

Spring 2012

# Nursing 2012 HSC Self-Study & Documents

University of New Mexico - Health Sciences Center

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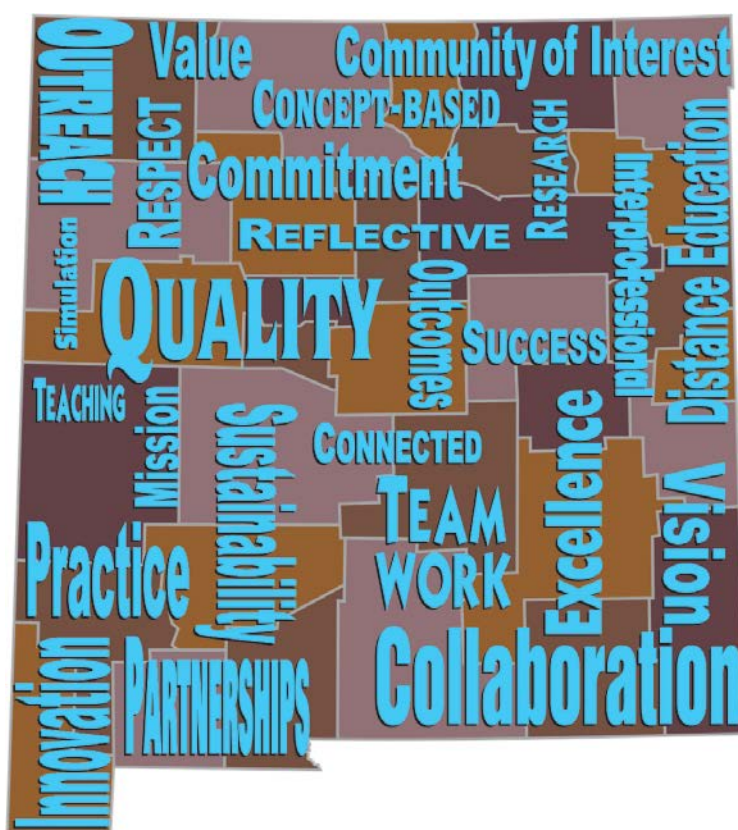
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COLLEGE *of* NURSING

# Self-Study Report For BSN and MSN Programs

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Submitted to the  
Commission on Collegiate Nursing Education  
February 2012

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**List of Acronyms**

AACN	American Association of Colleges of Nursing
AANP	American Academy of Nurse Practitioners
ACNM	American College of Nurse Midwives
ACNP	Acute Care Nurse Practitioner
ADA	American Association of Disabilities
ADN	Associate Degree in Nursing
AENT	Advanced Education Nursing Traineeship
AES	Academic Education Solutions
AFT	Academic Freedom and Tenure
ANCC	American Nurses Credentialing Center
AONE	American Organization of Nurse Executives
APHA	American Public Health Association
APRN	Advanced Practice Registered Nurses
APT	Appointment, Promotion and Tenure
ATS	American Thoracic Society
BNEP	Basic Nursing Education Program
BON	Board of Nursing
BoR	Board of Regents
BSN	Bachelor of Science in Nursing
CANS	Council for the Advancement of Nursing Science
CARC	College Assessment Review Committee
CCNE	Commission on Collegiate Nursing Education
CNM	Central New Mexico Community College

CNO's	Chief Nursing Officers
CON	College of Nursing
COP	College of Pharmacy
COPE	Curriculum Oversight and Program Evaluation
CTSC	Clinical Translation Science Center
CV's	Curricula-vitae
DNP	Doctorate of Nursing Practice
EBI	Educational Benchmark, Inc.
F&A	Facilities and Administration
FACNET	UNM Faculty Network Exchange of Teaching and Learning Expertise
FNP	Family Nurse Practitioner
FTE	Full-time Equivalency
GEHM	Geriatric Education and Health Maintenance
GSNA	Graduate Student Nurses Association
HESI	Health Education Systems Incorporated
HIPAA	Health Insurance Portability and Accountability Act
HSLIC	Health Sciences Library and Informatics Center
I & G	Instruction and General Funds
ICES	Individual and Course Evaluation System
IDEAS	Individual Development and Education Assessment
IHSC	Interprofessional Healthcare Simulation Center
IOM	Institute of Medicine
IPE	Interprofessional Education
IT	Informatics and Technology

ITV	Instructional Television Technologies
KMIT	Knowledge Management and Information Technology Advisory Council
MSN	Master of Science in Nursing
NAPNAP	National Association of Pediatric and Neonatal Nurse Practitioners
NBH	<i>The Neighborhood</i>
NCLEX-RN	National Council Licensure Examination for Registered Nurses
NFLP	Nursing Faculty Loan Program
NIH	National Institutes of Health
NLA	Nursing Leadership Alliance
NLN	National League for Nursing
NLN's ACE II	National League for Nursing's Nursing Acceleration Challenge Exams
NM	New Mexico
NMCNE	New Mexico Center for Nursing Excellence
NMHA	New Mexico Hospital Association
NMNEC	New Mexico Nursing Education Consortium
NMONE	New Mexico Organization of Nurse Executives
NONPF	National Organization of Nursing Practitioners Faculties
NP	Nurse Practitioner
NTF	National Task Force on Quality Nurse Practitioner Education's Criteria
OCNE	Oregon Consortium of Nursing Education
OEO	Office of Equal Opportunities
OSCE	Objective Structured Clinical Examinations
OSET	Office of Support for Effective Teaching
PNCB	Pediatric Nursing Certification Board



