majors and ARCO coordinators and faculty advisors will also be contacted for feedback related to this resource. The DNP Program Handbook is a living document that will be revised after the first year of use based upon faculty and student feedback.

Quality Improvement 3: Increasing Simulation Education

The 2021 AACN Essentials highlight the importance of simulation as an educational tool for formative learning experiences and summative evaluation. In response to this teaching strategy, SON has developed a plan to build upon the strong foundation of simulation already occurring in the SON to create a more robust simulation program. Significant investments in infrastructure and faculty development are being made to ensure that the SON becomes a leader in simulation education and expansion of simulation to a goal of 20% of clinical instruction.

The SON commissioned SIMPL Simulations, LLC, to assess current simulation assets, the potential for advancement, and future needs for success. SIMPL Simulations will provide a comprehensive report on future directives for the SON to move the dial for the SON to be a leader in simulation operations. The consultation work began in November of 2023 with onsite visits to all three campuses. A comprehensive report is expected by January 1, 2024, outlining the next steps for improving the simulation programming. The results of this report will be utilized to develop a strategic plan for continued development of the simulation program at the SON.

Faculty development of simulation expertise has also been prioritized. New Dean Kasper has set a goal for 80% of eligible faculty involved in clinical instruction to become Certified Healthcare Simulation Educators (CHSE) through the Society for Simulation in Healthcare and has dedicated funding to support this effort. Faculty are reimbursed for their certification exam fees and the SON is funding exam prep training. As of the publishing of the DNP self-study the following Table IV.J.2. presents the number of faculty that are CHSE-certified.

Table IV.J.2. Faculty Eligible to be Certified and Current Percent of Faculty CHSE-Certified

Department/Campus	Eligible Count	Certified	Percent
ATC	16	7	43.8%
DNA	10	4	40.0%
HCS	3	0	0.0%
HPD	14	5	35.7%
Other Affiliated	0	0	0.0%
Other Affiliated/HPD	1	1	100.0%
Oakland Subtotals	**44**	**17**	**38.6%**
UPJ	6	4	66.7%
UPG	4	2	50.0%

Total All Eligible Faculty	54	23	42.6%

The SON Director of Professional Development and Continuing Education, Dr. Jennifer Wasco, is spearheading faculty simulation education in preparation for and maintenance of CHSE certification for faculty. Professional Development held a day-long CHSE exam prep retreat and 8 1-hr educational sessions. Faculty who meet criteria to sit for the CHSE exam are asked to join a cohort and given release time to complete the training. Since its initiation in June 2023, two cohorts of faculty have completed the training. The third cohort will begin training in mid-2024. Other efforts to maintain faculty simulation education development include the initiation of the annual Florence Erikson and Reva Rubin Endowment Lecture planned for April 2024 and the development of a CHSE faculty-led simulation conference within the SON. The newly formed Nursing Education Research and Scholarship HUB will have a simulation arm.

Evaluation of increased faculty expertise will be evaluated by tracking simulation-related publications and presentations by SON faculty. Increased utilization of simulation will be tracked by evaluating the number courses with simulation content and number of simulation activities. Utilization reports of simulation space will also be kept to evaluate if space and resources are meeting simulation needs requested by faculty.

Quality Improvement 4: Research and scholarship support to enhance faculty productivity

Faculty data on the number of publications and presentations by faculty are below the benchmark. To support the dissemination of research and scholarship, action plans were put in place. Under new Dean Kasper's leadership, Dr. Yvette Conley was named Associate Dean for Research and Scholarship. She began structuring her new Office of Research and Scholarship to provide streamlined support with additional services. Some examples of activities that the Office has undertaken include the following. An expanded weekly newsletter is disseminated to faculty to inform them of internal and external grant funding opportunities and conference calls for abstracts. Monthly Research Faculty Forums are scheduled to share ongoing work by faculty across the SON, which supplements the Research Methodology Series for which the Office is now responsible. Dr. Conley is exploring adding a new database for the grants analysts to use for faculty to have real-time access to grant level reports. Additionally, when the University approved the SON request for 10 years of tenure (without adjustment for temporary transfers off the tenure stream by Type A and Type E), a new nine-year plan was developed for new tenure-stream faculty to help them with expectations of gaining tenure. The plan includes support in teaching/mentoring students, research, and service. This plan guides the support given to junior faculty by Vice Chairs for Research. The Office of Research and Scholarship initiated a Research Catalyst Award to fund pilot studies for early-stage investigators, increased start-up packages for new faculty recruits (tenure stream and appointment stream with substantial ambitions) and is putting into place additional infrastructure to facilitate grant submissions and award executions. Appendix 9 shows the benchmarks (expected) for new faculty to attain tenure. Annual reviews by Chairs and comprehensive reviews at Year 3 and Year 6 provide a support structure to guide faculty research and publications. The Associate Dean for Research and Scholarship meets with all tenured and tenure-stream faculty who still have active programs of research. They all have plans for grant submission in the upcoming year. The SON submissions for NIH funding this past cycle were the highest in recent history, so the SON is progressing in this metric. The SON is currently ranked 12th in NIH funding.

Also, department scholarship groups, which meet weekly, are now coming together monthly to promote the cross-fertilization of ideas and build new collaborations to promote manuscript development. To improve the 49% (25 of 51) publication rate by appointment-stream faculty, Dean Kasper has established the expectation for faculty in the appointment stream to publish. The Dean has required all faculty to join a SON Research and Scholarship HUB to develop scholarship skills and create a team for collaboration. The Associate Dean for Research and Scholarship has provided training in grant development for appointment-stream faculty (3-hour training in October 2023). The Department Vice-Chairs for Research and Department Chairs meet with appointment-stream faculty to guide them in the next steps. Specifically for appointment-stream faculty, there are opportunities to increase their scholarship training and productivity in the Nursing Education Research and Scholarship Hub. This new Hub started identifying training needs, presentation topics, and a smaller working group to develop scholarship projects and proposals. There is a budget to provide faculty with internal funding for clinical judgment, simulation, and other scholarly projects. Other HUBS that appointment-stream faculty can opt to join include Excellence in Digital Health Research, Genomics of Patient Outcomes, Sleep and Circadian Science Research, Nursing Health Services and Policy Research, Maternal/Perinatal and Reproductive Health Research, Aging and Gerontological Nursing Research, and Cancer Survivorship. For a summary of the HUBS, see Nursing Research and Scholarship HUBS | School of Nursing | University of Pittsburgh

Follow-up Evaluation Plan: The SON will continue to track faculty publications and presentations and use our current data as baseline data to see if there is an improvement after the implementation of the new HUBs and the additional training being provided by the Office of Research and Scholarship. A faculty survey will be sent out to assess faculty satisfaction with new support being provided by the office of Research and Scholarship.

UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING
November 22, 2021

Call to Order	The Total Faculty Meeting was called to order at 4:00pm. by Dr. J. Dunbar-Jacob via ZOOM link virtually.
Present	A list of attendees is filed with the minutes.
Minutes	The minutes from October 25, 2021 were approved.
Announcements	J. Dunbar-Jacob shared the following announcements to Total Faculty: • The University will be closed on Thurs. Nov. 25 and Fri. Nov. 26 for the Thanksgiving break and a reminder that Staff will work remotely on Nov. 23 Nov. 24, as there are no classes on those days. • Friday, Dec. 10th is the last day for classes for the fall term. • Thurs., Dec. 16th is the School of Nursing Fall Term Graduation at 6pm at Soldiers & Sailors • Mon. Dec. 20th - Grades must be approved in People Soft by the end of that day • In December, Staff will work remotely on Tues. Dec. 21 and Wed. Dec. 22 . And the University will be closed on Thurs. Dec. 23 thru Mon. Jan. 3. The University is re-open on Wed. Jan. 4th • Jen Wasco shared that the Washington Health System in Washington, PA has agreed to provide professional development activities as a joint provider with us. They will start with programming in 2022 • Darcy Waechter and Andrea Fischl will retire by the end of the year • Cindy Danford, Chrissy Feely, Judy Mermigas, Jane Guttendorf & Haley Germack will exit SoN in Dec. • Jane Guttendorf will be stepping down as coordinator for the Adult Gero Acute Care NP program on Dec. 31st and Meg Anderson will begin as the coordinator for that program, starting January 1, 2022. • Annette Dabbs will be stepping down as ATC department chair on Dec. 31 and Sheila Alexander will be interim chair for that department, starting January 1st. • Dianxu Ren has been promoted to Full Professor in the School of Nursing, effective January 1, 2022. • Karin Warner, was selected as the "Shielding from Harm" Columnist (a Quality/Safety Column) in the Journal of Radiology Nursing. Her first article will be published in the March 2022 issue. • Susan Wesmiller, began her elected term as President of the International Society of Nurses in Genetics this month. Sue's research interests are in the science of symptoms, especially those experienced by women undergoing treatment for breast cancer and she has an R01 funded with NINR, '*Genomic Underpinnings for Breast Cancer Treatment Induced Nausea and Vomiting*.' • D.Pajerski, J. Kariuki, Yuran Cai, and J. Dunbar-Jacob received a 2-year grant from the Jewish Healthcare Foundation on 'Revisiting the Teaching Nursing Home.' • Congratulations to our Three faculty who received an honorable mention in Pittsburgh Magazine's "Excellence in Nursing". They are: In the category for Pandemic Response Hero: Jonna Morris (HCS) In the Academic category: Richard Henker (DNA) In the Researcher category: Susan Wesmiller (HPD) • Teresa Thomas received a Junior Scholar Award in Population Science award from Hillman Cancer Center • PhD Student, Maura McCall received the Biobehavioral Cancer Control Program Abstract Presentation Award from Hillman Cancer Center for her submission entitled, "Symptom trajectory characteristics and predictors for post-menopausal women prescribed anastrozole for early-stage breast cancer". Her mentors are Cathy Bender and Yvette Conley.
Review / Vote on School of Nursing Mission, and Goals	Total Faculty reviewed proposed changes on Page 4 of minutes, highlighted in yellow. Faculty approved the changes to the School of Nursing Mission and the School of Nursing Goals and these will be updated on the School of Nursing website. The School of Nursing Philosophy was not approved. The second sentence in the School of Nursing Philosophy will be revised by the SoN Diversity, Equity and Inclusion [DEI] committee and be re-visited for a vote at the Dean's Weekly Update meeting of Dec. 13. In italics and underlined below is SoN Philosophy statement that *will be revisited for a vote*. *The University of Pittsburgh School of Nursing is committed to preparing the highest quality nurses to care for and to develop the science underlying care for individuals, families, and communities, across populations. We are also committed to the promotion of inclusion of, and equity, for all peoples [ethnicity, race, religion, culture, country of origin, gender diversity, age, and disability status]. We support practice within the ANA Code of Ethics.*
Review / Vote on School of Nursing Philosophy at	SoN Philosophy statement was sent to Diversity, Equity and Inclusion [DEI] committee for input. The DEI committee shared their updated wording with facutly at the Dean's Weekly Update meeting via Zoom of Dec. 13, 2021. Facutly reviewed and voted on the wording below. Vote was 34 faculty approved, 0 disapproved and 5 abstained. https://www.nursing.pitt.edu/about/our-philosophy-mission-goals Approved wording that will be put on SoN website is as follows

12/14/21 Deans Weekly update meeting	The University of Pittsburgh School of Nursing prepares the highest quality nurses to care for and to develop the science underlying care for individuals, families, and communities, across populations. To achieve this, we work towards inclusion and equity for people of all ethnicities, races, religions, cultures, countries of origin, ages, disabilities, and exhibiting the full spectrum of gender expressions, gender identities, and sexual orientations. We support practice within the ANA Code of Ethics. *American Nurses Association Code of Ethics, Provision 1:* The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person. *School of Nursing Philosophy –* - Advancing the science and practice of nursing improves the health of individuals, families, communities, and populations within the commonwealth, the nation, and the world; - Education is a lifelong process beginning with undergraduate studies, continuing through graduate studies, and encompassing continuing education for professional development; - A strong educational foundation enables nurses to conduct evidence-based practice, engage in scholarly activities, and translate knowledge in health sciences and health care to improve healthcare delivery to all human beings; and - By providing a diverse and global perspective and raising the professional and social conscience of our students, they will become health care leaders. **Above text is the approved one for 2021, revised from 2016 version, found on Page 4 of these minutes.**
The Patient Safety Act Legislation	J. Dunbar-Jacob shared an email she received from the American Nurses Association that for the first time, major nursing advocacy groups and unions are supporting a single piece of legislation they all agree would significantly improve hospital care across the state. The **Patient Safety Act** (House Bill 106 and Senate Bill 240) would limit the number of patients a nurse can be assigned, depending on the level of care required.
Bylaws and Policies Committee [1 item to vote]	E. Schlenk, member of the School Wide Curriculum Committee, brought forth 1 item below. R. Henker provided explanation. Motion was made to approve noting a direction in Zoom that if faculty approve, remain silent and if faculty oppose or abstain, note it in the Zoom chat. The item was approved unanimously. <table><tr><td>**VOTE #1**</td><td>(newly created) **Policy 372: Admission to Closed Class Form** --proposed General 300 level policy that the SON does not currently have, edited by SAAR -Graduate and Undergraduate advisors requested this policy to help everyone stay on same page</td></tr><tr><td>**FYI**</td><td>**Policy 302-Health Incident: Students** -edited to follow SON procedures and read more clearly -corrected numbering in procedure portion</td></tr></table>
Curriculum Committee [7 items to vote]	Karin Warner, Chair of the School Wide Curriculum Committee, brought forth 0 items for a vote and 2 items as an FYI that went thru Triennial Review. Related documents are found https://pitt-my.sharepoint.com/:f:/g/personal/sos56_pitt_edu/EnjZjvVc8UdBuaPF_6DJu8IBrCBE1QXpLNQRJeeLiO85yg <table><tr><td>FYI Triennial Reviewed</td><td>Program Title</td><td>SWCC Approved</td></tr><tr><td>1. NURNM 3501</td><td>Nurse Midwife Global – Community Role Practicum</td><td>11/8/2021</td></tr><tr><td>2. NURNP 2028</td><td>Role Practicum</td><td>11/8/2021</td></tr></table>
Updates from University Groups	• R. Henker, member of the Faculty Senate, shared that their last meeting included the Chancellor and focused on self-care and mental health; implementing a univ. vaccine requirement, and how faculty unionization steps will work moving forward with collective bargaining and working forward in good faith. • B. Cassidy serves on the Univ. Equity, Inclusion and Anti-Discrimination Advocacy [IDEC] Committee and reported on Pitt's care@work website for assistance for elder care, childcare, pet care and housekeeping. An IDEC workgroup are reviewing how to add value to DEI work across the University. It was suggested that SoN's ProjectConcert could add a tab for 'DEI' where faculty could upload their DEI activities that could be tracked for evaluation or should the univ. request. B. Cassidy will speak to A. Bowser on the Project Concert DEI tab. • S. Wesmiller, Faculty Rep for National Student Association said at Dec. 13 Dean's Weekly Update: Pitt nursing students won the NCLEX Championship on 11/18/2021 for the Chapter Excellence Award and community service award. Kaitlyn Eastburn, a junior URMP student with Marcy Nilsen, won the Poster Competition. Pitt SoN has 2 students running for state office and those elections are Nov 22. • S. Sereika provided an update on Pitt IT office. Uduak Ndoh was named vice chancellor for information technology in the Schools of the Health Sciences and deputy chief information officer. Box migration to MS

Appendix 1

	One Drive has been begun on univ. files. Pitt IT sent emails asking to contact them if you have issues with the Box to MS One Drive migration. Pitt research office is developing guidance for visiting scholars working with Pitt scholars so they may have access to univ. documents while working with Pitt scholars, though are not a part of Pitt, only collaborating with Pitt scholars. Policy is being developed. • J. Lingler serves on a health sciences research committee that is currently discussing stimulating interdisciplinary research across the health sciences in terms of research space. This committee meets monthly to provide opportunities for cross-school collaborations on areas of health disparity, social determents, team science, data science, and support junior investigator independence. J. Dunbar-Jacob added that CTSI focused on implementation science in terms of training and work across the health sciences.
Dean Retirement	J. Dunbar-Jacob announced her intention to retire. She will step down as dean on June 30, 2022 and, after a year's sabbatical, retire on June 30, 2023. She shared she is very proud of what we have been able to accomplish and feel the school is in a good place for the next dean, whoever that may be. She has served as Dean since Sept. 1, 2001.

Accreditations	• Midwifery accreditation ACME visit is scheduled for December 1-3, 2021, to be held virtually with a focused in-person component to follow later.
	• DNP program and APRN will have a CCNE accreditation site visit in early 2024.
	    • Spring 2024 - next DNP & APRN onsite evaluation
	    • Dec. 1, 2024- BSN/MSN CIPR midterm report due
	    • 2029 Spring - Next BSN/MSN onsite evaluation

ADJOURNMENT	The meeting adjourned at 5:35pm

Respectfully submitted,
Stephanine Duplaga, Recorder

Total Faculty Meeting AGENDA
Nov. 22, 2021 at 4pm Via Zoom Link https://pitt.zoom.us/j/99603152734
4:00pm to 4:15pm
Announcements/Approval of Minutes   Jackie Dunbar-Jacob, Dean
Review / Vote on School of Nursing Philosophy and Goals – changes on Page 2 of agenda highlighted in yellow
Bylaws and Policies Committee [1 item to vote]   Elizabeth Schlenk

VOTE #1	(newly created) **Policy 372: Admission to Closed Class Form**
	--proposed General 300 level policy that the SON does not currently have, edited by SAAR
	-Graduate and Undergraduate advisors requested this policy to help everyone stay on the same page
FYI	**Policy 302-Health Incident: Students**
	-edited to follow SON procedures and read more clearly
	-corrected numbering in procedure portion

Curriculum Committee [0 items to vote; 2 items are FYI from triennial review]   Karin Warner, Chair
   Related documents below are found at this link
   https://pitt-my.sharepoint.com/:f:/g/personal/sos56_pitt_edu/EnjZjvVc8UdBuaPF_6DJu8IBrCBE1QXpLNQRJeeLiO85yg

FYI Triennial Reviewed	Program Title	SWCC Approved
1. NURNM 3501	Nurse Midwife Global – Community Role Practicum	11/8/2021
2. NURNP 2028	Role Practicum	11/8/2021

Updates from University Committees   Faculty serving on Committees
Updates   Jackie Dunbar-Jacob, Dean

Appendix 1

APPROVED 11/22/2021

<u>**School of Nursing Philosophy, Mission & Goals [last Reviewed in 2016]**</u>
https://www.nursing.pitt.edu/about/our-philosophy-mission-goals

The University of Pittsburgh School of Nursing is committed to preparing the highest quality nurses, irrespective of their ethnicity, race, religion, culture, country of origin, gender diversity age, ==and disability== to care for and to develop the science underlying care for individuals, families and communities, across diverse populations. We support practice within the ANA Code of Ethics.

American Nurses Association Code of Ethics, Provision 1:
The nurse practices with compassion and respect for the inherent dignity, worth and unique attributes of every person.

School of Nursing Philosophy –

- Advancing the science and practice of nursing improves the health of individuals, families, communities, and populations within the commonwealth, the nation, and the world;
- Education is a lifelong process beginning with undergraduate studies, continuing through graduate studies, and encompassing continuing education for professional development;
- A strong educational foundation enables nurses to conduct evidence-based practice, engage in scholarly activities, and translate knowledge in health sciences and health care to improve healthcare delivery to all human beings; and
- By providing a diverse and global perspective and raising the professional and social conscience of our students, they will become health care leaders.

School of Nursing Mission –
The University of Pittsburgh School of Nursing, founded in 1939, is one of the oldest programs in baccalaureate and doctoral education in nursing in the United States. As one of the nation's distinguished schools of nursing, the resources of the school constitute an invaluable asset for the intellectual, scientific, and economic enrichment of health care in Pennsylvania, the nation, and throughout the world.

The School of Nursing's mission is to:

- Provide high-quality undergraduate education in nursing;
- Maintain and 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;
- Engage in research and other scholarly activities that advance learning through the extension of the frontiers of knowledge in health care;
- Cooperate with health care, governmental, and related institutions to transfer knowledge in health sciences and health care;
- Offer continuing education programs adapted to the professional upgrading and career advancement interests and needs of nurses in Pennsylvania; and
- 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 health care within the commonwealth, the nation, and the world.