PhD	Doctorate of Nursing Practice
PNP	Pediatric Nurse Practitioner
QSEN	Quality and Safety Education for Nurses
RN	Registered Nurse
RN-BSN	Registered Nurse to Baccalaureate Program
RWJF	Robert Wood Johnson Foundation
SD	Standard Deviation
SDS	Scholarships for Disadvantaged Students
SNA	Student Nurses' Association
SOM	School of Medicine
STTI	Sigma Theta Tau, Int.
UNM	University of New Mexico
UNM MP	UNM Master Plan Update
UNM-CRTC	University of New Mexico Cancer and Research Treatment Center
UNMH	University of New Mexico Hospital
UNM-HSC	University of New Mexico – Health Sciences Center
URM	Underrepresented Minority
WIN	Western Institute of Nursing

**Websites Cited**

[www.unm.edu](http://www.unm.edu)

<http://statewide.unm.edu/>

<http://hsc.unm.edu>

<http://hsc.unm.edu/research/ctsc/index.shtml>

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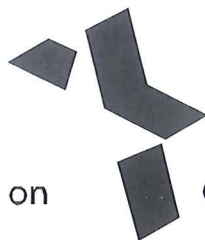
<http://hsc.unm.edu/library>

<http://www.unm.edu/~oset>

<http://hsc.unm.edu/research>

<http://hsc.unm.edu/consg/neighborhood/>

<http://idea.unm.edu/>



Commission on Collegiate Nursing Education

**PROGRAM INFORMATION FORM**  
**Commission on Collegiate Nursing Education**  
*One Dupont Circle, NW, Suite 530*  
*Washington, DC 20036-1120*

**GENERAL INFORMATION**

Official Name of Institution: The University of New Mexico

Type of Institution (**check one**):  public  private, secular  private, religious  proprietary

Institution's Carnegie Classification: RU/VH: Research Universities (very high research activity)

Chief Executive Officer of Institution (Full Name and Title): Dr. David J. Schmidly, President

Official Name of Nursing Unit: College of Nursing

Chief Nurse Administrator (Full Name and Title): Nancy Ridenour, PhD, RN, APRN, BC, FAAN, Dean and Professor

Address: MSC09 5350, 1 University of New Mexico

City: Albuquerque State: NM Zip Code: 87131-0001

Phone: 505-272-6284 Fax: 505-272-4343

E-mail address: Nridenour@salud.unm.edu

Web site address (URL) of institution: http://www.unm.edu

Web site address (URL) of nursing unit: http://nursing.unm.edu

Web site address (URL) of institution's catalog (if available electronically):  
http://catalog.unm.edu/catalogs/2011-2012/

Web site address (URL) of nursing student handbook (if available electronically):  
http://nursing.unm.edu/current-students/Student-Handbooks.html

**Check here** to verify that the Chief Nurse Administrator, identified above, has approved this completed form and confirms its contents as of 2/14/12. (date)

*N. Ridenour*

## ACCREDITATION AND APPROVAL

### Institutional Accreditation:

INSTITUTIONAL ACCREDITOR <i>(identify agency name)</i>	LAST REVIEW <i>(year)</i>	NEXT SCHEDULED REVIEW <i>(year)</i>
Higher Learning Commission – a Commission of the North Central Association	2009	2018-2019

### Specialized Accreditation:

SPECIALIZED ACCREDITOR	LAST REVIEW <i>(year)</i>	NEXT SCHEDULED REVIEW <i>(year)</i>
Council on Accreditation of Nurse Anesthesia Educational Programs	n/a	n/a
Accreditation Commission for Midwifery Education	2006	2016
Commission on Collegiate Nursing Education	Baccalaureate in Nursing 2002  Master's in Nursing 2002  Doctor of Nursing Practice n/a	Baccalaureate in Nursing 2012  Master's in Nursing 2012  Doctor of Nursing Practice n/a
National Association for Nurse Practitioners in Reproductive Health	n/a	n/a
National League for Nursing Accrediting Commission	Baccalaureate in Nursing 1992  Master's in Nursing 1992  Doctor of Nursing Practice n/a	Baccalaureate in Nursing 1992  Master's in Nursing 1992  Doctor of Nursing Practice n/a

### State Board of Nursing Approval:

Name of applicable state board of nursing: New Mexico State Board of Nursing

NURSING PROGRAM APPROVED	LAST REVIEW <i>(year)</i>	NEXT SCHEDULED REVIEW <i>(year)</i>
Baccalaureate	2002	2012
Master's	n/a	n/a
Doctor of Nursing Practice	n/a	n/a

**Add any relevant comments regarding state accreditation and approval:**

**NURSING PROGRAM INFORMATION**

**Degree Programs Offered, Student Data:**

Identify all baccalaureate and master's degree tracks offered by the nursing unit. For each track, list current enrollment data, as well graduation data for the previous academic year. For the baccalaureate program, include only nursing students (not pre-nursing students).

<b>NURSING PROGRAM</b> <i>(identify all tracks)</i>	<b>NUMBER OF STUDENTS ENROLLED</b>	<b>NUMBER OF GRADUATES</b>
Baccalaureate		
Generic	141	123
RN	102	48
Second Career (Fast Track)	n/a	n/a
Other <i>(specify)</i>	n/a	n/a
Totals:	243	171
Master's <i>(Identify all tracks offered)</i>		
Acute Care Nurse Practitioner	13	9
Certified Nurse Midwifery	14	10
Community Health Nursing	6	7
Family Nurse Practitioner	17	11
Nursing Administration	31	14
Nursing Education	38	21
Pediatric Nurse Practitioner	9	0
Totals:	128	72
Doctor of Nursing Practice <i>(Identify all tracks/majors offered and indicate whether post-baccalaureate or post-master's)</i>		
n/a	n/a	n/a
Totals:		

Identify any post-master's certificate programs offered by the nursing unit:

CNM, FNP

Identify any doctoral degree programs (other than the Doctor of Nursing Practice program) offered by the nursing unit:

Ph.D.in Nursing

Identify any joint degree programs in nursing offered with any other unit at the institution (e.g., MSN/MPH with the School of Public Health):

\_\_\_\_\_

**NCLEX-RN® Pass Rates for the Last Three Years (Academic or Calendar):**

Year	# Students Taking NCLEX-RN® for 1st Time	NCLEX-RN® Pass Rate for 1st Time Test Takers	NCLEX-RN® Pass Rate for <u>All</u> Test Takers
2008	178	77% (n=137)	90% (n=160)
2009	120	85% (n=102)	90% (n=108)
2010	128	86% (n=110)	91% (n=116)

**Certification Pass Rates for the Last Three Years (Academic or Calendar):**

Year	Certification Organization	Certification Exam (by specialty area)	# Students Taking Exam	Certification Pass Rate
2008	ANCC	FNP	7	100%
2009	ANCC	FNP/ACNP/PNP	9/4/3	100%/100%/66.67%
2010	ANCC	FNP/ACNP	11/5	100%/100%
2008	PNCB	PNP	3	100%
2009	PNCB	PNP	2	100%
2010	PNCB	PNP	1	0%
2008	AMCB	CNM		
2009	AMCB	CNM	3	100%
2010	AMCB	CNM	8	100%

**Nursing Program Faculty:**

CCNE recognizes that faculty members may teach across program levels. Nonetheless, the institution must estimate the faculty full-time-equivalent by program level for the academic year in which this form is submitted.

Identify the number (headcount) of faculty currently devoted to the nursing unit:

# FULL-TIME	# PART-TIME	TOTAL # FACULTY
49	5	54

Identify the faculty full-time-equivalent (FTE) currently devoted to the baccalaureate degree program:

FULL-TIME FTE	PART-TIME FTE	TOTAL FACULTY FTE
variable	variable	25

Identify the faculty full-time-equivalent (FTE) currently devoted to the master's degree program:

FULL-TIME FTE	PART-TIME FTE	TOTAL FACULTY FTE
variable	variable	11

Identify the faculty full-time-equivalent (FTE) currently devoted to the Doctor of Nursing Practice program:

FULL-TIME FTE	PART-TIME FTE	TOTAL FACULTY FTE
n/a	n/a	n/a

**Additional Campuses/Sites:**

Identify any additional campuses/sites where the nursing degree program is offered, the distance from the main campus, and the average number of nursing students currently enrolled at each location.

CAMPUS/SITE <i>(City, State)</i>	DISTANCE FROM MAIN CAMPUS <i>(in miles)</i>	# STUDENTS ENROLLED
n/a	n/a	n/a

**Distance Education:**

Does your nursing unit currently offer curricula (or any part thereof) via distance education (i.e., alternative modalities, including distance-mediated modalities, other than traditional classroom style)?

Baccalaureate (check one):  yes    no    not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the baccalaureate level:

RN/BSN - all nursing course offerings online. Clinical requirements are with preceptors with faculty oversight.

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  yes    no

Master's (check one):  yes    no    not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings at the master's level:

Community Health Nursing, Nursing Administration and Nursing Education are totally online. ACNP uses online for some course work, but students are also on campus in class. The other practitioner programs also supplement with some online activities.

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  yes    no

Doctor of Nursing Practice (check one):  yes    no    not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the Doctor of Nursing Practice program:

\_\_\_\_\_

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities?  yes    no



**Self- Study Report to the Commission on Collegiate Nursing Education  
Accreditation of Baccalaureate and Master's Programs  
College of Nursing, The University of New Mexico**

## INTRODUCTION

The College of Nursing (CON) at The University of New Mexico (UNM) is housed within the wider UNM Health Sciences Center (HSC). The Chancellor for Health Sciences reports to the President and the HSC Board of Directors. The Dean of the CON reports directly to the Chancellor for Health Sciences. Appendix 1 presents the organizational charts for UNM, UNM-HSC, and the CON.