University's mission focuses our success in three areas:
Our People
Who We Are. We are a diverse community of scholars, learners, partners and leaders dedicated to a common cause: the pursuit of knowledge.
Our Programs
What We Do. Our initiatives and operations fuel opportunities of the highest quality in three key areas: academic excellence, research and scholarship, and community service.
Our Purpose
The Difference We Make. We improve lives and communities—at every scale—by creating knowledge and leveraging our expertise to tackle some of society's greatest and most pressing challenges.

Mission and Vision

The University's mission is to:

- provide high-quality undergraduate programs in the arts and sciences and professional fields, with emphasis upon those of special benefit to the citizens of Pennsylvania;
- offer superior graduate programs in the arts and sciences and the professions that respond to the needs of Pennsylvania, as well as to the broader needs of the nation and the world;
- engage in research, artistic, and scholarly activities that advance learning through the extension of the frontiers of knowledge and creative endeavor;
- cooperate with industrial and governmental institutions to transfer knowledge in science, technology, and health care;
- offer continuing education programs adapted to the personal enrichment, professional upgrading, and career advancement interests and needs of adult Pennsylvanians; and
- make available to local communities and public agencies the expertise of the University in ways that are consistent with the primary teaching and research functions and contribute to social, intellectual, and economic development in the Commonwealth, the nation, and the world.

School of Nursing Goals are to:
1. Prepare highly educated and competent nurses ==at all levels== ready to enter the workforce ;
2. Contribute to and disseminate the scholarly evidence-base in nursing and health care
3. Foster excellence in teaching
4. Provide service to the profession and other communities of interest
5. ==Nurture opportunities for School of Nursing community members to grow individually and to collectively create, use and share knowledge.==
6. ==Develop School of Nursing strengths and reputational drivers in the areas of academics, research and scholarship, and community service.==

Univ of Pittsburgh 'Goals' are The Plan for Pitt identifies how and where we want to improve. It calls for:

- Adding institutional strengths and reputational drivers in the areas of academics, research and scholarship, and community service.
- Enhancing the University's capacity to help improve lives, systems and communities.
- Nurturing opportunities for Pitt community members to grow individually and to collectively create, use and share knowledge.

==ADD THIS TO PAGE Univ of Pittsburgh Values Our values shape who we are and where we are going next.==
==These values include: Academic Excellence, Collaboration, Community, Inclusion, Innovation, Sustainability==

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Appendix 1

Notes from DEI Committee

instead of saying "gender diversity" use phrase "full spectrum of gender expressions, gender identities and sexual orientations" (Paula Davis: break out gender, gender expression/identity and sexual orientation. They are separate concepts)
instead of saying "disability status" suggest "ability status" (Paula and others agreed).

Appedix 2

Alumni Events 2021-2023

2021

- May 6: Nursing Speaker Series Event – Zoom
- May 11: Nursing Speaker Series Event – Zoom
- May 12: Nursing Speaker Series Event – Zoom
- August 24: Cancer Survivorship HUB presentation – Zoom
- September 25: Homing Tailgate – Pittsburgh, PA
- November 15: Excellence in eHealth HUB presentation – Zoom
- December 15: Foods to Fight Stress (continuing education event) – Zoom

2022

- February 24: Black History Month (Being Black in Nursing program) – Zoom
- March 17: Nursing Naples Luncheon – Naples, FL
- April 29: Alumni Awards Lunch – Pittsburgh, PA
- May 25: Nurse Anesthesia Alumni Ultrasound Panel – Zoom
- August 13: Nurse Anesthesia Alumni Mixer (AANA) – Chicago, IL
- September 9: Scholarship Luncheon – Pittsburgh, PA
- September 10: Nursing Football Tailgate (Pitt vs. Tennessee) – Pittsburgh, PA
- October 29: FAAN inductee Affiliate Reception (AAN) – Washington, DC

2023

- January 19: School of Nursing Continuing Education/Music Therapy Event – Pittsburgh, PA
- March 2: Global Engagement Nurse Anesthesia Webinar – Zoom
- March 8: Nursing Naples Luncheon – Naples, FL
- March 9: Vanscoy Winter Academy – Naples, FL
- August 19: Nurse Anesthesia Alumni Mixer (AANA) – Seattle, WA
- September 6: Nursing Scholarship Luncheon – Pittsburgh, PA
- September 23: Nursing Football Tailgate (Pitt vs North Carolina) – Pittsburgh, PA
- October 7: FAAN inductee Affiliate Reception (AAN) – Washington, DC
- October 13: Welcome Back Reception (all Health Sciences schools) – Pittsburgh, PA
- October 14: Alumni Award/Reunion Weekend Breakfast – Pittsburgh, PA
- October 14: Homecoming Tailgate – Pittsburgh, PA
- November 4: Cameos of Caring – Pittsburgh, PA
- November 11: Sigma Convention Reception – San Antonio, TX

Pitt School of Nursing Administration / Dean's Council
1. **Jacqueline Dunbar-Jacob,** PhD, RN, FAAN   Dean
2. **Holly Lorenz**, MSN   Associate Dean for Clinical Education; UPMC Chief Nurse Executive
3. **Betty Braxter**, PhD, RN, FAAN   Associate Dean for Undergraduate Education
4. **Elizabeth Schlenk,** PhD, RN, FAAN   Associate Dean for Graduate and Clinical Education
5. **Julius Kitutu**, PhD   Associate Dean for Student Affairs and Alumni Relations
6. **Cindy Allshouse**, MBA, CPA   Assistant Dean for Administration
7. **Eileen Chasens**, PhD, RN, FAAN   Chair of Dept. of Health and Community Systems
8. **Annette DeVito Dabbs**, PhD, RN, FAAN   Chair of Dept. of Acute & Tertiary Care
9. **Yvette Conley**, PhD   Acting Chair of Dept. of Health Promotion & Development
10. **John O'Donnell**, DrPH, CRNA, FAANA   Chair of Dept. of Nurse Anesthesia
11. **Susan Sereika**, PhD   Director of Center for Research and Education
12. **Stephanine Duplaga**, BA   Executive Assistant to the Dean, Recorder of Meeting

Board of Visitors Description

The University of Pittsburgh School of Nursing's Board of Visitors improves the quality of the school by providing candid, comprehensive, and informed reaction to Pitt Nursing's educational objectives and programs and by providing advice in Pitt Nursing's strategic planning efforts. Its meetings provide a forum for the school to demonstrate its accountability to external constituencies, as well as an independent appraisal of the school's research, teaching, and administrative practices, and to assist the School in an effort to continue strengthening the quality of its programs.

Members of the Pitt Nursing Board of Visitors are appointed by the chancellor, in consultation with the senior vice chancellor for the health sciences and the Pitt Nursing dean. The board is drawn from top experts in academics, service, corporate and civic leaders, and alumni, with diversity of membership a priority. All University boards include members of the University of Pittsburgh Board of Trustees and are chaired by a trustee.

SCHOOL OF NURSING
Standing Committees
Support Staff for each committee listed on Page 3

Appointment, Reappointment, Promotion & Tenure – AD HOC
Kasper, Chris (Admin, Chair)
Alexander, Sheila
Conley, Yvette
Charron-Prochownik, Denise
Martsolf, Grant

Bylaws / Policies
Dewhirst. Barbara (ATC / MSN) **(CHAIR 2022-24)**
Dechant, Jason (HPD/BSN) **(Past-CHAIR 2022-23)**
Schlenk, Elizabeth (Assoc. Dean Grad*)
Brunner, Jennifer (SAAR*)
Fronczek, Trisha (UPG) 2021-2023
Drahnak, Dawn (UPJ) 2022-2024
Haines, Jane (ATC / BSN) (2022-2024)
Anderson Meg (ATC / DNP) 2021-2023
Morris, Jonna (HCS / BSN) (2021-2023)
Ringgold, Amanda (HPD / DNP) 2023-2025
Olson, Kellee (DNP Stud. Rep)
Gilligan, Jamie (Undergrad Stud. Rep)
Vacant-(PhD Stud. Rep)

Continuing Education – AD HOC
Wasco, Jennifer **(CHAIR*)**
Dean (Ex-Officio)
Zedreck, Judy - rep from online education
Zedreck, Judy -rep from HSEL program
Fennimore, Laura - rep from nurse education minor
Vitko Heather-rep from MSN Council
Devito Dabbs Annette-rep from PhD Council
Kocis Kaitlyn - marketing rep from SAAR
Vacant 1 rep from ETI- C. Ettinger
Nilsen Marci-rep from DEI committee

Curriculum Committee
Warner, Karin **(CHAIR) (DNA/DNP)** (2021-2023)
Calhoun, Jackie (HPD) (DNP) (2022-2024)
Bowser, Amy (Director of Eval*)
Braxter, Betty (Assoc. Dean Undergrad*)
Schlenk, Elizabeth (Assoc. Dean Grad*)
Wilkenfeld, Daniel (Chair of Eval. Steer*)
Kitutu, Julius (SAAR*)
Bugajski, Amber (UPG Rep)
Ferguson, Mallory (UPJ Rep)
Sherwood, Paula (ATC/PhD) (2022-2024)
Faett, Becky (ATC) (BSN) (2022-2024)
Burkett, Marnie (HPD) (BSN) (2022-2024)
Li, Dan (HCS)(MSN) (2019-2023)
Coyne, Karen (HPD) (MSN) (2022-2024)
Brady Bielewicz (DNP Council) (2023-2025)
Witt, Shawna (DNP Student Rep)
Mendoza, Abigail (BSN Student Rep)
Kirkpatrick, Emily (ABSN Student Rep)
Vacant (PhD Student Rep)
Vacant (MSN Student Rep)

Diversity, Equity & Inclusion
Nilsen, Marci (ATC) **(Chair)** (2022-2024)
Belcher, Sarah (HCS) **(Chair Elect)** (2022-2024)
Kitutu, Julius (Chief Diversity Officer*)
Zhang, Fei (DNA) (2022-2024)
Fellows, Jennifer (SAAR rep.) (2022-2024)
Abdel Fattah, Mohammed (Staff) (2023-2025)
Abramski, Cassandra (Staff) (2023-2025)
Hurley, Kevin (Staff) (2023-2025)
Vacant (Kappa Beta Chapter Rep.)
Williams, Ainsley (BSN Stud. Rep - Chi Eta Phi)
Gonzalez, Vikhyana (alt. BSN Student Rep.)
Rodriguez-Negrin, Rene (Grad Student Rep.)
Sears, Larry (alt. Grad Student Rep.)
Clark, Maya minority alumni rep (ex-officio)
Vacant minority alumni rep (ex-officio)
Upsher, Lisa-rep Diversity Office in Health Sciences (ex-official member)

Evaluation Steering
Wilkenfeld, Daniel **(CHAIR)** (2022-2024)
Bowser, Amy **(Co-CHAIR)** (Director of Eval*)
Braxter, Betty (Assoc. Dean Undergrad*)
Fennimore, Laura (P & B Chair*) (2021-2024)
Sherwood, Paula (ATC) (PhD Council) (2022-2024)
Endres, Kate (BSN Council) (2022-2024)
Chew, Cynthia (HPD)(2022-2024)
Faett, Becky (ATC) (MSN Council) (2022-2024)
Harlan, Melissa (ATC) (DNP Council) (2022-2024)
Luyster, Faith (HCS (2022-2024)
Miner, Laurel (DNA) (2022-2024)
Scott, Paul (CRE Rep) (2022-2024)
Kitutu, Julius (SAAR*)
Shearer, Amy (UPG Faculty Rep)
Grady, Janet (UPJ Rep)
Wu, Abigail (DNP Student Rep)
Wood, Vincent (Alternate DNP Student Rep)
Zhang, Yuchen (PhD Student Rep)
Diviney, Anna (BSN Student Rep)
Vacant (MSN Student Rep)
Vacant (ABSN Student Rep)

Faculty Practice Council
Crago, Beth (ATC) (2020-2022) **(CHAIR)**
Kreashko, Lisa (HPD) (2021-2023)
Schlenk, Elizabeth (OOD)(Ex Officio*)
Mitchell, Ann (HCS) (2021-2023)
Bettina Dixon (DNA) (2022-2024)
Foertsch, Lisa (ATC) (2022-2024

Faculty/Staff Welfare
Seaman, Jen - Chair (2022-2024)
Cai Yurun
Dos Santos, Julia
Muise, Danielle
Fellows, Jennifer
Harris, Jim– ex officio
Kocis, Katelyn
Humbert, Daria

Honors Committee
Demirci, Jill **(CHAIR*)**
Braxter, Betty (Assoc. Dean Undergrad)
Crago, Elizabeth (ATC) (2022-24)
Cai, Yuran (HCS) (2022-24)
Koleck, Theresa (HPD) (2022-24)
Thomas, Teresa (HPD) (2022-24)
Brunner, Jennifer (SAAR)
Chung, Michelle (BSN-H Student Rep)
Allen,Shorter, Micah (BSN-H Student Rep)

Planning & Budget (3 year assignment)
Fennimore, Laura **(CHAIR)** (ATC) (Sr. Faculty-at-large Appointment Stream) (2020-2023)
Vacant (DNA) (2020-2023)
Donovan, Heidi (HCS) (Sr. Fac-at-large, Tenure Stream)(2020-2023)
Dierkes, Andrew (ATC)(2021-2024)
Wesmiller, Susan (HPD) (2021-2024)
Bowser, Amy (Director of Eval*)
Abdel Fattah, Mohammed (Assoc. Budget Dir*)
Yuchen Zhang (PhD Student Rep)
Siew Lee Grand-Clement (DNP Student Rep)
Vacant (MSN Student Rep)
Ryan DiLello & Abigail Toth (BSN Student Reps)

BSN Council
Miller, Susan **(CHAIR*)**
Okai, Eileen (BSN Student Rep)
Vacant (ABSN Rep)

MSN Council
Vitko, Heather **(CHAIR*)**
Joyzen Ramos (MSN Student Representative)
Mininini, Nicolette (UPMC rep)

DNP Council
Tuite, Tricia **(CHAIR*)**
DiNella, Jeannine (UPMC rep)
Schabdach, David (Student Rep)

PhD Council
Conley, Yvette **(CHAIR*)**
None (UPMC rep)
Kim, Jeong Eun (Student Rep)

KEY:
**   = Does not vote

Appendix 4

Faculty Search Committee
Charron-Prochownik, Denise
Conley, Yvette
Donovan, Heidi
Kameg, Brayden
Kitutu, Julius
Rosenzweig, Margaret

Institutional Review Board [IRB] Committee
Conley, Yvette - ADR
Al-Zaiti, Salah – VCR, ATC
Goode, Joe – VCR, DNA
Lingler, Jennifer – VCR, HCS
Wesmiller, Sue – VCR, HPD
STAFF SUPPORT - TBA

Community Engagement Committee
Doswell, Willa, chair
Constantino, Rose, vice chair
Rosenweig, Margaret
Braxter, Betty
Roberson, Maleke – BSN rep Pitt Black student nursing association
Kregg-Byers, Claudia – Community member

Staff Support for Standing Committees [approved by Deans Council 3/15/2022]

Committee	New Support Person	New Dept
ARPT	Miller, James	OOD
BSN Council	Hrizo, Erin	OOD
Board of Visitors	Duplaga, Steph	OOD
Bylaws & Policies	O'Neil, Kylie	SAAR
Community Engagemt	Dan, Sunshine	HPD
Continuing Ed	Singerman, Mariah	CRE
Curriculum Cmte	Abramski, Cassandra	OOD
Dean's Council	Duplaga, Steph	OOD
DEI Diversity	Alaquiva, Patrice	SAAR
DNP Council	Clites, Shawna	HPD
Evaluation & Steer	Schmeltzer, Sonia	CRE
Faculty Search	Berry, Madeline	OOD
Faculty Practice	Schweinsberg, Sadie	ATC
Faculty Staff Welfare	Humbert, Daria	SAAR
Honors Committee	Dan, Sunshine	HPD
MSN Council	Abramski, Cassandra	OOD
Plan & Budget	Ryu, Kay	HCS
PhD Council	Clites, Shawna	HPD
Total Faculty	Duplaga, Steph	OOD

Schedule of Standing Meetings

Committee	Meeting Scheduled
ARPT	Ad hoc, as needed
BSN Council	2nd Monday each month at 9:30am
Board of Visitors	Once a year, per Trustees chair schedule
Bylaws & Policies	1st Monday each month at 12pm
Community Engagemnt	Ad Hoc, as needed
Continuing Ed	Ad Hoc
Curriculum Cmte	2nd Monday each month at 11:30am
Dean's Council	Every Tuesday each week at 10am
DEI Diversity	4th Monday at 10am
DNP Council	3rd Monday each month at 9am
Evaluation & Steering	Ad Hoc OR 3rd Monday each month at 1:30pm
Faculty Search	Ad Hoc, as needed
Faculty Practice	Ad Hoc, as needed
Faculty Staff Welfare	Ad Hoc, as needed
Honors Committee	1st Thursday each month at 12pm
MSN Council	2nd Monday each month at 10:30am
Plan & Budget	2nd Monday each month 230pm Ad hoc, as needed
PhD Council	1st Monday each month at 10am
Total Faculty	4th Monday each month at 11am-no mtg in Dec.& May

Breakdown by Departments providing of Staff Support for Committees

ATC (1)	DNA	HCS (1)	HPD (4)	CRE, CE, ETI (2)	SAAR (3)	OOD (8)
Faculty Practice		Plan & Budget	Comm. Engagement Honors Committee DNP Council PhD Council	Continuing Ed Eval & Steer	Faculty Staff Welfare DEI Diversity Bylaws & Policies	ARPT BSN Council Board of Visitors Curriculum Cmte Dean's Council Faculty Search MSN Council Total Faculty

Appendix 4

SCHOOL OF NURSING
SUPPLEMENTAL Committees

DNP & MSN Comp Committee
Heather Vitko
Rick Henker
Paul Scott
Lisa Kreashko
Jenna Bench
Cynthia Chew
Tricia Tuite
Elizabeth Schlenk (on email list)

The Academic Integrity Slate - slate was approved Sept. 2021 TFO

- LuAnn Sowko [ATC undergrad]
- Daniel Wilkenfeld [ATC grad]
- Karin Warner [DNA undergrad]
- Bettina Dixon [DNA grad]
- Jake Dechant [HPD undergrad]
- Cyndi Chew [HPD grad]
- Judy Callan [HCS undergrad]
- Rose Constantino [HCS grad]

SCHOOL OF NURSING COUNSELING

AVAILABLE TO STUDENTS SEEKING SHORT-TERM SUPPORT FOR:

- Anxiety and depression related concerns
- Adjustment and developmental concerns
- Interpersonal concerns
- Self-esteem concerns
- Concerns related to the transition to college
- Identity development
- Substance use concerns
- Academic, employment and career related concerns
- Difficulty with concentration, focus or memory
- Sexual violence/misconduct

Call 412-648-7930 to get started!

Pitt
University Counseling Center
Student Affairs

If you are experiencing a mental health crisis or emergency, please call 911 or Pitt Police at 412-624-2121.