### **The State of New Mexico and Albuquerque Metro Area**

New Mexico (NM) is the nation's fifth largest state, with a land mass of more than 121,000 square miles. According to the 2010 Census,<sup>1</sup> the population of NM was 2,059,179 (ranking 36<sup>th</sup> in the nation for population), with an average population of only 17 people per square mile (compared with a national average of 87.4 people per square mile). These facts illustrate the rural character of the state and the need for our outreach mission to the state. The nursing and primary care provider shortage has far-reaching effects, particularly in rural communities. NM ranks 47<sup>th</sup> in the nation for the number of nurses per 100,000 population (669 per 100,000).<sup>2</sup> According to the NM Board of Nursing (BON),<sup>3</sup> for FY11 there were 22,349 active registered nurse (RN) licenses in the state. In 2011, the estimated underserved population living in primary care health professional shortage areas was 29.9% compared to 11.2% in the United States (U.S.).<sup>2</sup> Considering the land mass, population per square mile, and number of nurses per capita, it is easy to understand the challenges to health care access New Mexicans have, particularly in the most rural parts of the state. In fact, NM is ranked 50<sup>th</sup> out of 50 states for access to health care.<sup>4</sup>

In the heart of NM, Albuquerque thrives as NM's largest metropolitan center. Albuquerque is recognized as one of the most culturally diverse cities in the country. Its ethnic tapestry is reflected in its architecture, artwork, cultural centers, and cuisine. According to the 2010 Census,<sup>1</sup> the population of Albuquerque and the surrounding metropolitan area (Rio Rancho, Bernalillo, Corrales, and the North and South Valleys) was 708,355, representing about 34% of the population of NM.

### **The University of New Mexico**

Founded in 1889, UNM ([www.unm.edu](http://www.unm.edu)) occupies 600 acres along old Route 66 in the heart of Albuquerque. UNM in Albuquerque offers a wide variety of academic programs through 12 colleges and schools on the main campus and the HSC. These academic options include more than 215 degree and certificate programs, including 94 baccalaureate, 71 master's, and 37 doctoral degrees. Distance education programs are offered through UNM Statewide (<http://statewide.unm.edu/>); these programs provide access to UNM courses for students who cannot come to the main campus or who choose to take classes in alternative formats. UNM Statewide contributes to student success throughout NM by providing educational opportunities that are accessible, high quality, inclusive, affordable, interactive, and responsive to the needs of NM's communities of learners. UNM Statewide partners with many of NM's 2-year community colleges, including UNM's own branch campuses (in Taos, Gallup, Valencia, Los

Alamos, and Rio Rancho), to offer students opportunities to complete selected bachelor's and master's degrees without the need to leave home. The CON participates in these statewide distance education efforts as a key part of the mission and vision. UNM is designated as a minority-serving institution and is one of only four Doctoral/Research Universities-Extensive in the country to also be designated as Hispanic-serving. The student population is 28.4% Hispanic and 5.1% American Indian. *US News and World Report* magazine identified UNM as a Tier 3 National University. UNM is fully accredited through 2019 by the Higher Learning Commission (a Commission of the North Central Association).

### ***The UNM Health Sciences Center***

Established in 1994, the UNM-HSC (<http://hsc.unm.edu>) is the largest academic health complex in the state. As a nationally recognized leader in health sciences education, the HSC is also a major center for health care and research. The HSC, located on the UNM North Campus, combines four mission areas (education, research, patient care, and community outreach) to provide New Mexicans with a high level of health care. The UNM-HSC is made up of the following academic and clinical entities: CON, College of Pharmacy (COP), School of Medicine (SOM), Health Sciences Library and Informatics Center (HSLIC), UNM Hospitals (UNMH), and the nationally-ranked UNM Cancer Research and Treatment Center (UNM-CRTC). The UNM-HSC recently received a Clinical and Translational Science Award from the National Institutes of Health (NIH). This award led to the development of the Clinical and Translational Science Center (CTSC) at the HSC (<http://hsc.unm.edu/research/ctsc/index.shtml>). The CTSC provides resources and infrastructure for cutting-edge clinical research. The staff, facilities, and resources of the CTSC are available to everyone involved in research at UNM-HSC.

### ***Governance and Leadership***

The UNM is governed by the Board of Regents (BoR), composed of seven members appointed by the Governor of NM with the consent of the Senate, for staggered terms of 6 years. Additionally, a student regent is appointed for a 2-year term. The Board's power to govern the University includes fiduciary responsibility for the assets and programs of the University, establishment of goals and policies to guide the University, and oversight of the functioning of the University. The BoR vests responsibility for the operation and management of the University in the President of the University. The President, David J. Schmidly, Ph.D., is responsible for UNM main campus, UNM-HSC, and all UNM branch campuses.

The Chancellor for Health Sciences, Paul Roth, MD, MS, FACEP, reports to the University President and the HSC Board of Directors. In 2011, the UNM-HSC Board of Directors was created to oversee the patient care provided at all HSC clinical facilities for the UNM Health System. However, this initiative will not change the oversight of HSC's academic mission or its relationship with the main UNM campus. Whereas all actions by the new Board of Directors will still be presented to the full UNM BoR for review, this new structure will simplify the process by which the BoR provides oversight of HSC operations. The Board of Directors conducts monthly meetings attended by the Chancellor for Health Sciences and the HSC leadership team. The HSC leadership team meets monthly to discuss key operational and policy issues. Members of the HSC leadership team are listed in Appendix 1. Issues with

HSC academic programs, legislative issues, and infrastructure and space needs are other items of interest on the agendas for the meetings. The Deans of the HSC academic programs also meet monthly.