MEET THE COUNSELOR:

Kevan Schneider, LPC, CCTP, CAADC
Pronouns - any

Available Hours:
Monday-Friday: 8:30am - 5pm

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University of Pittsburgh School of Nursing Simulation Available for Student Use	
Simulation Labs – 2 - both OR functioning headwalls Gas Machines – one in each Sim Lab – functional Gas Machines – two others - functional Telehealth Room – has functioning headwall for OR Control Rooms – one for Sim Labs, one for Telehealth Medication Cart – 2 Sim Essential Sim Man Classic Sim Mom – can deliver manually and automatically Sim NewB Sim Baby – 2 MammaCare – 4 Computers OtoSim – 4 Computers SAM (Student Auscultation Manikin) – 2 Infrared Stethoscopes – 20 – to use with SAM Portable Ultrasound Machines - 2 Carotid and Femoral IV Trainers – 3 Small (arm) IV/Blood Draw Trainers – 5 Hospital Beds – 18 – all have functional headwalls Each Bed has Computer with simulated EMR information Stretchers - 7	Alaris Pumps – 14 – fully functional PCA Pump – 1 End Tidal Co2 Monitor - 1 Kangaroo Feeding Pumps – 3 Nurse Anne Manikins – 8 – can be Male or Female Female GU Models – 5 Male GU Models – 2 Individual Breast Model – 28 Individual Testicle Model - 28 Foley Catheterization Manikin (Large) – 4 Male, 4 Female Foley Catheterization Trainer (Small) – 6 Male, 6 Female Airway Trainers – 12 Video laryngoscopes (Glidescope)-2 Ventilator-PB 840-1 Trauma Man Thoracostomy/Surgical Airway-1 Zoll Defibrillator-1 Crash cart with simulation drugs-1 Regional Spinal Trainers – 11 Caudal Back (Child) - 1 Epidural Trainers – 3 Epidural Trainers – 2 Arterial Arm Trainers – 6 Adolescent Child Manikin Young Child Manikin MamaBirthie Pelvic Muscle Model Pelvic Bone Model with Baby Abdominal Palpation Model (Leapold Maneuvers, Fetal position) Stop the Bleed Trainer - 4

Appendix 7

SON Courses Offered in the Distance Education Format

Subject Code	Catalog Number	Class Component Code	Class Title	Class Campus Code
NUR	2000D	LEC	RESEARCH FOR EBP 1	PIT
NUR	2004D	LEC	PATHOPHYS ACROSS LIFE SPAN	PIT
NUR	2010D	LEC	HEALTH PROMO/DISEASE PRVNTN	PIT
NUR	2011D	LEC	APPLIED STATISTICS FOR EBP	PIT
NURNP	2026D	SEM	ROLE SEMINAR 1	PIT
NURNP	2029D	LEC	ROLE SEMINAR 2	PIT
NUR	2032D	CLN	DIFFERENTIAL DIAGNOSIS CLN	PIT
NUR	2033D	LEC	DIFFRNCL DIAG ACROSS LIFE SPAN	PIT
NUR	2034D	LEC	ADVANCED PHARMACOLGY ACRS LFSP	PIT
NURSP	2062D	LEC	ORGZL & SYTMS MNGMT HLTH LDRS	PIT
NURSP	2075D	LEC	INTRO TO HEALTH INFORMATICS	PIT
NURSP	2092D	LEC	LEADERSHIP DEVELOPMENT	PIT
NURSP	2099D	LEC	FNCL, BSNS, & ECO DRVS HLTH CR	PIT
NURNP	2100D	LEC	MGT ADLT EPISODIC/CHRONIC HLTH	PIT
NURNP	2102D	LEC	MGT CMPLX HLT PROB ACU/CRIT 2	PIT
NURNP	2104D	LEC	CPLX HLTH PROB ACTLY/CRIT ILL	PIT
NURNP	2320D	LEC	NEUROBIOL PSYCHIATRIC DISORDRS	PIT
NURNP	2325D	LEC	PSYCHOPHARMACOLOGY	PIT
NURNP	2330D	LEC	PSYCHIATRIC DIAGNOSIS THEORY	PIT
NURNP	2340D	LEC	MGT ACUT HLTH PRO PSYTRC	PIT
NURNP	2345D	LEC	MGMT CHRONIC HLTH PROBS PSYTRC	PIT
NURCNS	2352D	LEC	FAMLY THEORY/THERAPY TECHNQS	PIT
NURCNS	2354D	SEM	INDIV PSYCHOTHERAPY THEORY	PIT
NURSP	2388D	LEC	DATABASE MANAGEMENT	PIT
NURNP	2515D	LEC	MGT: ADLT ACUTE/CHRONIC THEORY	PIT
NURNP	2518D	LEC	FAMILY THEORY FOR NPS	PIT
NURNP	2520D	LEC	MGT: PEDIATRIC HEALTH THEORY	PIT
NURNP	2523D	LEC	MANAGEMENT: WOMEN'S HEALTH 1	PIT
NURNP	2526D	LEC	MANAGEMENT: GERIATRIC HEALTH	PIT
NURNP	2540D	LEC	PEDIATRIC WELL CHILD CARE THRY	PIT
NURNP	2546D	LEC	MGT: ADOLSCNT HEALTH THEORY	PIT
NUR	2682D	LEC	HUMAN GENETICS & CLNCL APPLCS	PIT
NUR	2865D	LEC	FUNDMS DISTR/MASS CASUALTY CRE	PIT
NUR	3012D	LEC	PUBLIC POLICY IN HEALTH CARE	PIT
NUR	3013D	LEC	ETHICS IN HEALTHCARE	PIT
NURNP	3025D	LEC	DIAG MGT PSYTRC CONDS PRIM CRE	PIT
NUR	3031D	LEC	METHODOLOGIES FOR DNP PROJECTS	PIT
NUR	3032D	LEC	DATA ANALYSIS FOR DNP PROJECTS	PIT
NUR	3099D	LEC	THE SCI OF HLTH CARE DELIVERY	PIT

		2023 Nursing Continuing Professional Development (NCPD)			
Joint Provider Name	Direct Provider Name	Activity Title	Speaker(s)	Date of Activity	Contact Hours
Center for Healthcare Solutions	N/A	New Manager Leadership Journey - Session 3	Various > 3	4/13/2022	2.75
N/A	SoN Alumni Affairs	SoN Alumni Affairs Music Mixer 2023	Robert Miller, Stephanie Miller	1/19/2023	1
Center for Healthcare Solutions	N/A	New Manager Leadership Journey - Session 1	Various > 3	2/16/2023	2.75
N/A	SoN Research Methodology Seminar	Introduction to Machine Learning in Healthcare (Part I)	Salah Al Zaiti	2/20/2023	1.5
Breathe Pennsylvania	N/A	Breathe Pennsylvania 2023 Tuberculosis Conference	Various > 3	3/15/2023	3.75
Center for Healthcare Solutions	N/A	New Manager Leadership Journey - Session 2	Various > 3	3/16/2023	2.5
N/A	SoN Research Methodology Seminar	Introduction to Machine Learning in Healthcare (Part II)	Salah Al Zaiti	3/20/2023	1.5
Environmental Health Project (EHP)	N/A	PFAS Breaking Down the Future of Forever Chemicals in Our Water	Various > 3	3/21/2023	1.5
N/A	SoN Sleep HUB	A Vision of Sleep Practice in Nursing: Needs, Opportunities & Implications for APNs, Practice Leaders, & Sleep Nurse Scientists	Amy M. Sawyer	3/29/2023	1
N/A	SoN Faculty Forum - Education	Evaluating and Ameliorating Disparities in Autism Diagnoses	Daniel Wilkenfeld	4/3/2023	1
N/A	SoN Sigma Eta Chapter	2023 Sigma Scholars Night	Various > 3	4/11/2023	1.5
Greater Pittsburgh Chapter Association of Nurses in Professional Development (GPC-ANPD)	N/A	2023 Annual Conference: Bridging the Gap	Various > 3	4/14/2023	5
N/A	SoN Research Methodology Seminar	Cardiometabolic Risk Factors and Risk of Dementia	Dianxu Ren	4/17/2023	1.5

N/A	SoN Faculty Forum - Education	School of Medicine Competency-Trust as a Scaffold for Competency-Based Medical Education	D. Michael Elnicki, Reed Van Deusen	5/8/2023	1
N/A	SoN Research Methodology Seminar	Social Determinants of Health Part I: Social relationships and health: How do we know if social support is there?	Patricia Documet	5/15/2023	1.5
Center for Healthcare Solutions	N/A	New Manager Leadership Journey - Session 4	Various > 3	5/18/2023	2.5
N/A	SoN Faculty Forum - Education	DNP Projects: An evaluation strategy to guide future program, faculty, and student development	Laura Fennimore	5/22/2023	1
Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL)	N/A	SWPONL Spring 2023 Networking and Educational Event	Various > 3	6/14/2023	1
Center for Healthcare Solutions	N/A	New Manager Leadership Journey - Session 5	Various > 3	6/15/2023	2.5
Greater Pittsburgh Chapter Association of Nurses in Professional Development (GPC-ANPD)	N/A	GPC ANPD Technology Inclusive Education and Meeting	Kyle Walkiewicz	6/22/2023	1
N/A	SoN Research Methodology Seminar	Social Determinants of Health Part II: Measuring social determinants of health in place: Moving from neighborhoods to activity spaces	Jaime Booth	7/17/2023	1
Southwestern Pennsylvania Organization of Nurse Leaders (SWPONL)	N/A	SWPONL Annual Conference	Various > 3	8/31/2023	8.25
Pennsylvania Society of Gastroenterology (PSG)	N/A	2023 PSG Annual Scientific Meeting	Various > 3	9/8/2023	7
N/A	SoN Research Methodology Seminar	Pitt Research Concierge and Navigator	Kerri Jackson	9/18/2023	NO CE OFFERED

Greater Pittsburgh Chapter Association of Nurses in Professional Development (GPC-ANPD)	N/A	Using Adaptive Technology to Transform Education	Ruth Taratine	9/28/2023	0.5
Allegheny Health Network	N/A	14th Annual Nuts and Bolts of General Orthopaedics Conference	Various > 3	9/28/2023	15
N/A	SoN Faculty Forum - Education	Introduction to Machine Learning in Healthcare (4-Day Course)	Salah Al Zaiti	10/9/2023	Up to 6.00
N/A	SoN Faculty Forum - Education	Understanding Competency-Based Assessment: Using Item Analysis to Assess Test Items	Amy Bowser	10/9/2023	1
N/A	SoN Research Methodology Seminar	Office of Research, Health Sciences (OORHS) Resources to Help Health Sciences Faculty Obtain Funding for Biomedical Research	Anthony Brickner	10/16/2023	NO CE OFFERED
Association of Womens Health Obstetrics and Neonatal Nursing (AWHONN - PA)	N/A	2023 AWHONN Pennsylvania Fall Virtual Conference	Various > 3	10/20/2023	4.25
N/A	SoN Faculty Forum - Education	Lecturing Best Practices	J.D. Wright	10/23/2023	1
N/A	SoN Sigma Eta Chapter	A Best Guide to Your Own Nursing Career	Dee Welk	11/2/2023	1
International Society of Nurses in Genetics (ISONG)	N/A	2023 ISONG World Congress	Various > 3	11/2-5/2023	15.25
Allegheny County Immunization Coalition (ACIC)	N/A	The 2023 Allegheny County Immunization Coalition Conference "Back to Basics: Getting Caught Up on Immunizations	Various > 3	11/8/2023	3.25
N/A	SoN Faculty Forum - Education	Canvas Best Practices	Sarah Kildow	11/13/2023	NO CE OFFERED
N/A	SoN Sleep HUB	Shiftwork for Scheduling Policy and Practice Issues: A Panel Discussion	Karen Lasater, Garrett Chan, Sharon Tucker	11/14/2023	1
N/A	SoN Research Methodology Seminar	Intellectual Property, Best Practices, and Submitting a Disclosure	Nicole Oshurak, Andrew Remes	11/20/2023	NO CE OFFERED

Appendix 9

YEAR 1 to 3
GUIDELINES FOR MINIMUM EXPECTATIONS FOR JUNIOR TENURE STREAM FACULTY
School of Nursing

AREAS OF DEVELOPMENT	YEAR 1	YEAR 2	YEAR 3
Teaching/Mentoring	**30%**	**30%**	**30%**
	Mentored teaching	Teach 3 courses	Teach 3 courses & evaluate
	Seminar on teaching	Evaluate course & learning outcomes	Member of mentorship team
			Develop teaching portfolio
Assessment	Level of proficiency (1-5)	Level of proficiency (1-5)	Level of Proficiency (1-5)
General Development	Resources available	Writing test questions/rubrics	Student advisement
	Time management	Curriculum plans	Project advisement
	Team work	Learning outcomes assessment	Philosophy of teaching
	Accreditations & essentials	Course evaluation	
Service	**5%**	**5%**	**5%**
School	TFO+Dept+Council	TFO+Dept+Council+1 committee	TFO+Dept+Council+1 committee
University	X	X	X
Professional	Select org. & attend conference	Volunteer for committee	Committee + Develop Leadership Plan
Community	X	X	X
Research	**55%**	**55%**	**55%**
(content, design, methods,	Design & writing seminar	Methods & visiting lectures	Methods & visiting lecturers
stats, writing, grantsmanship)	Health Sciences Research Seminar	Dept. research meetings	Dept. research meetings
	Methods seminar & visiting lectures	Content meetings (seminars, rounds,	Content meetings (seminars, rounds
	Dept. research meetings	journal clubs, interest groups)	journal clubs, interest groups)
	Content meetings (seminars, rounds,		
	journal clubs, interest groups)		
	Other seminars/audits as needed		
Products & Awards	Identify substantive mentor	Develop collaborative research activity	Active collaboration
	Identify research team (as leader)	Identify team roles & contributions	Conduct study #3
	Submit 1+abstract	Submit 2+ abstracts (national conf)	Submit 2+ abstracts (national conf)
	Mentor 1+ URMP student	Mentor URMP student in abstract prep	Mentor URMP in writing a paper
	2+ papers in area of focus, in press	3+ papers with team in press	3+ papers with team in press
	1 first author; 1 collaborative	2 data based, 2 first authored	2 data based, 2 first authored

Submit 1+ grant for funding   Submit 1+ grant for external funding   Submit 1+ grant of significant size for
Prepare budget & conduct seed study   Conduct study #2   external funding

Approved Dean & Dept. Chairs 07/20/20

YEAR 4 to 6
GUIDELINES FOR MINIMUM EXPECTATIONS FOR JUNIOR TENURE STREAM FACULTY
School of Nursing

AREAS OF DEVELOPMENT	YEAR 4	YEAR 5	YEAR 6
Assessment	Level of proficiency (1-5)	Level of proficiency (1-5) Assessment of readiness for Tenure	Tenure Review for those ready For those not ready: Prepare plan for years 7-9
Development	Individualized	Individualized	Individualized
Teaching/Mentorship [see Year for %]	**[30%]** courses may include: didactic, recitation, clinical, lab	**[40%]** courses may include didactic, recitation, clinical, lab	**[40%]** courses may include didactic, recitation, clinical, lab
Research [see Year for %]	**[55%]** Initiate Larger Study* Completed Pilot #3 3+ first authored data based papers Submit/Re-Submit Grant Submit 2+ First Author Abstracts	**[50%]** Conduct Larger Study (R01 Level) Proposal Submitted for 2nd Large Study 3+ first authored data based papers Submit 2+ First Author Abstracts	**[45%]** Conduct Larger Study (R01 Level) Proposal Submitted for 2nd Large Study 3+ first authored data based papers Submit 2+ First Author Abstracts
Service [5%]			
School	Committee Chair	Committee Chair	Committee Chair
University	YES	YES	YES
Professional	National Committee Member	National Leadership Position	National Leadership Position
Community	Volunteer/ Clinical Practice	Volunteer/ Clinical Practice	Volunteer/ Clinical Practice
Awards		Early Recognition Award	

*May be adjusted depending on external funding grant salary

Approved Dean & Dept. Chairs 07/20/20

YEAR 7 to 9
GUIDELINES FOR MINIMUM EXPECTATIONS FOR JUNIOR TENURE STREAM FACULTY
School of Nursing

AREAS OF DEVELOPMENT	YEAR 7	YEAR 8	YEAR 9
Assessment	Level of proficiency (1-5)	Level of proficiency (1-5) Evaluation of readiness for Tenure	Tenure Review
Development	Individualized	Individualized	Individualized
Teaching/Mentorship [see Year for %]	**[55%]** may include: didactic, recitation, clinical, lab	**[65%]** may include: didactic, recitation, clinical, lab	**[75%]** may include: didactic, recitation, clinical, lab
Research [see Year for %]	**[40%]** Initiate R01 Level or equivalent* Completed Required Pilot Work 3+ first and/or senior authored data-based papers Submit/Re-Submit Grant Submit 2+ First or Senior Author Abstracts	**[30%]** Conduct R01 Level or equivalent Proposal Submitted for significant study 3+ first and/or senior authored data-based papers Submit 2+ First or Senior Author Abstracts	**[20%]** Sustained Research 3+ first and/or senior authored data-based papers Submit 2+ First or Senior Author Abstracts
Service [5%] School University Professional Community	Committee Chair YES National Professional Leadership Volunteer/ Clinical Practice with Expertise & Publish	Committee Chair YES National Professional Leadership Volunteer/ Clinical Practice with Expertise & Publish	Committee Chair YES National Professional Leadership Volunteer/ Clinical Practice with Expertise & Publish
Awards		Early Recognition Award	

*May be adjusted depending on external funding grant salary

Approved Dean & Dept. Chairs 07/20/20

University of Pittsburgh

School of Nursing
Department of Health and Community Systems

May 20, 2023

ANCC Certification Registration
8515 Georgia Avenue, Suite #400
Silver Spring, MD 20910
Email: APRNValidation@ana.org

Regarding: █████████████

The above-named student has fulfilled all the requirements of the Post-Graduate (Masters or DNP) Certificate Program at **the University of Pittsburgh School of Nursing**. Below (or attached), please find the Gap Analysis Grid/Table of courses taken at **George Washington University** by this student that support the educational preparation for application to the **PMHNP** examination.

This statement attests that all transcript(s) and associated course syllabi (source documents) were reviewed upon enrollment in the **University of Pittsburgh School of Nursing** Post-Graduate certificate program and were evaluated and determined to be comparable to what is currently offered in our existing Graduate (and/or Post-Graduate certificate) program.

This student completed all requirements on **April 30, 2023,** and this documentation will be provided to the student to maintain as a part of their professional portfolio (due to the variances related to records retention).

Regards,

Brayden N Kameg

Brayden Kameg, DNP, PMHNP-BC
Assistant Professor of Nursing and PMHNP Program Coordinator
University of Pittsburgh
Bnk13@pitt.edu

Recommended Gap Analysis Grid, for clinician with courses accepted from another school/university

University of Pittsburgh PMHNP Post-Graduate Certificate		
University of Pittsburgh School of Nursing	**Courses/Clinical Hours, accepted from Prior Graduate Program at George Washington University**	**Courses and Clinical hours, completed during PGC program at University of Pittsburgh School of Nursing**
NURNP 2026 Role Seminar 1	NURS 6232 FNP 3 Professional Issues	
NURNP 2029 Role Seminar 2	NURS 6232 FNP 3 Professional Issues	
NURNP 2320 Neurobiology of Psychiatric Disorders		NURNP 2320 Neurobiology of Psychiatric Disorders
NURNP 2325 Psychopharmacology		NURNP 2325 Psychopharmacology
NURNP 2330 Psychiatric Diagnosis Theory		NURNP 2330 Psychiatric Diagnosis Theory
NURNP 2331 Psychiatric Diagnosis Practicum		NURNP 2331 Psychiatric Diagnosis Practicum (120 hours)
NURNP 2340 Management of Acute Health Problems of Psychiatric Patients		NURNP 2340 Management of Acute Health Problems of Psychiatric Patients

NURNP 2341 Management Practicum of Acute Health Problems of Psychiatric Patients		NURNP 2341 Management Practicum of Acute Health Problems of Psychiatric Patients (120 hours)
NURNP 2340 Management of Chronic Health Problems of Psychiatric Patients		NURNP 2340 Management of Chronic Health Problems of Psychiatric Patients
NURNP 2346 Management Practicum of Chronic Health Problems of Psychiatric Patients		NURNP 2346 Management Practicum of Chronic Health Problems of Psychiatric Patients (120 hours)
NURNP 2520 Management Pediatric Health Theory (2 credits)	NURS 6230 FNP1 Lifespan Primary Care, Diagnosis, and Management (4 credits) NURS 6231 FNP 2 Lifespan Primary Care, Diagnosis, and Management (8 credits)	
NURNPR 2521 Management Pediatric Health Clinical (2 credits)	NURS 6230 FNP1 Lifespan Primary Care, Diagnosis, and Management (4 credits)	
NURNP 2540 Pediatric Well Child Care Theory		NURNP 2540 Pediatric Well Child Care Theory
NURNP 2526 Management Geriatric Health Theory (2 credit course)	NURS 6230 FNP1 Lifespan Primary Care, Diagnosis, and Management (4 credits) NURS 6231 FNP 2 Lifespan Primary Care, Diagnosis, and Management (8 credits)	
NURCNS 2352 Family Theory/Therapy Techniques		NURCNS 2352 Family Theory/Therapy Techniques

NURCNS 2353 Family Therapy Role Seminar and Clinical Practicum		NURCNS 2353 Family Therapy Role Seminar and Clinical Practicum (80 hours)
NURCNS 2354 Individual Psychotherapy Theory		NURCNS 2354 Individual Psychotherapy Theory
NURCNS 2355 Individual Psychotherapy Practicum		NURCNS 2355 Individual Psychotherapy Practicum (80 hours)

Brayden N Kameg

Brayden Kameg, DNP, PMHNP-BC
Assistant Professor of Nursing
University of Pittsburgh School of Nursing
Bnk13@pitt.edu

UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING

COURSE:	List course number and course title here
CREDIT ALLOTMENT:	List credits and indicate if the course is didactic, clinical, lab, or simulation and number of hours per term
INSTRUCTOR:	
OFFICE HOURS:	1. Office Hours:
	2. Statement reflecting in what time frame can a student expect a response from faculty after emailed. (best practice seems to be 48 hours/2 business days)
COREQUISITE:	
PREREQUISITE:	
COURSE DESCRIPTION:	

LEARNING OUTCOMES:	Upon completion of the course, the student will be able to:
	1. Course Learning Outcome here (Program Student Learning Outcome(s) here that fit the Course Learning Outcome)
	2.
	Remove Program Student Learning Outcomes that do not apply
	2021 BSN Program Student Learning Outcomes
	2021 MSN Program Student Learning Outcomes
	2021 DNP Program Student Learning Outcomes
	2021 PhD Program Student Learning Outcomes

APPROVAL DATE TOTAL FACULTY:	*To be completed by Schoolwide Curriculum Committee*
START TERM IF NEW COURSE:	*To be completed by Schoolwide Curriculum Committee*
SCHEDULED FOR TRIENNIAL REVIEW:	*To be completed by Schoolwide Curriculum Committee*

APPROVAL DATE SBON:	*To be completed by Office of the Dean*
CLINICAL COMPETENCIES ADDRESSED:	Indicate competencies covered. (Use Clinical Evaluation Form)
AACN DOMAINS, COMPETENCIES, AND SUB-COMPETENCIES / SPECIALTY AREA COMPETENCIES OR STANDARDS ADDRESSED:	**AACN Essentials (2021)** • Domain here x.x Competency here x.xy Sub-competency here **Specialty competencies for graduate course; include year in parenthesis**
TEACHING METHODS:	Technology Requirements: The basic requirements are a computer with a web browser and a Pitt e-mail account, which gives you access to the online courses platform (Canvas) and to the University Web Portal (my.pitt.edu). Google applications, Panopto, and Zoom may be used. Web browsers compatible with Canvas, Google, Panopto and Zoom include Chrome 100 and 101, Edge 100 and 101 and Firefox 98 and 99. Web browsers compatible with Pitt e-mail include Chrome 100 and 101, Edge 100 and 101, Firefox 98 and 99, and Safari 14 and 15. **Methods of Course Delivery** (Please check all that apply) This course is delivered by: ☐ Onsite didactic course with in person/online methods: discussions/ discussion boards, lectures, readings and/or case studies ☐ Onsite clinical/practicum ☐ Onsite laboratory ☐ Onsite simulation ☐ Onsite standardized patients ☐ Online didactic course with online discussion boards, recorded lectures, readings and/or case studies ☐ Online clinical/practicum ☐ Online laboratory ☐ Online simulation ☐ Online standardized patients by Zoom ☐ Hybrid with both onsite and online methods ☐ Other: _____
REQUIRED TEXTBOOKS:	
RECOMMENDED TEXTBOOKS:	

EVALUATION METHODS: Evaluation Methods and Course Learning Outcomes Evaluated

Evaluation Methods and Their Contribution to Course Grade

Description of Evaluation Methods

Grading Method
Please refer to Policy 60 Grading System for Undergraduate Courses.
Policy No. 60 (pitt.edu)

Please refer to Policy 209 Grading Policy for Graduate Courses.
Policy No. 209 (pitt.edu)

SIMULATION-SKILLS LAB GUIDELINES
Those utilizing the Simulation and Skill Lab should review and abide by these guidelines in continuing to support a safe environment for all.

STUDENTS WITH DISABILITIES
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and Disability Resources and Services (DRS), 140 William Pitt Union, (412) 648-7890, drsrecep@pitt.edu, (412) 228-5347 for P3 ASL users, as early as possible in the term. DRS will verify your disability and determine reasonable accommodations for this course.
UPG
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Director of the Learning Resources Center, Dr. Lou Ann Sears (disability services provider), Room 240, Millstein Library Building (724-836-7098 voice) los3@pitt.edu as early as possible in the term. Learning Resources Center will verify your disability and determine reasonable accommodations for this course. **E-mail is the better way to reach her. Zoom appointments are available upon request.**
UPJ
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Office of Health & Wellness Services, G10 Student Union, (814) 269-7119 (voice) / (814) 269-7186 as early as possible in the term. The Office of Health & Wellness Services will verify your disability and determine reasonable accommodations for this course.

PLAGIARISM
Plagiarism is "presenting as one's own, for academic evaluation, the ideas, representations or works of another person or persons without customary and proper acknowledgment of sources" (Faculty development/TA Handbook, p. 15). Plagiarism is a violation of both the University of Pittsburgh's standards on academic honesty (AC 39) AC 39 Guidelines on Academic Integrity - Student and Faculty Obligations and Hearing Procedures (formerly 02-03-02) | Office of Policy Development and Management | University of Pittsburgh and those of the School of Nursing (Policy No. 307, Academic Integrity: Student Obligations) Policy No. 307 (pitt.edu).

Students are not allowed to use generative artificial intelligence tools on their assignments unless authorized by the instructor. If used, the generative artificial intelligence tools should be cited. Students are expected to

complete their assignments without substantive assistance from others unless authorized by the instructor.

Violations of these policies are taken seriously. Any student suspected of violating this obligation for any reason during the semester will be required to participate in the procedural process, initiated at the instructor level, as outlined in the University Guidelines on Academic Integrity.

EQUITY, DIVERSITY, AND INCLUSION

The University of Pittsburgh does not tolerate any form of discrimination, harassment, or retaliation based on disability, race, color, religion, national origin, ancestry, genetic information, marital status, familial status, sex, age, sexual orientation, veteran status or gender identity or other factors as stated in the University's Title IX policy. The University is committed to taking prompt action to end a hostile environment that interferes with the University's mission. For more information about policies, procedures, and practices, visit the Civil Rights & Title IX Compliance web page.

I ask that everyone in the class strive to help ensure that other members of this class can learn in a supportive and respectful environment. If there are instances of the aforementioned issues, please contact the Title IX Coordinator, by calling 412-648-7860, or e-mailing titleixcoordinator@pitt.edu. Reports can also be filed online. You may also choose to report this to a faculty/staff member; they are required to communicate this to the University's Office of Diversity and Inclusion. If you wish to maintain complete confidentiality, you may also contact the University Counseling Center (412-648-7930).

CONSENT TO RECORD

To ensure the free and open discussions of ideas, students may NOT record classroom lectures, discussions, and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student's own private study.

COPYRIGHT POLICY

Scholarly Work: Copyrightable works of authorship created by a University Member prepared in the course of research, scholarship, teaching, and/or other academic and educational responsibilities at the University outside of the terms of a contract, grant, or cooperative agreement. Scholarly Work shall include, but not be limited to: scientific or scholarly writings and/or papers; books, theses, and dissertations; poems and other literary works; musical works (including compositions, lyrics, performances, mixing, and recordings); architectural works; databases, datasets, collections or compilations of data; Software; and artistic works and sculptures. See Policy RI 10 Intellectual Property at https://www.policy.pitt.edu/sites/default/files/Policies/Research-Innovation/Policy_RI_10.pdf

CLASSROOM CONDUCT

In order to facilitate learning and minimize distractions to fellow students and faculty, students are expected to:

On Site:

1) turn cell phones and pagers to non-audible during class and lab; in the clinical setting, the use of cell phones must be consistent with the clinical facility's policies
2) report to class on time
3) refrain from individual conversation during class
4) be alert and attentive in class

Online:

1) communicate online in a professional manner
2) be the sole representative of their individual work

ONLINE ETIQUETTE

The following guidelines for Internet etiquette will enhance all course communication and your success in an online environment:

1. Show professionalism and courtesy.

2. Use correct spelling and grammar.
3. Use a positive tone.
4. Be brief and respectful of other's time.
5. Remember anything that you write in digital communication can be forwarded or copied.
6. Avoid sarcasm.

ACADEMIC INTEGRITY
Students in this course will be expected to comply with the [University of Pittsburgh's Policy on Academic Integrity](#). Any student suspected of violating this obligation for any reason during the semester will be required to participate in the procedural process, initiated at the instructor level, as outlined in the University Guidelines on Academic Integrity. This may include, but is not limited to, the confiscation of the examination of any individual suspected of violating University Policy. Furthermore, no student may bring any unauthorized materials to an exam, including dictionaries and programmable calculators.
To learn more about Academic Integrity, visit the [Academic Integrity Guide](#) for an overview of the topic. For hands- on practice, complete the [Academic Integrity Modules](#).

SEXUAL MISCONDUCT, REQUIRED REPORTING, AND TITLE IX
If you are experiencing sexual assault, sexual harassment, domestic violence, and stalking, please report it to me and I will connect you to University resources to support you.

University faculty and staff members are required to report all instances of sexual misconduct, including harassment and sexual violence to the Office of Civil Rights and Title IX. When a report is made, individuals can expect to be contacted by the Title IX Office with information about support resources and options related to safety, accommodations, process, and policy. I encourage you to use the services and resources that may be most helpful to you.

As your professor, I am required to report any incidents of sexual misconduct that are directly reported to me. You can also report directly to Office of Civil Rights and Title IX: 412-648-7860 (M-F; 8:30am-5:00pm) or via the Pitt Concern Connection at: [Make A Report](#)

An important exception to the reporting requirement exists for academic work. Disclosures about sexual misconduct that are shared as a relevant part of an academic project, classroom discussion, or course assignment, are not required to be disclosed to the University's Title IX office.

If you wish to make a confidential report, Pitt encourages you to reach out to these resources:
- The University Counseling Center: 412-648-7930 (8:30 A.M. TO 5 P.M. M-F) and 412-648-7856 (AFTER BUSINESS HOURS)
- Pittsburgh Action Against Rape (community resource): 1-866-363-7273 (24/7)

If you have an immediate safety concern, please contact the University of Pittsburgh Police, 412-624-2121

Any form of sexual harassment or violence will not be excused or tolerated at the University of Pittsburgh.
UPG
Sexual Misconduct Statement:
Sexual misconduct (including sexual harassment, domestic and dating violence, sexual assault, and stalking) is prohibited on all University of Pittsburgh campuses, including Pitt-Greensburg. If you have questions about Title IX or any University policies and procedures regarding sexual misconduct or you wish to report a sexual

misconduct incident, please contact Angela Coldren, Pitt-Greensburg's Civil Rights & Title IX Liaison. You can contact her at amp8@pitt.edu or 724-836-9902. Please be aware that as a faculty member at the University of Pittsburgh at Greensburg, I am a "responsible employee" for the University and I am therefore, required to report any suspected incidents of discrimination on the basis of sex. Students can also make a report with the University's Pitt Concern Connection at https://www.compliance.pitt.edu/make-report. The following confidential resources are also available on campus: Gayle Pamerleau, Director of Counseling and her counseling staff, Chambers Hall 217, gaylep@pitt.edu, 724-836-9870, or Pam Freger, Director of Health Center and her medical staff, Chambers Hall 216, pmr20@pitt.edu, 724-836-9947, or an off-campus resource, the Blackburn Center hotline (1-888-832-2272).

- Title IX Office: Angela Coldren, Title IX Liaison108 Lynch Hall, Phone: 724-836-9902, E-mail: amp8@pitt.edu
- UPG Campus Police: 724-836-9865 or 911
- Counseling Center: Gayle Pamerleau, Director of Counseling and her staff, Chambers Hall 217, 724-836-9870
- Student Health Services: Pam Freger, Director of Health Center, Chambers Hall 216, pmr20@pitt.edu, 724-836-9947, Hours 8:30am-5:00pm Monday-Friday
- Blackburn Center 1-888-832-2272 (off campus resource)

UPJ
Title IX Office: 814-269-7991
UPJ Campus Police: 814-269-7005 (non-emergency) / 814-269-7222 (emergency)
Health & Counseling Services Office: G-4 Student Union
Hours: Monday-Friday
8:30 a.m. - 5 p.m.
Contact:
814-269-7119
Fax: 814-269-7179
OHCS@pitt.edu

UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING

COURSE:	List course number and course title here
CREDIT ALLOTMENT:	List credits and indicate if the course is didactic, clinical, lab, or simulation and number of hours per term
INSTRUCTOR:	
OFFICE HOURS:	3. Office Hours:
	4. Statement reflecting in what time frame can a student expect a response from faculty after emailed. (best practice seems to be 48 hours/2 business days)
COREQUISITE:	
PREREQUISITE:	
COURSE DESCRIPTION:	

LEARNING OUTCOMES:

Upon completion of the course, the student will be able to:
3. Course Learning Outcome here (Program Student Learning Outcome(s) here that fit the Course Learning Outcome)
4.

Remove Program Student Learning Outcomes that do not apply
2021 BSN Program Student Learning Outcomes
2021 MSN Program Student Learning Outcomes
2021 DNP Program Student Learning Outcomes
2021 PhD Program Student Learning Outcomes

APPROVAL DATE TOTAL FACULTY:	*To be completed by Schoolwide Curriculum Committee*
START TERM IF NEW COURSE:	*To be completed by Schoolwide Curriculum Committee*
SCHEDULED FOR TRIENNIAL REVIEW:	*To be completed by Schoolwide Curriculum Committee*

APPROVAL DATE SBON:	*To be completed by Office of the Dean*

TOPICAL OUTLINE: Indicate content covered each week in the term. Please specify if topic spans more than one week. (Adjust for 12 Week Course when applicable)

Week 1:
Week 2:
Week 3:
Week 4:
Week 5:
Week 6:
Week 7:
Week 8:
Week 9:
Week 10:
Week 11:
Week 12:
Week 13:
Week 14:
Week 15 (Finals Week):

AACN DOMAINS, COMPETENCIES, AND SUB-COMPETENCIES / SPECIALTY AREA COMPETENCIES OR STANDARDS ADDRESSED:

AACN Essentials (2021)
- Domain here
x.x Competency here
      x.xy Sub-competency here

Specialty competencies for graduate course; include year in parenthesis

TEACHING METHODS:

Technology Requirements: The basic requirements are a computer with a web browser and a Pitt e-mail account, which gives you access to the online courses platform (Canvas) and to the University Web Portal (my.pitt.edu). Google applications, Panopto, and Zoom may be used. Web browsers compatible with Canvas, Google, Panopto and Zoom include Chrome 100 and 101, Edge 100 and 101 and Firefox 98 and 99. Web browsers compatible with Pitt e-mail include Chrome 100 and 101, Edge 100 and 101, Firefox 98 and 99, and Safari 14 and 15.

Methods of Course Delivery (Please check all that apply)
This course is delivered by:
☐ Onsite didactic course with in person/online methods: discussions/ discussion boards, lectures, readings and/or case studies
☐ Onsite clinical/practicum
☐ Onsite laboratory
☐ Onsite simulation
☐ Onsite standardized patients
☐ Online didactic course with online discussion boards, recorded lectures, readings and/or case studies
☐ Online clinical/practicum

☐ Online laboratory
☐ Online simulation
☐ Online standardized patients by Zoom
☐ Hybrid with both onsite and online methods
☐ Other: _____

REQUIRED TEXTBOOKS:

RECOMMENDED TEXTBOOKS:

EVALUATION METHODS:

Evaluation Methods and Course Learning Outcomes Evaluated

Evaluation Methods and Their Contribution to Course Grade

Description of Evaluation Methods

Grading Method
Please refer to Policy 60 Grading System for Undergraduate Courses.
   Policy No. 60 (pitt.edu)

Please refer to Policy 209 Grading Policy for Graduate Courses.
   Policy No. 209 (pitt.edu)

SIMULATION-SKILLS LAB GUIDELINES
Those utilizing the Simulation and Skill Lab should review and abide by these guidelines in continuing to support a safe environment for all.

STUDENTS WITH DISABILITIES
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and Disability Resources and Services (DRS), 140 William Pitt Union, (412) 648-7890, drsrecep@pitt.edu, (412) 228-5347 for P3 ASL users, as early as possible in the term. DRS will verify your disability and determine reasonable accommodations for this course.
UPG
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Director of the Learning Resources Center, Dr. Lou Ann Sears (disability services provider), Room 240, Millstein Library Building (724-836-7098 voice) los3@pitt.edu as early as possible in the term. Learning Resources Center will verify your disability and determine reasonable accommodations for this course. **E-mail is the better way to reach her. Zoom appointments are available**

upon request.
UPJ
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EQUITY, DIVERSITY, AND INCLUSION

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I ask that everyone in the class strive to help ensure that other members of this class can learn in a supportive and respectful environment. If there are instances of the aforementioned issues, please contact the Title IX Coordinator, by calling 412-648-7860, or e-mailing titleixcoordinator@pitt.edu. Reports can also be filed online. You may also choose to report this to a faculty/staff member; they are required to communicate this to the University's Office of Diversity and Inclusion. If you wish to maintain complete confidentiality, you may also contact the University Counseling Center (412-648-7930).

CONSENT TO RECORD

To ensure the free and open discussions of ideas, students may NOT record classroom lectures, discussions, and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student's own private study.

COPYRIGHT POLICY

Scholarly Work: Copyrightable works of authorship created by a University Member prepared in the course of research, scholarship, teaching, and/or other academic and educational responsibilities at the University outside of the terms of a contract, grant, or cooperative agreement. Scholarly Work shall include, but not be limited to: scientific or scholarly writings and/or papers; books, theses, and dissertations; poems and other literary works; musical works (including compositions, lyrics, performances, mixing, and recordings); architectural works; databases, datasets, collections or compilations of data; Software; and artistic works and sculptures. See Policy RI 10 Intellectual Property at
https://www.policy.pitt.edu/sites/default/files/Policies/Research-Innovation/Policy_RI_10.pdf

CLASSROOM CONDUCT
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1) turn cell phones and pagers to non-audible during class and lab; in the clinical setting, the use of cell phones must be consistent with the clinical facility's policies
2) report to class on time
3) refrain from individual conversation during class
4) be alert and attentive in class
Online:
1) communicate online in a professional manner
2) be the sole representative of their individual work

ONLINE ETIQUETTE
The following guidelines for Internet etiquette will enhance all course communication and your success in an online environment:
1. Show professionalism and courtesy.
2. Use correct spelling and grammar.
3. Use a positive tone.
4. Be brief and respectful of other's time.
5. Remember anything that you write in digital communication can be forwarded or copied.
6. Avoid sarcasm.

ACADEMIC INTEGRITY
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To learn more about Academic Integrity, visit the Academic Integrity Guide for an overview of the topic. For hands- on practice, complete the Academic Integrity Modules.

SEXUAL MISCONDUCT, REQUIRED REPORTING, AND TITLE IX
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University faculty and staff members are required to report all instances of sexual misconduct, including harassment and sexual violence to the Office of Civil Rights and Title IX. When a report is made, individuals can expect to be contacted by the Title IX Office with information about support resources and options related to safety, accommodations, process, and policy. I encourage you to use the services and resources that may be most helpful to you.

As your professor, I am required to report any incidents of sexual misconduct that are directly reported to me. You can also report directly to Office of Civil Rights and Title IX: 412-648-7860 (M-F; 8:30am-5:00pm) or via the Pitt Concern Connection at: Make A Report

An important exception to the reporting requirement exists for academic work. Disclosures about sexual misconduct that are shared as a relevant part of an academic project, classroom discussion, or course assignment, are not required to be disclosed to the University's Title IX office.

If you wish to make a confidential report, Pitt encourages you to reach out to these resources:
- The University Counseling Center: 412-648-7930 (8:30 A.M. TO 5 P.M. M-F) and 412-648-7856 (AFTER BUSINESS HOURS)
- Pittsburgh Action Against Rape (community resource): 1-866-363-7273 (24/7)

If you have an immediate safety concern, please contact the University of Pittsburgh Police, 412-624-2121

Any form of sexual harassment or violence will not be excused or tolerated at the University of Pittsburgh.