### ***The College of Nursing***

The CON (<http://nursing.unm.edu/>) is a fully accredited component of the UNM-HSC. The CON Dean, Nancy Ridenour, PhD, RN, APRN, BC, FAAN, reports directly to the Chancellor for Health Sciences. In 2010, the CON implemented a new organizational structure. Within this new structure, all CON employees are assigned to work within one of six teams with a designated scope of work. Three teams (Education, Research, and Practice) comprise faculty and select staff. The other three teams (Student Services, Organizational Services, and Administration Services) comprise staff (with the exception of the Dean and Executive Dean, who work within the Administration Services Team). See Appendix 2 for the scope of work of each of these teams. The CON Leadership Team comprises the Dean; Executive Dean; the Chairs for the Education, Practice, and Research Teams; the Manager for the Student Services and Organizational Services Teams; and a Program Operations Director. The Leadership Team meets regularly throughout the week to maintain communication regarding events within the organization and to provide advice and input to members.

As the flagship nursing school for NM, the CON represents a vital resource for the state by participating in each of the four missions of the UNM-HSC: education, research, patient care, and community outreach. Providing nursing education since 1955, the CON offers a full range of programs, including a basic undergraduate baccalaureate (BSN) program, the RN-to-baccalaureate (RN-BSN) program, several master's-degree (MSN) concentrations, and the doctorate of philosophy in nursing (PhD), including a BSN to PhD option. A Doctorate of Nursing Practice (DNP) program has received final university approval; planning for implementation will begin in 2012. Nurse practitioner (NP) concentrations (family nurse practitioner [FNP], adult acute care nurse practitioner [ACNP], pediatric nurse practitioner [PNP]) and the nurse-midwifery concentration prepares graduates who provide advanced practice nursing care to individuals throughout the state, including rural and underserved populations. Two MSN concentrations (Nursing Education and Nursing Administration) are accessible to local and rural students as online programs. These and other innovative programs complement the College's traditional programs to form a curriculum that is accessible, responsive, and pertinent to the changing environment in health care and the lives of students and to allow the CON to meet its mission.

Along with premier academic programming and innovative educational offerings, the CON has formulated many partnerships for education, research, and practice. The majority of these partnerships are interdisciplinary, and many involve community outreach. As one example, the CON has been instrumental in the formation of the New Mexico Nursing Education Consortium (NMNEC), a collaboration of nursing programs across the state working together with a goal to develop a statewide plan for nursing education ([www.nmnec.org](http://www.nmnec.org)). Other examples include an interprofessional education (IPE) initiative, interdisciplinary research partnerships through the CTSC, and practice opportunities in the community that provide sites for faculty practice, educational sites for students, and revenue for the College.

**STANDARD I**  
**PROGRAM QUALITY: MISSION AND GOVERNANCE**

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

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

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

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

**PROGRAM RESPONSE**

**Note: Standards and Elements in parentheses indicate documents in the electronic resource file**

**UNM, UNM-HSC, and CON Mission and Vision**

The CON mission and goals are reflective of and congruent with those of the UNM-HSC, which are in turn reflective of and congruent with those of the parent institution UNM (see Box 1 next page). The statements are reflective of the College and not of the individual programs.

The *UNM Strategic Framework for 2008 and Beyond* reflects the mission, vision, values, strategies, priorities, and goals of the University ([http://www.unm.edu/president/documents/Strategic\\_Framework.pdf](http://www.unm.edu/president/documents/Strategic_Framework.pdf); Standard I, Folder 1). UNM's core values for faculty, staff, and students describe the principles that guide decisions, actions, and behaviors. The core values of the University are excellence, access with support to succeed, integrity, diversity, respectful relationships, freedom, and sustainability. From these beliefs, the HSC vision, mission, and program goals, as well as the HSC strategic plan, known as Vision 2020, arise. These are on the HSC website <http://hsc.unm.edu/about/mission.html> and <http://hsc.unm.edu/Vision2020/>, respectively. To fulfill the vision, all colleges, schools, departments, and programs at the UNM-HSC have incorporated into their annual performance plans how their education, research, and service enterprises will measurably improve the health of NM.

*Box 1: Comparison of UNM, UNM-HSC, and CON Mission and Vision***University of New Mexico****Mission:**

The mission of UNM is to serve as NM's flagship institution of higher learning through demonstrated excellence in teaching, research, patient care, and community service. UNM's ongoing commitment to these cornerstones of purposes serves to:

- Educate and encourage students to develop the values, habits of mind, knowledge, and skills that they need to be enlightened citizens, contribute to the state and national economies, and lead satisfying lives.
- Discover and disseminate new knowledge and creative endeavors that will enhance the overall well-being of society.
- Deliver health care of the highest quality to all who depend on us to keep them healthy or restore them to wellness.
- Actively support social, cultural, and economic development in our communities to enhance the quality of life for all New Mexicans.