UPG

Sexual Misconduct Statement:

Sexual misconduct (including sexual harassment, domestic and dating violence, sexual assault, and stalking) is prohibited on all University of Pittsburgh campuses, including Pitt-Greensburg. If you have questions about Title IX or any University policies and procedures regarding sexual misconduct or you wish to report a sexual misconduct incident, please contact Angela Coldren, Pitt-Greensburg's Civil Rights & Title IX Liaison. You can contact her at amp8@pitt.edu or 724-836-9902. Please be aware that as a faculty member at the University of Pittsburgh at Greensburg, I am a "responsible employee" for the University and I am therefore, required to report any suspected incidents of discrimination on the basis of sex. Students can also make a report with the University's Pitt Concern Connection at https://www.compliance.pitt.edu/make-report. The following confidential resources are also available on campus: Gayle Pamerleau, Director of Counseling and her counseling staff, Chambers Hall 217, gaylep@pitt.edu, 724-836-9870, or Pam Freger, Director of Health Center and her medical staff, Chambers Hall 216, pmr20@pitt.edu, 724-836-9947, or an off-campus resource, the Blackburn Center hotline (1-888-832-2272).
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- Blackburn Center 1-888-832-2272 (off campus resource)

UPJ

Title IX Office: 814-269-7991

UPJ Campus Police: 814-269-7005 (non-emergency) / 814-269-7222 (emergency)

Health & Counseling Services Office: G-4 Student Union

Hours: Monday-Friday

8:30 a.m. - 5 p.m.

Contact:
814-269-7119
Fax: 814-269-7179
OHCS@pitt.edu

Advisory Committee
Pediatric Nurse Practitioner Program
September 22, 2021
Minutes

Discussion	Task	Who	Action
Minutes from 2019 approved			
Updates A. <u>AC PNP program</u>; Two applications one for a post graduate certificate program for was submitted in December of 2019 to SBON. We received feedback for revisions this summer which are minimal and are currently in process with intention to resubmit in Oct 2021; the program includes only 5 courses over 2 semesters and start date is Spring term, so plan is to admit Spring 2022. The BSN-DNP program is comparable to the primary care program with its structure and credit requirements and was submitted in January of 2020. SBON revisions to application for BSN to DNP program are more extensive and hope is to resubmit early 2022 for admissions to begin Fall 2022.	There are students interested in both programs. We will inform interested candidates and begin to market the program once approved.	Jackie Calhoun	Maintain database on all inquiries and work with SAAR through Salesforce recruitment software
B. <u>Telehealth and Inter-professional experiences;</u> During the pandemic telehealth was used for approved alternative clinical hours. Discussion has occurred So to integrate telehealth content into curriculum to prepare students to conduct telehealth in clinical sites. Cyndi is a Co-I on a collaborative project with the Pitt dental school and the Homewood Community Engagement Center. They are implementing infant oral health education for families in the Community.	The Dean has approved financial support for certification in telehealth	B Cassidy C. Chew	Assignments developed will be scaffolded across the curriculum to build on each other for students to develop skills in this area.
C. <u>Program recruitment;</u> Recruitment has been stagnant with the pandemic; Recruitment during the pandemic was reduced as there were no in-person conferences thus impacting our recruitment	University: use social media	Brenda Cassidy, Cyndi Chew	Contact SAAR

outside of the local area. There were several virtual recruitment sessions that were well attended. It has been difficult to recruit through UPMC/CHP	CHP: Whitney Learch/Ben Reynolds	Jackie Calhoun	Investigate ways to recruit at CHP
D. <u>Current enrollment;</u> Currently have 9 BSN to DNP students There are 2 new MSN to DNP students 3 applicants who have already started the process for fall 2022, some deferred because of the pandemic, will reach out to them. Historically we have had about six to eight in each new group.			
a. *Holistic admission taskforce*; We have been discussing Pitt's GRE requirement for several years; the School of Nursing requires a 50% cut off score for verbal and quantitative with a provisional admission of 40% for quantitative score. Over the years the GRE has not been supported by evidence as the most important factor of graduate student success and we weight it heavily on our recommendation rubric. There has been a push for holistic admission processes from NONPF and AACN to weight points for student experiences and attributes to for consideration for admission; the GRE testing center recommends not using cut off scores. Many of the graduate programs at the University have either dropped the GRE requirement or made it optional but the SoN is not there yet.	Admission policy revision to change GRE requirement from minimum of 50% scores to "competitive"	Brenda Cassidy	Taskforce work
E. <u>UPMC OAPP staff changes;</u> Carrie Soso is no longer the liaison for student rotations. Ben Reynolds has taking on her responsibilities until a replacement can be hired. UPMC is using new software to track students/preceptors: MyCE	No action at this time		
COVID impact A. <u>Clinical courses/hours;</u> NP students had to graduate minimally with a number of hours that were requited to sit for certification; 500 clinical hours are	5 PNP students due to graduate in August 2020	PNP faculty	Alternative clinical hours were offered

required for primary care PNP certification with total of 1000 hours for DNP degree. Pitt has been supporting all 1000 hours as direct care hours instead of using some of those hours for the DNP projects (other schools allow some clinical hours for projects). Alternative clinical hours were permitted above 500 in 2020 by SBON.	with over 600 direct care clinical hours when the shutdown occurred		using virtual simulation, telehealth and case studies and submitted to the Pa State Board of Nursing as requested
B. Online/hybrid delivery of didactic courses: discussion about competitive programs using online/hybrid delivery of courses; Duke SoN stated in last advisory committee meeting (2019) that their admissions quadrupled when program delivery was converted to hybrid.	Committee recommend Pitt strongly consider hybrid delivery to stay competitive and increase enrollment	Brenda Cassidy	Dean's Council/DNP coordinator's meeting
C. Comprehensive exam, national certification pass rates; All 5 that graduated past their certification board exams	No action at this time		
E. Employment of PNP 2020 graduates; Of the 5 that graduated 2 have been hired, one has an interview with a ccp practice, 2 are still looking. Discussion about competition with Pas for positions	Monitor to assess if pandemic related and not a trend	Brenda Cassidy	Ginny Allison suggested contacting Pgh Public Schools about "Smart Clinics"
Old Business A. Psych/integrated behavioral health; This has been something that we have been trying to work on for the past 10 years. Discussion that primary care sites see many patients with behavioral health issues. CHP CCP primary care sites use behavioral health services that rotate to all practices staffed by APPs and SWs.	Monitor student logs (Typhon): evaluate amount of behavioral health they see in primary care settings	Brenda Cassidy/PNP faculty	
B. Pediatric preceptor availability; UPMC has reopened all clinical opportunities after limiting shadowing experiences, COVID patients or any known persons under investigation. However preceptors have not been readily available.	Connect directly with our pediatric preceptors and new UPMC Liaison	PNP faculty and new clinical placement coordinator	

New Business A. DNP Essentials; https://www.aacnnursing.org/AACN-Essentials Recommendation for competency-based education using learning outcomes; transition over the next 3 years. B. National Taskforce Criteria for NP programs;	AACN Webinars	All faculty	Evaluate and make changes to curriculum

https://www.ncsbn.org/2021_APRN-Roundtable-MBBigley.pdf
Competency based education;
    a. Need to continue minimum of 1000 clinical direct care hours until reliable simulation assessment is available
    b. Immersion clinical experience at the end of program recommended
	NONPF webinars	All faculty	Evaluate and make changes to curriculum
			
			Evaluate effect on preceptor availability

C. Current curriculum changes; a. Inter-professional experiences: Infant Oral Health Education IPE through funded program collaborating with Dental School; in process of collaborating with LEND program for children with disabilities	Develop IPE learning outcomes	Cyndi Chew	
b. Integration of DEI content; SoN DEI committee report: webpage built to provide resources for faculty/staff/students	Monitor	Brenda Cassidy	
Integration of DEI content, assignments in didactic courses scaffolded into PNP management courses	Develop learning outcomes		

UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING

COURSE:	NURNP 2327 Principles of Substance Use Treatment
CREDIT ALLOTMENT:	2 credits (didactic, 30 hours; standardized patient simulation will occur during didactic time and does NOT count towards clinical hours)
INSTRUCTOR:	Brayden Kameg, DNP, PMHNP-BC
OFFICE HOURS:	1. Office Hours: 2. Statement reflecting in what time frame can a student expect a response from faculty after emailed. (best practice seems to be 48 hours/2 business days)
COREQUISITE:	None
PREREQUISITE:	NURNP 2320 Neurobiology of Psychiatric Disorders NURNP 2325 Psychopharmacology NURNP 2330 Psychiatric Diagnosis Theory NURNP 2331 Psychiatric Diagnosis Practicum
COURSE DESCRIPTION:	This didactic course focuses on theory and concepts relevant to the management of individuals across the lifespan with substance use-related concerns. A biopsychosocial perspective will be utilized, and the following topic areas will be covered: 1) principles of toxicology; 2) medical and psychiatric evaluations of individuals with substance use disorders with consideration to common psychiatric/medical comorbidities and complications; 3) pharmacological management of substance use disorders across the lifespan; psychotherapeutic techniques relevant to substance use disorder treatment, including motivational interviewing and contingency management; 4) trauma-informed care and harm reduction principles within substance use settings; and 5) best practices in screening, brief intervention, and referral to treatment (SBIRT).
LEARNING OUTCOMES:	Upon completion of this course, the student will be able to: 1. Synthesize biopsychosocial theories, principles, and techniques central to the treatment of individuals across the lifespan with substance use disorders 2. Describe basic principles of toxicology and associated areas of concern 3. Describe necessary components of medical and psychiatric evaluations for individuals with a variety of substance use disorders 4. Discuss pharmacological management strategies for substance use disorders across the lifespan, with consideration to special populations including children/adolescents, older adults, and pregnant persons 5. Discuss psychotherapeutic techniques relevant to substance use disorder treatment, including motivational interviewing and contingency management skills 6. Articulate means to implement trauma-informed and harm reduction principles into a variety of clinical practice settings 7. Verbalize best practices related to screening, brief intervention, and referral to treatment (SBIRT) to prevent substance use disorders

APPROVAL DATE TOTAL FACULTY:	*10/25/2021*
START TERM IF NEW COURSE	*Fall 2023*
SCHEDULED FOR TRIENNIAL REVIEW:	*2024-2025*
APPROVAL DATE SBON:	*5/15/2023*

TOPICAL OUTLINE:	Week 1 - Principles of toxicology
	Week 2 - Public health issues and epidemiology related to substance use disorders
	Weeks 3 and 4 - Medical and psychiatric evaluation and assessment of individuals with substance use disorders, with consideration to both medical and psychiatric comorbidities associated with substance use disorders
	Week 5 - Exam
	Week 6 and 7 - Pharmacological management of substance use disorders across the lifespan, with focus on alcohol and opioid use disorders and consideration to special populations
	Week 8 - Motivational interviewing techniques for substance use treatment (simulation)
	Week 9 - General psychotherapeutic techniques for substance use treatment (e.g., contingency management, mindfulness-based relapse prevention, and acceptance and commitment therapy)
	Week 10 - Exam
	Week 11 - Family aspects relevant to substance use disorders across the lifespan, with focus on family-based and couples' psychotherapeutic interventions
	Week 12 - Evidence-based practice practices in trauma-informed substance use care; Harm reduction strategies within substance use settings
	Week 13 - Screening, brief intervention, and referral to treatment (SBIRT); Legal and ethical issues related to substance use disorders
	Week 14 - Chronic pain and associated management; Behavioral addictive disorders, including gambling
	Week 15 - Final exam

*See attached weekly course schedule and readings.

AACN DOMAINS, COMPETENCIES, AND SUB-COMPETENCIES / SPECIALTY AREA COMPETENCIES OR STANDARDS ADDRESSED:	**AACN Essentials (2021)**
	• Knowledge for Nursing Practice
	1.3 Demonstrate clinical judgment founded on a broad knowledge base
	    1.3d Integrate foundational and advanced specialty knowledge into clinical reasoning.
	    1.3e Synthesize current and emerging evidence to influence practice.
	• Person-Centered Care
	2.1 Engage with the individual in establishing a caring relationship
	    2.1d Promote caring relationships to effect positive outcomes.
	2.2 Communicate effectively with individuals.
	    2.2g Demonstrate advanced communication skills and techniques using a variety of modalities with diverse audiences.
	2.3 Integrate assessment skills in practice.
	    2.3h Demonstrate that one's practice is informed by a comprehensive assessment appropriate to the functional area of advanced nursing practice.
	2.4 Diagnose actual or potential health problems and needs.
	    2.4g Integrate advanced scientific knowledge to guide decision making.
	2.8 Promote self-care management.
	    2.8h Employ counseling techniques, including motivational interviewing, to advance wellness and self-care management.
	• Scholarship for the Nursing Discipline
	4.1 Advance the scholarship of nursing.
	    4.1h Apply and critically evaluate advanced knowledge in a defined area of nursing practice
	4.2 Integrate best evidence into nursing practice.
	    4.2f Use diverse sources of evidence to inform practice.
	
	NONPF NP Core Competencies (2017)
	• Integrates knowledge from the humanities and sciences within the context of nursing science.
	• Translates research and other forms of knowledge to improve practice processes and outcomes
	
	NONPF PMHNP Competencies (2013)
	• Develops an age-appropriate treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines
	• Includes differential diagnosis for mental health problems and psychiatric disorders.
	• Applies recovery oriented principles and trauma focused care to individuals.
	• Demonstrates best practices of family approaches to care.
	• Plans care to minimize the development of complications and promote function and quality of life.
	• Treats acute and chronic psychiatric disorders and mental health problems.

- Safely prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders
- Maintains a therapeutic relationship over time with individuals, groups, and families to promote positive clinical outcomes.
- Provides psychoeducation to individuals, families, and groups regarding mental health problems and psychiatric disorders.
- Modifies treatment approaches based on the ability and readiness to learn.
- Considers motivation and readiness to improve self-care and healthy behavior when teaching individuals, families and groups of patients.
- Identifies the role of PMHNP in risk-mitigation strategies in the areas of opiate use and substance abuse clients.

TEACHING METHODS:	Technology Requirements: The basic requirements are a computer with a web browser and a Pitt e-mail account, which gives you access to the online courses platform (Canvas) and to the University Web Portal (my.pitt.edu.). Google applications, Zoom, and Panopto may be used. Web browsers compatible with Canvas and Pitt e-mail include Chrome 100 and 101, Firefox 98 and 99, Edge 100 and 101, and Safari 14 and 15. Standardized patient simulation activities occur in-person or via the Zoom platform. Case studies occur during in-class time. Methods of course delivery: This course is delivered in-person. There is no hybrid or web-based/online option. Case studies will occur during in-class time; there are no online discussion board assignments. Teaching methods: Didactic lecture; in-class discussions; case studies; standardized patient simulation
REQUIRED TEXTBOOKS:	Brady, K. T., Levin, F. R., Galanter, M., & Kleber, H. D. (2021). The American Psychiatric Association Publishing textbook of substance abuse treatment (6th ed.). Washington, DC: American Psychiatric Association Publishing.
RECOMMENDED TEXTBOOKS:	None
EVALUATION METHODS & LEARNING OUTCOMES:	**Evaluation Methods and Learning Outcome Evaluated** • Exams (Learning Outcomes #1-7) • Scholarly writing assignment (Learning Outcomes #1, #3-6) • Case discussions (Learning Outcomes #3-6) • Simulation participation (Learning Outcomes #3-7) **Description of Evaluation Methods and Their Contribution to Course Grade** Exams – 50% of total course grade Scholarly writing assignment – 20% of total course grade Case discussions – 20% of total course grade Simulation participation – 10% of total course grade *See attached assignment descriptions and rubrics.

Description of Assignments
The methods used to evaluate learning and how they will be evaluated are
described in Canvas.

Grading Method (Not Applicable for Pass/Fail Grading)
The grading scale is as follows:

A+	97 – 100
A	94 – 96
A-	90 – 93
B+	87 – 89
B	84 – 86
B-	80 – 83
C+	77 – 79
C	74 – 76
C-	70 – 73
D+	67 – 69
D	64 – 66
D-	60 – 63
F	less than 60

SIMULATION-SKILLS LAB GUIDELINES
Those utilizing the Simulation and Skill Lab should review and abide by these guidelines in continuing to support a safe environment for all.

STUDENTS WITH DISABILITIES
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and Disability Resources and Services, 216 William Pitt Union, (412) 648-7890 / (412) 383-7355 (TTY), as early as possible in the term.
DRS will verify your disability and determine reasonable accommodations for this course.
A comprehensive description of the services of that office can be obtained at http://www.drs.pitt.edu/.
UPG
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Director of the Learning Resources Center, Dr. Lou Ann Sears (disability services provider), Room 240, Millstein Library Building (724-836-7098 voice) los3@pitt.edu as early as possible in the term. Learning Resources Center will verify your disability and determine reasonable accommodations for this course. **E-mail is the better way to reach her. Zoom appointments are available upon request.**
UPJ
If you have a disability for which you are or may be requesting an accommodation, you are encouraged to contact both your instructor and the Office of Health & Wellness Services, G10 Student Union, (814) 269-7119 (voice) / (814) 269-7186 as early as possible in the term. The Office of Health & Wellness Services will verify your disability and determine reasonable accommodations for this course.

PLAGIARISM
Plagiarism is presenting "as one's own, for academic evaluation, the ideas, representations or words of another person or persons without customary and proper acknowledgement of sources" (University of Pittsburgh Policy 02-03-02). Students are not allowed to use generative artificial intelligence tools on their assignments unless authorized by the instructor. Students are expected to complete their assignments without substantive

assistance from others, including generative artificial intelligence tools. Plagiarism, including the submission of artificial intelligence generated work, is a violation of both the University of Pittsburgh's standards on academic honesty (02-03-02)
https://www.policy.pitt.edu/sites/default/files/Policies/Academic/Policy_AC39.pdf and those of the School of Nursing (Policy No. 307, Academic and Professional Integrity: Student Obligations)
https://www.nursing.pitt.edu/sites/default/files/policy-pdf/policy_307_march_2021.pdf. Violations of these policies are taken seriously. Any student suspected of violating this obligation for any reason during the semester will be required to participate in the procedural process, initiated at the instructor level, as outlined in the University Guidelines on Academic Integrity.

DIVERSITY AND INCLUSIVITY STATEMENT
An important aim of this course is to promote an inclusive learning community that encourages the dynamic, open exchange of ideas and affirms the diversity and dignity of participants and perspectives within a safe and mutually respectful environment.

CONSENT TO RECORD
To ensure the free and open discussions of ideas, students may NOT record classroom lectures, discussions, and/or activities without the advance written permission of the instructor, and any such recording properly approved in advance can be used solely for the student's own private study.

COPYRIGHT POLICY
Scholarly Work: Copyrightable works of authorship created by a University Member prepared in the course of research, scholarship, teaching, and/or other academic and educational responsibilities at the University outside of the terms of a contract, grant, or cooperative agreement. Scholarly Work shall include, but not be limited to: scientific or scholarly writings and/or papers; books, theses, and dissertations; poems and other literary works; musical works (including compositions, lyrics, performances, mixing, and recordings); architectural works; databases, datasets, collections or compilations of data; Software; and artistic works and sculptures. See Policy RI 10 Intellectual Property at
https://www.policy.pitt.edu/sites/default/files/Policies/Research-Innovation/Policy_RI_10.pdf

CLASSROOM CONDUCT
In order to facilitate learning and minimize distractions to fellow students and faculty, students are expected to:
On Site:
1) turn cell phones and pagers to non-audible during class and lab; in the clinical setting, the use of cell phones must be consistent with the clinical facility's policies
2) report to class on time
3) refrain from individual conversation during class
4) be alert and attentive in class
Online:
1) communicate online in a professional manner
2) be the sole representative of their individual work

ONLINE ETIQUETTE
The following guidelines for Internet etiquette will enhance all course communication and your success in an online environment:
1. Show professionalism and courtesy.
2. Use correct spelling and grammar.
3. Use a positive tone.
4. Be brief and respectful of other's time.
5. Remember anything that you write in digital communication can be forwarded or copied.

6. Avoid sarcasm.

ACADEMIC INTEGRITY
All students are expected to adhere to the standards of academic honesty. Any student engaged in cheating, plagiarism, and other acts of academic dishonesty would be subject to disciplinary action. Any student suspected of violating this obligation for any reason during the semester will be required to participate in the procedural process, initiated at the instructor level, as outlined in the University Guidelines on Academic Integrity https://www.provost.pitt.edu/faculty/academic-integrity-freedom/academic-integrity-guidelines. This may include, but is not limited to the confiscation of the examination of any individual suspected of violation of the University Policy. Furthermore, no student may bring any unauthorized material to an examination including dictionaries and programmable calculators.