**Vision:**

UNM's vision describes the future state to which we, as an institution, aspire. Our aim is for this to be a vision that is "alive" serving to inform and align all of our goals, activities, decisions, and resources, as well as inspiring and encouraging initiative, innovation, and collaboration. The University aspires to a future in which we are known for strength through diversity, student success through collaboration, a vital academic climate, excellence through relevance, research for a better world, health and wellness leadership, and international engagement.

**Health Science Center****Mission:**

Our mission is to provide an opportunity for all New Mexicans to obtain an excellent education in the health sciences. We will advance health sciences in the most important areas of human health, with a focus on the priority health needs of our communities. As a minority-majority state, our mission will ensure that all populations in NM have access to the highest quality health care.

**Vision:**

The UNM-HSC will work with community partners to help NM make more progress in health and health equity than any other state by 2020.

**College of Nursing****Mission:**

The mission of the CON is to provide nursing education, research, service, and leadership. The focus of the College's efforts in education, research, service, and leadership is on the delivery and analysis of health care, as well as the design and management of health care delivery systems.

**Vision:**

The vision of the CON is to identify the most important nursing questions pertaining to human health in our communities through education, scholarship, and service, with commitment to the HSC core values.

*Note:* Because of a recent HSC reorganization in 2011, the HSC mission, vision, goals, and strategic plan are under review with probable revisions in 2012.

The CON vision and mission are derived from those of the HSC mission, vision, goals, and strategic plan. Featured on the CON website (<http://nursing.unm.edu/about/index.html>), the mission and vision reflect a focus of health in communities through education, scholarship, and service. The CON programmatic goals are to 1) Become a full participant in the HSC and UNM structure, such that our mission, value, and strategic directions are aligned with the larger goals of the institution; 2) Provide high-

quality educational programs to a diverse student population, both on and off campus; 3) Develop a scholarship base consistent with a Doctoral Research Extensive standing, and consistent with the flagship graduate program in the state; and 4) Expand nursing practice to develop faculty and provide statewide leadership in nursing practice.

Congruence is evidenced as UNM mission and vision are very broad, UNM-HSC mission and vision are more focused, and then the CON mission and vision are more narrowly defined. For example, the UNM mission is to “educate and encourage students to develop the values, habits of mind, etc.,” the HSC refines this to “obtain an excellent education in the health sciences,” and the CON further refines this to “provide nursing education.” The vision of UNM is to aspire “to a future in which we are known for strength through diversity, student success through collaboration, a vital academic climate, excellence through relevance, research for a better world, health and wellness leadership, etc.” The UNM-HSC refines this as “to work with community partners to help NM make more progress in health and health equity than any other state by 2020,” and the CON further refines this to “identify the most important questions pertaining to human health in our communities, through education, scholarship, and service.”

The CON program goals are reflective of the UNM, HSC, and CON vision and mission. The goals are further differentiated between the BSN and MSN programs (Table 1, next page). For example, the CON mission focuses on the delivery and analysis of health care, as well as the design and management of health care delivery systems, which is congruent with UNM’s mission to “deliver health care of the highest quality to all who depend on us to keep them healthy or restore them to wellness” and to UNM-HSC’s mission to “advance health sciences in the most important areas of human health, with a focus on the priority health needs of our communities.” This contributes to BSN program objectives to “collaborate with interdisciplinary teams to improve the quality of health care” and to the MSN program objectives to “assume responsibility for developing health care policy relative to social, ethical, legal, economic, and political issues that impact on nursing and to organize and develop collaborative relationships for the improvement of health care on an agency, organizational, or legislative level.”

#### **Availability of Information to Students, Faculty, and Community of Interest**

The overall program objectives for each program and further differentiated specialty objectives of the different concentrations in the master’s program are available to both prospective and current students on the CON website (<http://nursing.unm.edu/prospective-students/index.html>). These are also presented in the student handbooks, which are online and downloadable from the CON web site (<http://nursing.unm.edu/current-students/Student-Handbooks.html>); print versions are distributed to students at orientation (Standard I, Folder 7; resource room).

#### **Outcomes Link to Professional Nursing Standards**

The CON adheres to several professional standards, which are identified to students. The standards for the BSN program are the *American Association of Colleges of Nursing (AACN) BSN Essentials*.<sup>5</sup> The master’s program overall adheres to the *AACN MSN Essentials*,<sup>6,7</sup> as well as specialty standards for the various concentrations. These standards include: the *National Task Force (NTF) on*

*Quality Nurse Practitioner Education's Criteria for Evaluation of Nurse Practitioner Programs,*<sup>8</sup> *Advanced Practice Registered Nurses (APRN) Consensus Model,*<sup>9</sup> *the National Organization of Nursing Practitioners Faculties (NONPF) Nurse Practitioner Core Competencies,*<sup>10</sup> *the NONPF Nurse Practitioner Primary Care Competencies in Specialty Areas: Adult, Family, Gerontological, Pediatric, and Women's Health,*<sup>11</sup> *the Acute Care Nurse Practitioner (ACNP) Competencies,*<sup>12</sup> *the AACN Adult-Gerontology Primary Care Nurse Practitioner Competencies,*<sup>13</sup> *the American College of Nurse-Midwives (ACNM) ACNM Standards for the Practice of Midwifery,*<sup>14</sup> and *the American Organization of Nurse Executives (AONE) Guiding Principles for Diversity in Health Care Organizations*<sup>15</sup> (Standard I, Folder 2 and resource room). Faculty members have access to all these standards on the protected CON server (O drive).