SEXUAL MISCONDUCT, REQUIRED REPORTING, AND TITLE IX
The University is committed to combatting sexual misconduct. As a result, you should know that University faculty and staff members are required to report any instances of sexual misconduct, including harassment and sexual violence, to the University's Title IX office so that the victim may be provided appropriate resources and support options. What this means is that as your professor, I am required to report any incidents of sexual misconduct that are directly reported to me, or of which I am somehow made aware.
There are two important exceptions to this requirement about which you should be aware:
A list of the designated University employees who, as counselors and medical professionals, do not have this reporting responsibility and can maintain confidentiality, can be found here:
https://www.diversity.pitt.edu/civil-rights-title-ix-compliance/make-report/information-responsible-employees.
An important exception to the reporting requirement exists for academic work. Disclosures about sexual misconduct that are shared as part of an academic project, classroom discussion, or course assignment, are not required to be disclosed to the University's Title IX office.
If you are the victim of sexual misconduct, Pitt encourages you to reach out to these resources:
Title IX Office: 412-648-7860
SHARE @ the University Counseling Center: 412-648-7930 (8:30 A.M. TO 5 P.M. M-F) and 412-648-7856 (AFTER BUSINESS HOURS)
If you have a safety concern, please contact the University of Pittsburgh Police, 412-624-2121.
Other reporting information is available here: https://www.diversity.pitt.edu/civil-rights-title-ix/make-report.
UPG
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Fax: 814-269-7179
OHCS@pitt.edu

Curricular Revision Nurse Anesthesia Program (submitted and approved by CCNE and COA- 2023)
1. Overview of the change, including course descriptions:

The 84.5-credit BSN to DNP Nurse Anesthesia revised curriculum plan includes replacement of three courses that had credits or focus changed, removal of a course that is no longer relevant and has been retired from all other areas of concentration in the Pitt DNP program, addition of three new courses to systematically incorporate DNP Project milestones within the didactic curriculum, and re-organization of course sequencing to balance credit workload and assure that there is a step by step pathway toward completion of the DNP Scholarly Project. The total credit change is an increase of 0.5 credits. The modifications include the following:

1. Replacing **NURSP 2075** (3 cr) Introduction to Health Informatics with **NURSP 2175** (2 cr) Application of Health Informatics in Health Care
   a. Rationale: The faculty teaching **NURSP 207**5 utilized their observations as well as student feedback to determine that the outcome criteria of the Health Informatics course could be accomplished in 2 credits. Faculty recognized that some of the course elements were too simplistic for the modern, information technology savvy student and thus changed the course assignments and focus to include more advanced application of informatic concepts.
   b. **NURSP 2075** Course Description: This course focuses on a conceptual foundation for understanding nursing informatics and includes analysis of various applications of information systems within the context of the health care system. This course introduces theoretical models of nursing informatics; healthcare computing; and systems design and analysis. Other topics include nursing vocabularies, nursing knowledge generation; ethical and social issues in healthcare informatics; and the impact of consumer health informatics.
   c. **NURSP 2175** Course Description: This course focuses on a conceptual foundation for understanding nursing informatics and includes analysis of various applications of nursing informatics within the context of the health care system. This course introduces theoretical models of nursing informatics, health care computing, and systems design and analysis. Other topics include nursing vocabularies, nursing knowledge generation, data visualization, ethical and social issues in nursing informatics, and the impact of consumer health informatics and public health informatics.

2. Adding **NURSAN 3753** (1 cr) Introduction to Implementing Scholarly Projects for the Nurse Anesthetist
   a. Rationale: The Nurse Anesthesia faculty developed this course to assist students with skills and knowledge for implementation of their projects in the anesthesia professional domain. Based on faculty and student end of program feedback (2019-2021), it became clear that a course was needed which described step by step implementation of DNP methods and provided more information on implementation and translational science.
   b. **NURSAN 3753** Course Description: Translational and implementation science methods will be used to inform best practices for implementing scholarly projects appropriate to the Nurse Anesthetist. Translational science components of the course will include gaining experience with the use of tools to score the quality of evidence in support of scholarly projects. The implementation science component of the course will include review of theories and best practices proven effective in application of evidence in the practice setting and in enhancing sustainment. An additional component of this course will include an introduction to assessment and evaluation methods including the development or modification of instruments intended to measure process indicators

and/or patient outcomes associated with scholarly projects. Common statistical software used in project data analysis will also be reviewed.

3. Adding **NUR 3137** (1 cr) DNP Project Proposal Development and Deleting **NUR 3036** (2 cr) Capstone Project
   a. <u>Rationale</u>: The elements of the **NUR 3036** Capstone Project course are now embedded in other courses. For example, the identification of a problem is now addressed in **NUR 3031** Methodologies for DNP Projects and the Proposal (IRB or QI as required by the project design) is covered in **NUR 3137** (below).   The implementation of the project is now addressed in **NURSAN 3753** Introduction to Implementing Scholarly Projects for the Nurse Anesthetist and **NUR 3138** DNP Project Implementation and **NUR 3139** DNP Project Synthesis (see below).
   b. **NUR 3137** Course Description: The focus of this course is on development of the DNP Project Proposal. This course will provide the student with an overview of implementation science. Students will finalize the methodology building upon the topic development completed with Form One, obtain institutional approval, and finalize an implementation timeline. At the conclusion of this course, the student will complete the final proposal and submit the Form Two cover sheet to the DNP Project Committee for signatures, as required in the DNP Project Guidelines.
   c. **NUR 3036** Course Description: Students will undertake a systematic investigation of a clinically based or administration-based problem selected by the student and supported by faculty. Course requirements include identification of the problem to be addressed, review and critique of pertinent literature, and a plan for implementation of the project. The project will use an evidence-based practice model, and it will be systematically developed in consultation with the student's Capstone committee who will evaluate each step of the process.
4. Replacing **NUR 3037** (1 cr) DNP Project Clinical with **NUR 3138** (1 cr) DNP Project Implementation
   a. <u>Rationale</u>: The **NUR 3037** DNP Project Clinical course was typically offered in the term that a project was implemented. However, based on faculty and student feedback and evaluation, a more logical progression was needed for the Pitt DNP pathway. A new course NUR 3138 DNP Project Implementation was designed to be the culminating course and will more structured in order to support project implementation.
   b. **NUR 3037** Course Description: This practicum represents the final clinical course for the DNP degree. Here the student will experience a mentored and supervised immersion in a clinical practice where the project designed and approved in the capstone project course will be implemented and evaluated. The practice site, approved by the capstone committee must provide access to the necessary and appropriate population for project implementation, as well as support for full expression of the DNP scope of practice.
   c. **NUR 3138** Course Description: This practicum represents the clinical course for the DNP project. Here the students will experience a mentored and supervised immersion in clinical or administrative practice where the project previously designed and approved will be implemented and evaluated. The practice site, approved by the DNP project committee, must provide access to the necessary and appropriate population for project implementation, as well as support for full expression of the DNP scope of practice. Students may select any geographical location appropriate for their project.
5. Adding **NUR 3139** (1 cr) DNP Project Synthesis
   a. <u>Rationale</u>: This course is placed in term 7/9 and precedes the term where they will be disseminating their DNP project findings and preparing a manuscript for publication. This course will enhance development of the skills necessary to complete the final stages of

   data analysis, prepare a professional presentation and develop skills in presentation and dissemination.

   b. **NUR 3139** Course Description: This is the third course focusing on Doctor of Nursing Practice (DNP) Project implementation. This course will provide the student with the knowledge and skills needed to implement, compose, and professionally present DNP project findings. At the conclusion of this course, the final project implementation will be planned and/or conducted with a full data analysis plan, preliminary data analysis, development of publication quality data tables and figures, a first draft of the DNP manuscript, and a first draft of the final DNP project presentation.

6. Replacing **NURSAN 3806** Transition to Clinical Practice (2 cr) with **NURSAN 3807** Transition to Clinical Practice (2.5 cr)

   a. Rationale: This course was increased by 0.5 credits in recognition of student's efforts relative to OR assignments and case complexity. Students are assigned to 4 full days of clinical and are expected to take call and participate in a weekly seminar. They typically spend between 500-600 hours in the clinical setting across the term in specialty population settings. After receiving faculty and student feedback, it was determined that the effort in this course required an additional 0.5 credit allocation.

   b. NURSAN 3806 Course Description: This final clinical course is designed to help the student transition from the student role to clinical practice. Students will be expected to create sophisticated patient and case specific management plans. Clinical experiences will be guided by Certified Registered Nurse Anesthetists and/or Anesthesiologists, but students will be expected to practice with little or no prompting from their clinical supervisors and understand their limitations. Clinical experiences will include specialty cases and experiences in all areas of practice as assigned. Clinical case conferences will be held that challenge the breadth of the students' knowledge base across the full scope of the clinical and professional role of the CRNA.

   c. NURSAN 3807 Course Description: This final clinical course is designed to help the student transition from the student role to clinical practice. Students will be expected to create sophisticated patient and case specific management plans. Clinical experiences will be guided by Certified Registered Nurse Anesthetists and/or Anesthesiologists, but students will be expected to practice with little or no prompting from their clinical supervisors and understand their limitations. Clinical experiences will include specialty cases and experiences in all areas of practice as assigned. Clinical case conferences will be held that challenge the breadth of the students' knowledge base across the full scope of the clinical and professional role of the CRNA.

The University of Pittsburgh School of Nursing
EVALUATION PLAN 2019

The School of Nursing, as an integral part of the University of Pittsburgh, subscribes to the University's commitment to teaching, research, and service. Through these major functions, the school strives to impact the quality of health care for all people positively.

The School offers educational programs that anticipate and reflect healthcare needs locally, nationally, and internationally. It prepares graduates to function effectively in multifaceted roles in various settings to promote people's health and well-being. It strives to instill a spirit of inquiry, encourage academic excellence, and foster life-long learning in all students. The School seeks to enroll highly qualified students representing racial, cultural, and geographic diversity and to prepare students for employment in a multicultural society.

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES and FREQUENCY (include location, frequency, dates/year that data is to be collected)	QIR Responsibilities	
				Data Collection	Data review
I-A. The mission, goals and expected program outcomes are: • congruent with those of the parent institution; and • reviewed periodically and revised as appropriate.	Review and redo (if needed) the crosswalk with the University of Pittsburgh's Mission, Goals, and Objectives with SON's Mission, Goals, and Program Outcomes	a. 100% compliance with key elements b. Documentation in Council Minutes of review every 5 years	a. TFO minutes showing a review of the University mission, goals, and student learning outcomes and SON mission, goals, and each program outcomes b. See TFO meeting minutes **DATA COLLECTED AND ANALYZED**: Every 5 years- 2018, 2023, 2028	Evaluation Coordinator	ESC Councils Dean's Council TFO
I-B The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.	Request review of identified relevant professional nursing standards and guidelines for the preparation of nursing professionals. Revise as necessary.	a. 100% compliance b. Documentation in Council Minutes of review every 5 years	a. TFO minutes showing a review of Need a table of SoN mission and objectives, each program objectives b. See TFO meeting minutes **DATA COLLECTED AND ANALYZED**: Every 5 years- 2018, 2023, 2028	Evaluation Coordinator	ESC, Councils Dean's Council
I-C. The mission, goals, and expected program outcomes	Review that COIs have been presented with the mission, goals,	a. 100% congruence	**DATA SOURCE**	ESC Council Representatives	ESC, Councils

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
reflect the needs and expectations of the community of interest.	and program-specific student learning outcomes (Advisory Boards, Board of Visitors, UPMC groups)		a. BSN, MSN, and DNP minutes indicating reports from Advisory Boards. **DATA COLLECTED AND ANALYZED**: Every 5 years- 2018, 2023, 2028		Dean's Council
I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.	Confirm that expected faculty outcomes are: • written, • clearly identified, • communicated to faculty, and congruent with those of the University	a. 100% compliance	**DATA SOURCE** a. Review: University Faculty Handbook, School Guidelines for Faculty Appointment and Promotion, Merit/Self-Evaluation Forms, SON policies **DATA COLLECTED AND ANALYZED**: Every 5 years – 2017, 2022, 2027, etc.	Evaluation Coordinator	ESC, Councils Dean's Council
I-E. Faculty and students participate in program governance	Confirm 1) SON Bylaws define and 2) Policies support faculty and student roles in the governance Check if the standing committee has the correct representation	a. 100% compliance	**DATA SOURCE** a. SON Bylaws and policies, Dean's Office (for list of committees and members), Meeting minutes (for participation) **DATA COLLECTED AND ANALYZED:** Every 5 years (2017, 2022, 2027, etc.)	Evaluation Coordinator	ESC Dean's Council TFO
I-F. Academic policies of the parent institution and the nursing program are congruent and support the achievement of the mission, goals, and expected	Check that our policies related to student recruitment, admission, retention, and progression are congruent with University policies.	a. Academic policies of the University and SON will be 100% congruent.	a. Review SON and University Policies b. Student End-of-Program Survey	Evaluation Coordinator	ESC Councils Dean's Council TFO SON Webmaster

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
program outcomes. These policies are: • fair and equitable; • published and accessible; and • reviewed and revised as necessary to foster program improvement.	Review EOP Survey question- "Policies are fair and equitable." Review how policies are regularly reviewed in the ByLaws, Policy Committee, and Dean's Council.	b. 80% of students will report policies are fair and equitable." c. 100% of policies will be reviewed according to the established SON timetable and revised as necessary.	c. Minutes from Bylaws and Policy, Dean's Council, and Councils. Ask committee chairs about the review process, AND check the website for policy dates **DATA COLLECTED AND ANALYZED:** Every 3 years on a rotating basis and as needed.		
I-G. The program defines and reviews formal complaints according to established policies.	Review The program's definition of formal complaints and the procedures for filing a complaint are communicated to students. (SON's definition of a formal complaint is *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.*)	a. 100% of relevant policies will accurately reflect the review process for formal complaints. b.50% of student report being aware of the formal complaint process and how to access relevant policies c.The program maintains a record of informed complaints	a. SON policies 424 (Formal Student Complaints), 306 (Academic Integrity: Faculty Obligations, 307 (Academic Integrity: Student Obligations), and 305 (Clinical Performance Standard for Students) University policies 07-0604 (Sexual Harassment), 07-01-03 (Nondiscrimination, Equal Opportunity, and Affirmative Action), and 02-03-02 (Guidelines of Academic Integrity-Student and Faculty Obligations and Hearing Procedures) b. End-of-program survey asks students if they know the formal complaint process	Evaluation Coordinator	ESC Councils Dean's Council

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
			And Ask faculty and SAAR where formal complaint policy is presented. c. Check with the Office of the Dean that they have the records **DATA COLLECTED AND ANALYZED**: ==Every 3 years== per the established timetable for reviewing policies		
I-H. Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	Identify the review process in that documents and publications are checked for accuracy in describing program offerings, accreditation/approval status, academic calendar, admission policies, degree completion requirements, tuition, and fees. Review when the process was/ is done Check that information is posted about licensure and certification examinations. Review the process used to notify stakeholders about changes in documents and publications. Check that accreditation status is accurately reflected on the SON website.	a. 100% of documents and publications will be accurate. b. 100% of transcripts and diplomas for APRN graduates will reflect the role and population foci the individuals were prepared for c. 100% of publications, policies, and website materials are periodically reviewed for accuracy d. Accreditation status is accurately reflected on the SON website e. There is a documented process to notify constituents of changes relevant to them	**DATA SOURCE** a. Review SON Website and ask Dean and Program Coordinators when they reviewed the SON website b. SAAR- ask SAAR for examples of transcripts c. Ask Dean when Website was last reviewed d. Check CCNE organization for the correct way to list accreditation, and check the website for accuracy e. Report/ provide examples of Undergraduate student summer letters and Student newsletter/ emails **DATA COLLECTED AND ANALYZED:** ==Annually==	Evaluation Coordinator (accreditation link works_ ESC Council Representatives (review their program)	ESC Dean's Council

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
II-A. Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. The adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	Confirm with Business Office and Planning and Budget Committee that the budget ensures the achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports the recruitment and retention of faculty and staff. Confirm there is a defined process for regular review of the adequacy of the program's fiscal resources. A review of fiscal resources occurs, and modifications are made as appropriate.	a. The School has sufficient financial resources to continue to support the teaching and learning needs of students and the developmental needs of faculty and continue to support faculty research. (as demonstrated by the Dean of Administration)	**DATA SOURCE** a. Planning & Budget Committee minutes and ask the Dean for Administration for confirmation **DATA COLLECTED AND ANALYZED:** Every 5 years, 2017,2022, 2027, etc.	Evaluation Coordinator	ESC Dean's Council
II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. The adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.	Confirm with the Dean of Administration and faculty: a.**Physical space and facilities** (e.g., faculty and staff workspace, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. **Equipment and supplies** (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes.	a. The School has sufficient physical resources to continue to support the teaching and learning needs of students, the developmental needs of faculty, and to continue to support faculty research. b. 90% of the clinical sites will be rated as sufficient, appropriate, and available to achieve course requirements	**a.** Dean of Administration and Dean of Student Affairs AND Faculty responses on Faculty Resource Survey on satisfaction with resources **b.** Faculty responses on Clinical Site/ Preceptor Survey – rating the overall effectiveness of a site **DATA COLLECTED AND ANALYZED:** Every 5 years, 2017,2022, 2027, etc	Evaluation Coordinator	Planning and Budget Committee ESC Dean's Council

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
	Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes. Confirm that a defined process is used to determine the currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.				
II-C. Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	Review End-of-program data on student satisfaction with the following support services: • Computer/ Technology Support • Student Services • Advising • Library services • Courseweb • Distance education support (distance education students report)	a. 100% of available support services (e.g., library, learning management systems, writing centers, etc.) will be adequately described and communicated to the proper audience during the orientation of new students b. 90% of students will be satisfied with support services	a. Review how support services are explained b. Student Responses on the End of Program Survey and Dean's Student Advisory Committee **DATA COLLECTED AND ANALYZED** Annually	Evaluation Coordinator	ESC Councils Deans Council
II-D. The chief nurse administrator of the nursing unit: is a registered nurse (RN); holds a graduate degree in nursing;	Make sure CV is posted to show the qualifications of the Dean Request examples that the Dean consults, as appropriate, with faculty and other communities of interest to	100% compliance	a. Curriculum Vitae of Dean b. Provost and Senior Vice Chancellor of Health Sciences	Evaluation Coordinator	ESC Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
holds a doctoral degree if the nursing unit offers a graduate program in nursing; is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.	make decisions to accomplish the mission, goals, and expected program outcomes. Request examples of how the chief nurse administrator is an effective leader of the nursing unit.		c. Meeting minutes with COI groups– Dean's Council, TFO, and student advisory boards. d. Examples of SON-UPMC relationship **DATA COLLECTED AND ANALYZED** <mark>Every 5 years</mark>: 2017, 2022, 2027, etc		
II-E. Faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes; academically prepared for the areas in which they teach; and experientially prepared for the areas in which they teach.	Review data: Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines. Faculty are academically prepared for the areas in which they teach (includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach) Faculty teaching in the nursing program have a graduate degree. Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the	a. 100% compliance with clinical agency requirements for faculty: student ratios during faculty-supervised clinical experiences. b. 100% of full-time faculty are doctorally prepared c. 100% of faculty who are nurses have a current RN license d. 100% of the faculty will have expertise in their areas of instruction e. 100% of the coordinators/directors of APN areas of concentration are nationally certified in one of the specialties they coordinate	• Assistant Dean for Administration and SON HR personnel • Faculty CVs **DATA COLLECTED AND ANALYZED** <mark>Every 3 years:</mark> 2016, 2019, 2022, etc .	Evaluation Coordinator	ESC Dean's Council

| KEY ELEMENTS | STRATEGIES | BENCHMARKS | DATA SOURCES (include location, frequency, dates/year that data is to be collected) | RESPONSIBILITY | |
				DATA COLLECTION	DATA REVIEW
	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 meets certification and practice requirements specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks are directly overseen by faculty nationally certified in that same population-focused practice area in roles for which national certification is available.				

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role	Review that the roles of the preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student and faculty outcomes; and congruent with relevant professional nursing standards and guidelines. Review that preceptors have the expertise to support student achievement of expected learning outcomes. Review that preceptor performance expectations are clearly communicated to preceptors.	a. Policies and preceptor orientation documents define the role of the preceptor b. 100% of preceptors are academically and / or experientially qualified for their role c. 100% of preceptors are oriented to their roles and to program expectations of them	a. Policies related to clinical sites and preceptors b. Ask Amy and/or program coordinators and BSN primary Transitions and Community Health faculty for preceptor CV expectation documents Preceptor credentials in ProjectConcert or Typhon c. Gather data from one Question on Faculty clinical site/ preceptor eval- "How do you orient your preceptor?" **DATA COLLECTED AND ANALYZED** Every 5 (2017, 2022, 2027, etc.)	Program rep to ESC	ESC Councils Area of concentration (AROC)/major coordinators/directors
II-G. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.	Review that there are sufficient resources to support teaching needs including: -Development of methodological expertise -Technologic equipment and support -Office space -Classrooms -Skill laboratory -Simulation laboratory -Science laboratory -Library facilities/support	a. 80% of faculty will rate resources as sufficient to meet scholarly needs b. 80% of faculty will rate resources as sufficient to meet teaching needs c. There is a written policy for faculty being in clinical practice d. Expected faculty requirements in	a. Faculty resources satisfaction survey b. Faculty resources satisfaction survey c. List policy numbers addressing faculty practice d. Review that expectation of service is clearly defined. e. Ensure that teaching, scholarly, practice, and	Evaluation Coordinator	ESC Councils Dean's Council

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
	-Mentoring Review that resources support scholarly expectations: -Pilot funding -Computer hardware, software, and support -Data management -Statistical support -Research methodologies -Maintenance and dissemination of information on funding, conference and research development, and training opportunities -Grant preparation, administration, and management -Research suite -Scientific and IRB review -Mentoring Review that there are opportunities for faculty to practice and that clinical practice is being maintained for those required to practice. Review that expectation of service is clearly defined. Ensure that teaching, scholarly, practice, and service expectations are reflected in evaluation criteria	Teaching, Scholarship, and Service are clear	service expectations are reflected in evaluation criteria – Ask Department chairs **DATA COLLECTED AND ANALYZED** Every 5 (2017, 2022, 2027, etc.)		
III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:	Review: a) Curriculum committee assesses curricular objectives (e.g., course, unit, and/or level objectives or competencies as identified by the program) and provides clear	a. Recruitment materials and website include information about the roles for which students are being prepared	**DATA SOURCE** a. Recruitment brochures and website are reviewed by program coordinators every Summer. Check with	Evaluation Coordinator	ESC Councils Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
are congruent with the program's mission and goals; are congruent with the roles for which the program is preparing its graduates; and consider the needs of the program–identified community of interest.	statements of expected learning related to student outcomes. b) Expected outcomes relate to the roles for which students are being prepared.	b. 100% of the program have clearly stated student outcomes on the website c. 100% of courses clearly communicate (through course syllabi) student objectives d. 100% of expected outcomes are congruent with the role in which these programs are preparing students e. advisory board minutes reflect the needs of community interest	program coordinators to meet this strategy b. Check website has a list of outcomes for the program c. Curriculum and Council Committees minutes d. Map/crosswalk of program/ student outcomes to AACN essentials and standards e. Advisory Board minutes on the intranet **DATA COLLECTED AND ANALYZED** Crosswalks will be completed every 3 years: 2017, 2020, 2023, etc.		
III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, clearly evident within the curriculum and the expected student outcomes (individual and aggregate). In addition, baccalaureate program curricula incorporate The Essentials of Baccalaureate	Review program curriculum is consistent with professional standards and guidelines: • The baccalaureate curriculum incorporates knowledge and skills identified in the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).	a. 100% of the BSN curriculum is congruent with the AACN BSN Essentials b. The triennial Review process indicates where course content/ objectives are mapped to essentials	**DATA COLLECTED AND ANALYZED** a. Crosswalks will be completed every 3 years: 2017, 2020, 2023, etc. b. Triennial Reviews are in ProjectConcert – ask Curriculum Committee to check that all TR have been updated in ProjectConcert	ESC Council Representatives	ESC Councils Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
Education for Professional Nursing Practice (AACN, 2008).					
III-C. Master's curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, clearly evident within the curriculum and the expected student outcomes (individual and aggregate). Master's program curricula incorporate professional standards and guidelines as appropriate. All master's degree programs incorporate The Essentials of Master's Education in Nursing (AACN, 2011) and additional relevant professional standards and guidelines identified by the program. All master's degree programs prepare nurse practitioners to incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016). Graduate-entry master's program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate	Review each program/major/AROC curriculum to be consistent with professional standards and guidelines: • The master's curriculum incorporates knowledge and skills identified in *The Essentials of Master's Education in Nursing* (AACN, 2011).	a. 100% of the MSN curriculum is congruent with the AACN MSN Essentials and specialty area competencies b. The triennial Review process indicates where course content/ objectives are mapped to essentials	**DATA COLLECTED AND ANALYZED** c. <mark style="background-color:#39FF14">Crosswalks will be completed every 3 years:</mark> 2017, 2020, 2023, etc. d. Triennial Reviews are in ProjectConcert – ask Curriculum Committee to check that all TR have been updated in ProjectConcert	ESC Council Representatives	ESC Councils Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
program standards and guidelines.					
III-D. DNP curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, clearly evident within the curriculum and the expected student outcomes (individual and aggregate). 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 additional relevant professional standards and guidelines if identified by the program. All DNP programs prepare nurse practitioners to incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016). Graduate-entry DNP program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate	Review each program/major/AROC curriculum to be consistent with professional standards and guidelines: • The DNP program incorporates knowledge and skills identified in the *Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006). • The nurse practitioner AROCS/post-graduate certificate programs demonstrate incorporating the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008) and *Nurse Practitioner Core Competencies* (NONPF, 2011 to be amended). • The nurse anesthesia program incorporates the *Standards for Accreditation of Nurse Anesthesia Education Programs* (Council on Accreditation of Nurse Anesthesia Educational Programs. 2014) • The nurse-midwifery program incorporates the knowledge and skills identified in the MEAC Midwifery Education Accreditation Council handbook (MEAC, 2013)	a. 100% of the DNP curriculum is congruent with the AACN DNP Essentials and specialty area competencies b. The triennial Review process indicates where course content/ objectives are mapped to essentials	**DATA COLLECTED AND ANALYZED** e. <mark>Crosswalks will be completed every 3 years:</mark> 2017, 2020, 2023, etc. f. Triennial Reviews are in ProjectConcert – ask Curriculum Committee to check that all TR have been updated in ProjectConcert	ESC Council Representatives	ESC Councils Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
program standards and guidelines.					
III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, clearly evident within the curriculum and the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners to incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).	Review each certificate curriculum is consistent with professional standards and guidelines: • The DNP program incorporates knowledge and skills identified in the *Essentials of Doctoral Education for Advanced Practice Nursing* (AACN, 2006). • The nurse practitioner AROCS/post-graduate certificate programs demonstrate incorporating the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008) and *Nurse Practitioner Core Competencies* (NONPF, 2011 to be amended).	a. 100% of the APRN certificate curriculum is congruent with the AACN DNP Essentials and specialty area competencies b. The triennial Review process indicates where course content/ objectives are mapped to essentials	**DATA COLLECTED AND ANALYZED** g. Crosswalks will be completed every 3 years: 2017, 2020, 2023, etc. h. Triennial Reviews are in ProjectConcert – ask Curriculum Committee to check that all TR have been updated in ProjectConcert.	ESC Council Representatives	ESC Councils Dean's Council
III-F. The curriculum is logically structured to achieve expected student outcomes. Baccalaureate curricula build on 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	Check program plans were discussed/ reviewed for appropriate course sequencing	a. In 100% of relevant courses, course objectives build on competencies expected in the prior program. b. Student outcomes in each program built from BSN Essentials (for example Research, Pharm, Genetics, Patho, Informatics, Health Policy, Ethics, etc.)	**DATA SOURCES** a. Curriculum Committee, Councils, and TFO minutes b. Curriculum Committee, Councils, and TFO minutes **DATA COLLECTED AND ANALYZED:** <mark>Every 3 years:</mark> based on when a group of courses is due for review	Evaluation Coordinator	ESC Councils TFO Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
foundation, depending on the level of entry of the student. Post-graduate APRN certificate programs build on graduate-level nursing competencies and knowledge base.					
III-G. Teaching-learning practices: support the achievement of expected student outcomes; consider the needs and expectations of the identified community of interests *(e.g., adult learners, second-language students, students in a post-graduate APRN certificate program)*; and expose students to individuals with diverse life experiences, perspectives, and backgrounds. (Note: this requirement "consider the needs and expectations of the identified community of interests *(e.g., adult learners, second-language students, students in a post-graduate APRN certificate program)"* is documented in MSN, DNP, and Certificate EOP surveys.. Look at student satisfaction with resources, teaching strategies, and advising. Benchmarks are set at 80% in I-F, II-C, III-G)	Review reports from the End-of-program survey. (Student) Review Program OMETs (Student) Review the effectiveness of classroom teaching and clinical rotations in supporting the achievement of expected student learning outcomes.	a. BSN: ≥80% will report being satisfied to very satisfied with the SON learning environment b. MSN: ≥80% will report being satisfied to very satisfied with the SON learning environment c. DNP: ≥80% will report being satisfied to very satisfied with the SON learning environment d. Program OMETS will be at a 4. e. Faculty will provide a summary of classroom and clinical experiences focused on diversity	**DATA SOURCES** a-c EOP Survey results **DATA COLLECTED AND ANALYZED:** Every 3 years (2017, 2020, 2023, etc	ESC Council Representatives	ESC Councils TFO Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
III-H. The curriculum includes planned clinical practice experiences that: enable students to integrate new knowledge and demonstrate attainment of program outcomes; foster interprofessional collaborative practice; and are evaluated by faculty.	Review clinical courses to ensure planned clinical site experiences that: a) Enable students to integrate new knowledge b) Demonstrate attainment of program outcomes c) Are evaluated by faculty (Faculty conducts individual student evaluations using course objectives and clinical evaluation criteria.)	a. 100% of clinical courses will have planned clinical experiences b. Faculty will provide an example of planned opportunities for students to integrate new knowledge into patient care. c. 100% of clinical evaluations reflect the clinical course objectives. d. Each Program/ AOC/ track will identify interprofessional experiences as defined by the SON definition of interprofessional teamwork (Data needs to be collected to determine a set benchmark)	**DATA SOURCES** a. Primary clinical faculty- ask for planned clinical experiences (if on the syllabus- then can get the syllabus from ProjectConcert) b. Ask Clinical faculty for evaluations that demonstrate this c. Clinical evaluation Ask Primary clinical faculty for a summary of how students get interprofessional experiences and evidence/ data for those experiences. **DATA COLLECTED AND ANALYZED:** <mark>Every 3 years:</mark> 2017, 2020, 2003, etc.	ESC Council Representatives	ESC Councils TFO Dean's Council
III-I. The faculty evaluate individual student performance and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.	Review the following: a.Faculty conducts individual student evaluations using course objectives and clinical evaluation criteria. b.Grading criteria are clearly reported in course syllabi which are shared	a. In 100%, of course, syllabi include the method(s) that will be used to evaluate student achievement of the stated course objectives	**DATA SOURCES** a. Course syllabus, Curriculum Committee's minutes, and TR form b. EOP survey	ESC Council Representatives	ESC Councils Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
	with students at the beginning of the course c.Evaluations of individual student performance are communicated to students d.In clinical/practicum courses utilizing preceptors, the preceptor evaluation is considered in the evaluation of student performance e. Faculty assume ultimate responsibility for the evaluation of student clinical performance in all programs	b. 90% of students will report that they were informed about the method(s) used to evaluate their learning at the beginning of the course c. 100% of Faculty use evaluation tools used to provide student feedback (rubrics, exams) d. In 100% of clinical/ practicum courses where a preceptor is utilized, they will be asked to evaluate the student's performance e. Faculty are responsible for student grades in 100% of clinical/practicum courses utilizing preceptors.	c. Faculty and their sample of rubrics d. Preceptor orientation package and Policy 433, 434 e. Policy 433 and 434 **DATA COLLECTED AND ANALYZED:** Annually from EOP surveys and Every 3 years, from triennial review and preceptor packets		
III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.	Review that Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be	a. 100% of students are allowed to evaluate teaching-learning practices through end-of-program surveys and course OMET evaluations	**DATA SOURCES** a. A statement that students are asked to review the course through OMETs, Program OMET Scores, End-of-Program questions on teaching strategies	ESC Council Representatives	ESC Councils Departments Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
	formal or informal, formative or summative. Check that the curriculum is regularly evaluated by faculty and revised as appropriate.	b. 100% of faculty use data from student and faculty evaluations of teaching-learning practices to inform course/curricular changes c. 100% of new and revised courses are evaluated and approved by the School-wide Curriculum Committee before being taught for the first time d. 100% of courses undergo a structured triennial review every three years	b. Faculty report on survey responding to how they use data to develop/ change the program c. Curriculum committee minutes d. Curriculum committee minutes and Policy **DATA COLLECTED AND ANALYZED:** <mark>Annually</mark> (Note: Only the courses that are up for a triennial review will go through the process for the specified year)		TF0
IV-A. A systematic process is used to determine program effectiveness.	Review the following: a)The School has a written, comprehensive evaluation plan that specifies the program outcomes (benchmarks) that will be measured, the data that will be collected to assess achievement of the specified outcomes, and the frequency of data collection relative to the outcomes. b)Data relative to specific outcomes are collected and analyzed at predetermined intervals (QIR reports). The results are presented to the appropriate decision-making group for discussion and QI planning.	a. The evaluation plan includes strategies and benchmarks that will allow us to measure progress relative al important evaluation criteria (e.g., CCNE Key Elements and SON strategic plan goals) b. The Evaluation Plan is reviewed yearly by the Evaluation and Steering Committee (ESC).	**DATA SOURCES** a. The evaluation plan b. ESC minutes c. Minute meetings from the ESC, Councils, TFO d. Minute meetings from the ESC, Councils e. Minute meetings from the ESC and Dean's Council	Evaluation Coordinator	ESC Dean's Council TFO Councils, as needed

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
	c)The evaluation plan is reviewed and revised as necessary regularly.	c. The TFO will approve any major revisions to the Evaluation Plan's strategies or benchmarks before implementation. d. Each year a QIR report is completed (based on the Evaluation Plan) for each program, and the results are presented to the appropriate Council. e. A School-Wide QIR is completed yearly based on the Evaluation Plan. The results are reported to the appropriate decision-making body (Dean's Council, Evaluation Steering, TFO, and 1 or more Councils).	**DATA COLLECTED AND ANALYZED**: Annually		
IV-B. Program completion rates demonstrate program effectiveness.	Request from the SAAR the student completion rates, including the following: For each program, collect data on: • The proportion of admitted students who drop out of the program each year	a. For the prior year, 90% of admitted students without extenuating circumstances will have completed each program within its defined statute of limitations.	**DATA SOURCES** a. SAAR **DATA COLLECTED/ ANALYZED**: Annually	Evaluation Coordinator	ESC AROC/Major coordinators/directors Councils Dean's Council

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
	• The timeframe required for graduating students in each program to complete it • The proportion of graduating students who compete in each program within its statute of limitation • The reasons for noncompletion or delayed graduation for each student who drops out of the program or does not complete it within the program's statute of limitations • Utilize these data to calculate program completion rates for the past 3 years.	(The SON defines extenuating circumstances as family obligations, relocation, financial burden, changing majors, transferring to another college or University, or medical or psychological issues that require a leave of absence or prevent program completion.)			
IV-C. Licensure pass rates demonstrate program effectiveness.	Review the NCLEX-RN® pass rates	a. >95% of BSN students will pass the NCLEX exam	**DATA SOURCES** a. Office of the Dean (Betty Braxter) and SAAR (Julius Kitutu) Source-NCSBN report of NCLEX pass rates **DATA COLLECTED/ ANALYZED**: Annually	ESC Council Representatives for BSN	ESC BSN Council Dean's Council
IV-D. Certification pass rates demonstrate program effectiveness.	Review the certification examination pass rates by program and AOC/major,	a. 90% pass rate for professional certification for each degree or certificate program where students are prepared to take a certification examination	**DATA SOURCES** a. Program coordinators collect the data- Sources include: • ANCC certification exam report for NP, CNS, CNL and NBCRNA certification exam report and midwifery	Program Coordinators collect data, and the ESC rep collects information from Program Coordinators	ESC AROC/Major coordinators/directors MSN and DNP Councils

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
			• Reports collected by contacting graduates (by faculty/ staff) • Alumni Survey **DATA COLLECTED/ ANALYZED**: Annually		Dean's Council
IV-E. Employment rates demonstrate program effectiveness.	Review the Collected data on employment rates for each program	A. >90% of graduates from the BSN, MSN, and DNP programs will be employed or enrolled full-time in educational programs	**DATA SOURCES** a. Alum surveys, Student report at graduation. Faculty/ Advisors, Program Coordinators/Directors **DATA COLLECTED/ ANALYZED**: Annually	Evaluation Coordinator	ESC AROC/Major coordinators/directors Councils Dean's Council
IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement	Document the review of QIR reports' results to foster ongoing program improvement regarding completion, licensure, certification, and employment rates. Document action plans Document ongoing implementation	a. 100% of QIR reports will be reviewed by the appropriate committees/councils each year. b. 100% of benchmarks not achieved will be discussed by the appropriate council/committees, and an action plan will be developed to address the deficits. c. d. Action plans will be implemented within a reasonable timeframe, and the results with be	**DATA SOURCE** a., b., c. QIR reports AND Minutes of appropriate Council (s) and committee(s) **DATA COLLECTED AND ANALYZED** Annually	Evaluation Coordinator	ESC BSN, MSN, and DNP Councils Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
		evaluated; additional action will occur as needed based on the re-evaluation of outcomes related to the benchmark			
IV-G. Aggregate faculty outcomes demonstrate program effectiveness.	Review aggregate faculty outcome measures	a. 100% of the faculty will be doctorally prepared b. 100% of APRN faculty are certified c. 100% of tenured/ tenure-stream faculty publish at least one manuscript d. 100% of full-time appointment faculty publish e. 90% of tenured/ tenure-stream faculty make presentations f. 75% of full- appointment faculty make presentations g. 85% of tenure/ tenure-streams have active funding	**DATA SOURCES** a. Office of the Dean b. Office of the Dean c. ProjectConcert d. ProjectConcert e. ProjectConcert f. ProjectConcert g. Office of the Dean h. ProjectConcert **DATA COLLECTED/ ANALYZED**: Annually	Evaluation Coordinator	ESC Councils Dean's Council

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
		h. 75% of faculty are engaged in volunteering their nursing expertise I. 60% of faculty serve on community or professional boards			
IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.	a. Document the review of the faculty outcomes (QIR reports) b. Document action plans to foster the ongoing improvement of not met benchmarks Document ongoing implementation	a. 100% of QIR reports will be reviewed by the appropriate committees/councils each year. b. 100% of benchmarks not achieved will be discussed by the appropriate council/committees, and an action plan will be developed to address the deficits. c. Action plans will be implemented within a reasonable timeframe, and the results with be evaluated; additional action will occur as needed based on the re-evaluation of outcomes related to the benchmark	**DATA SOURCE** a. QIR reports, Minutes of appropriate council(s) and committee(s) b. Minutes of appropriate council(s) and committee(s) c. QIR reports, Minutes of appropriate council(s) and committee(s) **DATA COLLECTED AND ANALYZED** Annually	Evaluation Coordinator	ESC BSN, MSN, and DNP Councils Dean's Council

KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
IV-I. Program outcomes demonstrate program effectiveness.	Review the collected data on other program outcomes	a. 25% of BSN and 5% of MSN students will enter a graduate program within 5 years of graduation. **b.** 80% of BSN, MSN, and DNP Students' Confidence in Essentials c. 90% of graduate level (MSN and DNP) students will pass all sections of the comprehensive exam on the first attempt; a 100% pass rate on the second attempt	**DATA SOURCE** a. Alum surveys, faculty/student reports, ask Julius for data b. End-of-Program Survey c. Staff keeping a record of comp pass rates **DATA COLLECTED AND ANALYZED** Annually. (Comprehensive exam pass rates with be calculated every 3 years)	Evaluation Coordinator	ESC BSN, MSN, and DNP Councils Dean's Council
IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.	Document the Review of the results of QIR reports to foster ongoing program improvement regarding Faculty Outcomes Document action plans Document ongoing implementation	a. 100% of QIR reports will be reviewed by the appropriate committees/councils each year. b. 100% of benchmarks not achieved will be discussed by the appropriate council/committees, and an action plan will be developed to address the deficits.	**DATA SOURCE** a. QIR reports, Council minutes b. and c. Minutes of appropriate council(s) and committee(s) **DATA COLLECTED AND ANALYZED** Annually	Evaluation Coordinator	ESC BSN, MSN, and DNP Councils Dean's Council