*Table 1: Congruence of CON Program Goals to Mission and Vision Statements*

<b>BSN Program Outcomes</b>	<b>MSN Program Outcomes</b>
<p>Graduates of the BSN program will:</p> <ol style="list-style-type: none"> <li>1. Engage in life-long learning to maximize high-quality nursing care through increased understanding of human responses to health and illnesses.</li> <li>2. Apply evidence-based practice in nursing care.</li> <li>3. Provide culturally appropriate, patient-centered nursing care to individuals, families, and communities.</li> <li>4. Collaborate with interdisciplinary teams to improve the quality of health care.</li> <li>5. Apply leadership principles in varied professional nursing practice roles.</li> <li>6. Apply critical thinking in the development, implementation, and evaluation of standards for professional nursing practice.</li> <li>7. Incorporate appropriate technologic advances into high-quality nursing care.</li> </ol>	<p>Graduates of the MSN program will:</p> <ol style="list-style-type: none"> <li>1. Analyze theoretical formulations as a basis for nursing practice, education, and administration.</li> <li>2. Apply and/or participate in research about the nature of health/illness and the practice of nursing.</li> <li>3. Utilize advanced clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems.</li> <li>4. Assume leadership roles in nursing practice, education, or administration.</li> <li>5. Assume responsibility for developing health care policy relative to social, ethical, legal, economic, and political issues that impact on nursing.</li> <li>6. Organize and develop collaborative relationships for the improvement of health care on an agency, organizational, or legislative level.</li> <li>7. Synthesize knowledge from the biophysical, social, and nursing sciences which affects health/illness behavior or client systems as a basis for nursing practice, education, and administration.</li> </ol>
<p><b>CON Mission</b>  The mission of the CON is to provide nursing education, research, service and leadership. The focus of the College's efforts in education, research, service, and leadership is on the delivery and analysis of health care, as well as the design and management of health care delivery systems.</p> <p><b>CON Vision</b>  The vision of the CON is to identify the most important nursing questions pertaining to human health in our communities through education, scholarship, and service, with commitment to the HSC core values.</p>	

The AACN *Essentials* for both the BSN and MSN<sup>5,6,7</sup> are the basis for the curricular threads of each program. Evidence of compliance with *The Essentials* is found in individual courses, dependent on the program of study and documented in the crosswalk tables (Standard I, Folder 2). In 2010, faculty mapped the BSN and MSN courses to *The Essentials* to determine whether the competencies were met or not met. Faculty determined the competencies were met for the BSN program but noted some deficiencies and gaps with the MSN program, leading to curriculum changes. These changes are discussed later in the document.

The BSN program has also used the Institute of Medicine (IOM) reports<sup>16,17</sup> as well as other competency recommendations, such as Quality and Safety Education for Nurses (QSEN) (<http://www.qsen.org/>), AACN End Of Life Nursing Care ([www.aacn.nche.edu/el nec/peaceful-death](http://www.aacn.nche.edu/el nec/peaceful-death)), and the AACN Gerontology competencies,<sup>18</sup> to inform curricular decisions. The individual MSN concentrations use the appropriate specialty criteria and standards for curriculum decisions. The adherence to the Nurse-Midwifery competencies is reflected in the concentration's reaccreditation self-study and report to the accrediting agency (Standard I, Folder 6), as well as in the response of the accrediting agency. Use of the AACN essentials and specialty standards and ongoing published literature and professional recommendations serve two purposes: curriculum design and program evaluation.

**I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:**

- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

*Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement. The program afforded the community of interest the opportunity to submit third-party comments to CCNE, in accordance with accreditation procedures.*

## **PROGRAM RESPONSE**

### **Mission and Goals**

The mission and goals of the CON programs are periodically reviewed by CON faculty as part of strategic planning and when there are changes to the CON strategic plan, changes to the UNM or HSC vision, mission, goals, or strategic plan, or budgetary constraints, as examples. This most recent review of the CON mission and goals was as part of the College-wide strategic planning in January 2010. At a more recent College-wide retreat, held in October 2011, the CON faculty discussed overarching strategic goals and direction in relation to the HSC Vision 2020 Strategic Plan.

### **Student Outcomes, Standards, and Guidelines**

The Executive Dean is organizationally responsible for the CON academic evaluation, program evaluation improvement, and quality issues. In this capacity, she works very closely with the three Team Chairs for Education, Research, and Practice. Expected student outcomes reflect the chosen professional



standards and guidelines, as well as the active contribution from the school's defined community of interest, which includes students, faculty, the HSC, UNM, UNM alumni, the NM BON, employers of nurses, external sites for clinical education, professional nursing organizations and education programs, and advocates for the nursing profession. The outcomes are annually reviewed by the Program Evaluation Committee and the Education, Research, and Practice Teams, along with subcommittees of faculty members and the Curriculum and Graduate Committee. A revision of student outcomes is also triggered by changes in curriculum in response to changing standards, aggregate student outcomes, input from the community of interest, or input from faculty committees. Members of the CON faculty are elected annually to the standing faculty committees, with equal representation from each Team and at-large members from the CON voting faculty. This mechanism assures input from all teams into the curriculum and program evaluation process. Committee members report back to their teams monthly.