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KEY ELEMENTS	STRATEGIES	BENCHMARKS	DATA SOURCES (include location, frequency, dates/year that data is to be collected)	RESPONSIBILITY	
				DATA COLLECTION	DATA REVIEW
		c. Action plans will be implemented within a reasonable timeframe, and the results with be evaluated; additional action will occur as needed based on the re-evaluation of outcomes related to the benchmark			

UNIVERSITY OF PITTSBURGH
SCHOOL OF NURSING
Total Faculty Meeting
November 25, 2019

Call to Order	The Total Faculty Meeting was called to order at 11:00 a.m. by Dr. J. Dunbar-Jacob in Rm.123 Victoria.
Present	A list of attendees is filed with the minutes.
Minutes	The minutes from November 25, 2019 were approved.
Announcements Dean's Distinguished Teaching Awards	J. Dunbar-Jacob shared the following announcements: • Daniel Wilkenfeld was introduced by A. DeVito Dabbs. Daniel began his position as a full-time Assistant Professor, non-tenure stream, in the Department of Acute and Tertiary Care, on January 1. • Sarah Belcher was introduced by E. Chasens. Sarah began her position as a full-time Assistant Professor, - tenure stream, in the Department of Health and Community Systems, on January 1. • J. Dunbar-Jacob shared that Pitt and Univ. of Pennsylvania will hold a one day event in Harrisburg in May as part of the 'Year of the Nurse.' M. Schubert, J. Fellows are developing this program. G. Martsolf is the rep. • A. Bowser shared The University of Pittsburgh is transitioning to the Canvas Learning Management System during the 2019-2020 academic year. Training can be attended at the Ctr. for Teaching and Learning. Also, if we have 10 faculty who can attend training together, the Ctr. for Teaching and Learning will come to SoN to hold the training. A. Bowser will send an email to faculty to approximate interest. • Spring Graduation & Pinning Ceremony will be held Friday, April 24, 2020 at 3:00 pm, at Carnegie Music Hall. BSN students will be wearing all-white nursing uniforms and pinned on stage. Graduate students will be wearing their regalia. • The 10-year External Review of the PhD program is planned for in May 2020. • The Midwifery accreditation site visit from ACME is scheduled for Fall 2020. • Pitt Nursing will host *"The PA Action Coalition's South West Regional Team Update"* on Thursday, January 30, 2020, at the University Club in the Gold Room from 8:00 – 10:00 a.m. Breakfast will be served. There is no fee. I strongly encourage you to attend. • Pitt Nursing along with Penn nursing will host a *Year of the Nurse Recognition* on May 19, 2020, in Harrisburg. More details will follow. • Our next faculty forum will be held on February 3 with a presentation from Peter Trachtenberg, the Director of Pitt's Writing Program on *"Reflective Writing."* from 3:30 – 5:00 p.m. in ETI Multipurpose Room. • The *2020 Pitt Nursing Scholarly Presentation Symposium* will be held Monday, February 10, 2020, from 11 a.m. to 1 p.m. in the BST lobby area. This event provides an opportunity for faculty, staff and students to show case presentations (oral and poster) that have been made throughout the year with School of Nursing colleagues, and friends from neighboring institutions. Call for abstract submission closes today, January 27. • The next Sleep Hub presentation will be from Pat Strollo, Vice President Medical Service Line at VA Pittsburgh, entitled **"**Current Management of Sleep Apnea in the Era of Precision Medicine. It will take place February 13 from 1:45 – 2:45 p.m., in Room 125 Victoria. • Faculty are encouraged to register for the "The Inaugural Cancer and Caregiving Research Conference and Caregiver Workshop" on February 13 & 14, 2020 at the University Club. To register and for more details, see link: http://pi.tt/cancercare • J. Dunbar-Jacob presented flowers to Mike Beach, who received a grant award from the Helene Fuld Trust Fund foundation grant [$700,000] to support the second degree accelerated program. • J. Dunbar-Jacob presented flowers to faculty recognized by Pittsburgh Magazine as Excellence in Nursing honorees. Chosen were: Jennifer Linger and Cathy Grant. Honorable Mention for the Excellence in Nursing category went to Brenda Cassidy and Trish Tuite. Alum Anne Hast, CEO for Advanced Surgical Hospital also received honorable mention. • J. Dunbar-Jacob presented flowers to Grace Campbell, who received a grant award from the Aging Institute of UPMC Senior Services and the Hillman Cancer Center for her proposal, "Characterizing Age-related Variations in Persistent Neuropathy-Related Balance/Gait Changes, Functional Impairments, and Social Role Disability After Chemotherapy for Gynecologic Cancer." • J. Dunbar-Jacob presented flowers to Brayden Kameg, who received funding from the Foundation of the National Students Nurses' Association Inc. in the form of the Promise of Nursing for Pennsylvania Nursing School Grant. She is am incorporating simulation involving LGBT children/adolescents into NURCNS 2352 (Family Therapy) and NURNP 3025 (Psych Management in Primary Care). • J. Dunbar-Jacob presented flowers to Jacob Kariuki, for funding from the Univ. of Pittsburgh Ctr for International Studies Spring 2019 Hewlett Grant, for his proposal, "Sociodemographic Predictors and Cardiovascular Correlates of Age-related Impairment on Mid-Life and Elderly Community Dwelling Kenyans."

	• J. Dunbar-Jacob presented flowers to Hayley Germack, who received funding from the CRE Pilot/Feasibility Study Program for her proposal, 'Contributions of Neighborhood Disadvantage to Readmission Risk for Patients with Comorbid Serious Mental Illness.' • J. Dunbar-Jacob presented flowers to Fei Zhang, received a grant award from the CRE Pilot/Feasibility Study program for his proposal entitled, "Applying Real-Time Analytics to High-Resolution Per-Operative Data among Non-Cardiac Thoracic Surgery Patients: Intraoperative Risk Assessment through Deep-Learning Methodology." • J. Dunbar-Jacob presented flowers to Marci Nilsen, who received funding from the CRE Pilot/Feasibility Study Program for her proposal, 'The Influence of Radiation Therapy on Cognitive Function in Head and Neck Cancer Patients.' • J. Dunbar-Jacob gave congratulations to Postdoctoral Scholar, Monica Wagner for her grant award from the Oncology Nursing Foundation entitled, 'Omics of Pain in the Context of Decreasing Estrogen' Monica's Faculty Mentor is Yvette Conley. • J. Dunbar-Jacob gave congratulations to doctoral student, Mary Pat Lynch for her Graduate Scholarship in Cancer Nursing Practice award from the American Cancer Society. Her mentor is Laura Fennimore.
School Wide Curriculum Committee [5 items for a vote]	Chrissy Feeley, Chair of the School Wide Curriculum Committee, brought forth **5 items** for a vote listed below. Motion was made to approve the following items. The items were approved unanimously. Related documents were found in BOX link: https://pitt.box.com/s/xevhbkq3phnyaosopv39dtskeeulgpmq

Course Number	Course Title	
New Course for Approval		
1. **NUR XXXX**	Health Care St. Regis Mohawk – Study Away	
Changes made to the course syllabus:		
2. **NUR 1052**	Nursing Care of Children and Their Families Theory	
3. **NUR 3052**	Manuscript Development	
4. **Statement added to Syllabus**	Sexual Misconduct, Required Reporting, and Title IX statement	
5. **Statement added to Syllabus**	Online etiquette	
FYI -NO CHANGES MADE TO THESE COURSE SYLLABUS:		
1) NUR XXXX	Human Genetics and Clinical Applications (name and number change only)	
2) NUR 3032	Data Analysis for Doctor of Nursing Practice Projects	
3) NUR 1095	Community connector courses: No changes to syllabus	
Removed from DNP curriculum		
1. NUR 3050	Grant Writing	

Pitt Day of Giving is Feb. 25	J. Binley, Director of Development and J. Revtai, Alumni coordinator spoke to faculty about the Pitt Day of Giving which is a 24-hour online fundraising event held annually to commemorate the University's founding in 1787. Pitt Day of Giving allows alumni, students, faculty, staff, parents, and friends from around the world to share their Pitt pride while supporting the next generation of students. This year's Pitt Day of Giving is Tues. Feb. 25, 2020 www.pittdayofgiving.com/nursing. Activities on the 1st Floor of Victoria include a selfie photo station, donuts, pizza and raffle giveaways. Laptops will be set up to donate online from the 1st floor lobby, or complete paper sheets and return to SAAR. Gift donation ideas include student nursing uniforms, staff development. Donors are counted, not the dollars given. Minimum donation is $5. J. Binley introduced development coordinator, Stephanie Rael. In 2019, 250 donors from SoN donated to Pitt Day of Giving, listing SoN as 4th in participation, university wide. SoN's participation increased 34% from 2018.
VOTE: *2019 Evaluation Plan*	A. Bowser, Evaluation Director and Co-Chair of the Evaluation and Steering Committee presented the 2019 Evaluation Plan for the School of Nursing to the faculty for a vote. Changes to the evaluation plan included incorporating the AACN 2018 standards, IIIH on interpersonal collaboration, IV on outcomes. Dean's Council and Evaluation and Steering Committee previously approved the 2019 Evaluation Plan. Total Faculty approved unanimously the 2019 Evaluation Plan as written.

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University Committee Updates New Guidelines For Budge Preparation This Year CEC UCGS	C. Allshouse spoke to faculty about the new guidelines for budget preparation given to SoN this year from the Provost office. SoN is asked to follow a new process in which 2% of SoN budget [~$350K] is reallocated and budget items are ranked as 'lower priority' and 'higher priority'. SoN will also be given an opportunity to ask for funds for a priority listed on SoN's Strategic Plan. Previous years saw a cut to SoN's budget each year. SoN will brainstorm on ways to supplement our budget. The new University Strategic Plan will be approved in June 2020. SoN Strategic Plan will be due to Provost in Fall 2020. S. Engberg is the SoN liaison to the Univ. Strategic Planning committee. Feel free to email feedback on the Strategic Plan to S. Engberg. W. Doswell gave an update on the Community Engagement Centers.

	S. Engberg gave an update on the Univ. Council of Graduate Studies [UCGS]. In lieu of Honors Convocation ceremony in 2020, UCGS decided to hold 3 separate small ceremonies – one for faculty, one for graduate students and one for undergraduate students.
Accreditations	• Continuing Ed Program will have a ANCC accreditation site visit in late 2020 • DNP program and APRN will have a CCNE accreditation site visit in early 2024 • PhD Review will take place in 2020 to ensure we meet national research council standards • All advisory meeting minutes are expected to be posted on the Intranet for easy viewing. • All faculty data must be uploaded by faculty into Project Concert for easy viewing.
FYI – Bylaws and Policies Committee	Policy 61 Grading System: Honors/Satisfactory/Unsatisfactory was archived in lieu of using existing University policy- no vote needed

ONLINE VOTE- Policy 224 Policy 285	An Online Vote was conducted, with voting concluding on Thurs. February 6, 2020. Below is the tally from Total Faculty, who voted Online for the approval of 2 policies:
	1. **POLICY 224 - TRANSFER OF CREDITS**
	2. **POLICY 285 – ADMISSION: POST-PROFESSIONAL CERTIFICATES**
	The Online Vote for each:
	    41 Approval
	    0 Disapproval
	    0 Abstention
	Both policies were approved unanimously as written of the Total Faculty. This change will be sent to the State Board of Nursing for the Acute Care PNP certificate program, for their approval. Policy 285 - admission policy for certificate programs is a new policy. Policy 224 was revised to reflect current practice in the School, to align our policy with University Regulations on Graduate Study, and to add information related to certificate programs. Both policies were approved by the Bylaws & Policy Committee on 02/03/2020.

ONLINE VOTE- Policy 365- Verification Of English Language Proficiency For Students Classified As Foreign Student	An Online Vote was conducted, with voting concluding on Thurs. February 12, 2020. This policy was approved by the Bylaws & Policy Committee Below is the tally from Total Faculty, who voted Online for the approval of 1 policy
	1. **POLICY 365 -** Verification Of English Language Proficiency For Students Classified As Foreign Students
	The Online Vote for each:
	    31 Approval
	    0 Disapproval
	    0 Abstention
	Policy 365 was approved unanimously as written of the Total Faculty.
	Background: Because of the coronavirus, many English language proficiency testing centers in China are closed. The University has reviewed the Duolingo English Language Test and identified scores comparable to the TOEFL and IELTS scores we accept. The advantage to this test is that it can be completed online (securely). According to Julius Kitutu, we have one and maybe have more international applicants who are affected by the situation in China so we want to add the Duolingo English Language Test as an option. The *revisions made to Policy 365* (attached) reflect the addition of this test and the acceptable minimum score. In addition to adding this test and its required score to the policy, we deleted a statement about accepting grad students who do not meet the criteria. This is a rare event and if it occurs could be treated as an exception to the policy. International students have an early application deadline. For this reason, we are an email vote on the revisions to this policy was conducted.

ADJOURNMENT	The meeting adjourned at 12:30pm

Respectfully submitted,
Stephanine Duplaga, Recorder

Total Faculty Meeting
January 27, 2020
11:00am to 12:30pm Room 123 Victoria Bldg.

11:00am to 11:20am
Announcements/Approval of Minutes   Jackie Dunbar-Jacob, Dean
11:20am to 11:30am
Pitt Day of Giving - Thursday, February 28   Jane Binley, Dir. of Development,
11:30 to 11:40am
Updates from University Groups -   SoN Faculty

if you sit on University Committee, please share important topics from that group that faculty should know
11:40am to 11:55am

VOTE: *2019 Evaluation plan*

Amy Bowser, Evaluation Director
Co-Chair,Evaluation and Steering Committee

11:55am to 12:00pm
Curriculum Committee [5 items to vote]   Chris Feeley, Chair

Related documents below may be found in BOX using this
link: https://pitt.box.com/s/xevhbkq3phnyaosopv39dtskeeulgpmq

Course Number	Course Title	Approved
New Course for Approval		
4. **NUR XXXX**	Health Care St. Regis Mohawk – Study Abroad	12/9/2019
Changes made to the course syllabus:		
5. **NUR 1052**	Nursing Care of Children and Their Families Theory	12/9/2019
6. **NUR 3052**	Manuscript Development	1/13/2020
4. **Statement added to Syllabus**	Sexual Misconduct, Required Reporting, and Title IX statement	
5. **Statement added to Syllabus**	Online etiquette	
FYI -NO CHANGES MADE TO THESE COURSE SYLLABUS:		
4) NUR XXXX	Human Genetics and Clinical Applications (name and number change only)	*2682(D) now*
5) NUR 3032	Data Analysis for Doctor of Nursing Practice Projects	
6) NUR 1095	Community connector courses: No changes to syllabus	
Removed from DNP curriculum		
2. NUR 3050	Grant Writing	

**Bylaws and Policies Committee – FYI; Policy 61 Grading System: Honors/Satisfactory/Unsatisfactory
was archived in lieu of using existing University policy- no vote needed**

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SON Completion Rate Formula Derivation

Completion Rate Definition	Formula
Total Admitted (YRi)	Ni
Inactive	X1
Active	X2
Graduated (< = Approved Terms)	Z1
Graduated (Approved Terms)	Z2
Total Graduated	Yij = (Z1+Z2) – X2, where i=year of admission: and j=year of graduation
% Complete Rate	R = Yij/ (Ni-X1) %

Appendix 18

Here's the completion rates – for the calendar year 2022.
- The approved terms are counted based on the curriculum plan plus two extra terms allowing extra period to completion, in case there are incomplete grades or repeat courses.
- The column on " graduated > approved terms" picks up all students admitted and graduated before the statute of limitation period (BSN – 8 Years [I am not sure about this , but our students do not go beyond 6yrs]; MSN – 5 years; DNP/PhD – 10 years).

January 2022 - December 2022 (graduation term 2224, 2227, 2231) - compiled FALL 2023 (before 2241 graduation)

2022 Completion	active	inactive	graduated < approved terms	graduated > approved terms	Total Admitted	% Completed (including Inactive & Active Students)	% Completed (excluding Inactive Students)
BSN	1	21	210	28	260	91.54%	99.58%
MSN	0	7	10	1	18	61.11%	100.00%
DNP	6	4	48	9	67	85.07%	90.48%
PhD	2	0	2	0	4	50.00%	50.00%
CRT	0	6	9	0	15	60.00%	100.00%

SCHOOL OF NURSING

Course

1. Course requirements were presented.
   (No, Yes)

Scale (Items 2-6):
Strongly disagree
Disagree
Neutral
Agree
Strongly agree

2. This course was intellectually challenging.
3. This course made a valuable contribution to my professional development.
4. This course helped to increase my skills in thinking.
5. This course helped me improve my writing skills.
6. I learned how to apply concepts from this course to new situations.

Instructor

Scale (Items 1 – 7):
Strongly disagree
Disagree
Neutral
Agree
Strongly agree

1. The instructor stimulated my thinking.
2. The instructor was enthusiastic about teaching the course.
3. The instructor presented the course in an organized manner.
4. The instructor maintained an environment where students felt comfortable participating.
5. The instructor maintained an environment where students felt comfortable seeking assistance.
6. The instructor provided helpful feedback.
7. Assignments contributed to my understanding of the subject.
8. Express your judgment of the instructor's overall teaching effectiveness.
   (Ineffective, Only Fair, Competent, Very Good, Excellent)

Instructor Comments

1. What did the instructor do to help you learn?
2. What could the instructor do to improve?
3. Do you have any other information that you would like your instructor to know?

DNP Project Pathway

Students will develop their scholarly project in the context of multiple courses in the DNP curriculum. These courses are collectively known as the DNP Pathway. Courses can be taken in varied terms, but need to be scheduled in this order, as the courses will build upon one another. Some courses will be able to be taken together. Check the pre-requisites/co-requisites.

Milestone or Major Step in DNP Project	DNP Pathway Course	Deliverable
Discuss the differences between EBP & Quality Improvement Identify a clinical site Site evaluation	NUR 3099 Science of Health Care Delivery	• Site assessment • Identify a problem within that clinical site
Identify Topic Focus Conduct preliminary literature review for topical area Identify the question to be answered by project	NUR 2000 Research for EBP 1*	• Topic Identification • Question/PICOT • Preliminary literature review
Topic Approval**	NUR 3031 Methodologies for DNP Projects (2 cr)	• Final PICOT • Development of Form 1 • Obtain Topic Approval
Development of Full DNP Project Proposal	NUR 3137 DNP Project Proposal (1 cr)	• Identify Committee Members • Identify clinical champion/sponsor • Final proposal for Committee approval in readiness to move forward and begin the project • Development of Statistical Analysis Plan • Obtain QI/IRB or other institutional approval • Poster or presentation of proposal
Begin implementation of Project	NUR 3138 Project Implementation (1 cr)	• Initiate project and data collection
Data Structure	NUR 2388 Database Management (2 cr)	• Identification of all data points to be collected • Construction of a data collection table or database in readiness for data entry and analysis • Creation of a data management plan
Data Analysis	NUR3032 Data Analysis for DNP Projects (2 cr) **Note**: Data analysis for the actual project should be completed with input and oversight from the DNP Project Faculty Lead and/or Project Team members	• Data Analysis • Interpretation of the data analysis • Development of tables/figures for the manuscript

DNP Project Synthesis Dissemination of Findings	NUR 3139 DNP Project Synthesis (1 cr)	• Final review of data and data analysis • Final preparation of data tables for manuscript and presentation • Conference Abstract • Final project poster • Final DNP Committee Approval
Manuscript	NUR 3052 Manuscript Development (1 cr)	• Data-based manuscript that adheres to selected journal author guidelines

*NUR 2000 is not required in the MSN-DNP curriculum if a comparable course is transferred.

**Topic Approval Outside of NUR 3031
On rare occasions, students may need to shift the focus of their DNP project to better align with personal or organizational goals. Students may need to submit a new Brief Proposal for Topic Approval if the overall design of the project has changed. This decision should be made in collaboration with the DNP Project Faculty Lead who will submit the new Brief Proposal to the chair of the DNP Project Topic Approval Committee. The proposal will be reviewed by two independent DNP Faculty. Students and the DNP Faculty Lead will be notified with topic approval.