One example of curriculum change occurred in response to the call for educational reform cited in the literature.<sup>19,20,21</sup> The CON faculty developed and adopted a concept-based undergraduate curriculum reflective of the changing needs in the profession, health care, and health policy. New goals and expected student outcomes were developed as part of the revision process. This curriculum, which began in 2006, is unique in that traditional courses along specialty lines were replaced with life-span courses emphasizing concepts, with emphasis on community clinical experiences. Students at the upper-division level are also offered choices about select populations and environments for clinical experiences of interest. Although students do not have identical clinical experiences as a result of this curriculum change, the experiences are comparable and meet undergraduate terminal program goals.

As another example, significant revision was made to the MSN ACNP curriculum in 2007-2008 in response to program evaluation data and community of interest input. The concentration coordinator spent time with a faculty team from an existing program in another state. The coordinator reviewed and incorporated the specialty standards into a new curriculum that was subsequently adopted and implemented. Additional changes to the ACNP concentration are to be implemented in 2012 as a result of the need to add gerontology content, based on the *Adult-Gerontology Primary Care Nurse Practitioner Competencies*<sup>13</sup> and the new *Master's Essentials*.<sup>7</sup> In the future, additional gerontology content will also be added to the FNP curriculum.

The MSN Nursing Administration concentration also underwent a major curriculum revision within the past 5 years. Surveys were sent to the community of interest, and the concentration faculty worked closely with the New Mexico Organization of Nurse Executives (NMONE) and the NM Hospital Association (NMHA), with a focus on the American Organization of Nurse Executives (AONE) guiding principles<sup>15</sup> and AACN *Master's Essentials*<sup>6</sup> to revise concentration objectives, revise courses, and add needed new content. In 2008, the MSN Nursing Education concentration faculty also implemented a revised education curriculum that included new concentration objectives and courses, in response to feedback from students and individuals from the community of interest. Faculty members of the concentration are planning revisions again in 2012, in response to the new *Master's Essentials*.<sup>7</sup>

**Community of Interest**

The community of interest definition was revised in February 2010 by the CON faculty as follows: *The ability of the CON to fulfill its mission is intimately related to the needs and expectations of its internal and external communities of interest, which are regularly considered in program development and improvement. The primary internal communities of interest are those most directly connected to the mission of the College: students, faculty, the HSC, the UNM, and alumni. The external communities of interest are patients and components of the larger professional nursing community: The NM BON, employers of nurses, external sites for clinical education, professional nursing organizations and education programs, and advocates for the nursing profession* (Standard I, Folder 1).

To ensure input from the primary internal community of interest, information is obtained from a variety of sources. Within the HSC, the stated goals for the CON for the year are benchmarked quarterly and presented to the HSC regents and the other Deans of the HSC. Examples of these benchmarks can be found in the resource file (Standard I, Folder 4). The CON also has an ongoing close relationship with UNMH, and the administrative groups have formed the Nursing Leadership Alliance (NLA). This group meets quarterly to discuss issues of commonality and concerns and to express the needs of the College and the hospital. Agenda and minutes of these meetings are kept to reflect these discussions (Standard I, Folder 4). In addition, members of the faculty participate in UNMH nursing committees as requested, and members from the hospital participate on the committees of the CON. For example, two UNMH master clinicians are members of the subcommittee for undergraduate curriculum within the Education Team and the Program Evaluation Committee.

CON alumni and employers are also surveyed every 3 years using Educational Benchmark Inc. (EBI) surveys for their impressions and thoughts as part of the program evaluation plan for the CON. Summaries of these surveys are in the file (Standard IV, Folder 2). The clinical sites where undergraduate and graduate students are placed are evaluated by faculty, and the students and preceptors at the site also provide input for faculty members.

The NM BON and other nursing programs in the state are also important sources of information on how well the standards and outcomes of the program are met. Board approval is required every 10 years. The next CON approval will be in 2012, following the CCNE accreditation site visit. Annual reports are submitted to the Board; the most recent reports to the Board can be found in the resource file (Standard I, Folder 6). In addition, as previously mentioned, the CON is part of the NMNEC. The goal of the NMNEC is to develop a statewide plan for nursing education that addresses the healthcare needs of New Mexicans by preparing a qualified, diverse, and professional nursing workforce. Its mission is to prepare nurses for entry and educational advancement through developing and sustaining a resource-efficient and unified system of accessible, innovative, and state-of-the-art nursing education. This consortium is a very exciting partnership, with representation from every state-funded nursing program in the state, and has momentum toward establishing a common curriculum, increased access, and increased diversity for the nursing profession in the state. NMNEC materials are located in the file

(Standard I, Folder 4) and on the NMNEC website at [www.nmneec.org](http://www.nmneec.org). The meetings of this group have provided valuable input to the CON from members of the external community of interest.

The CON requested public comments about the program from the community of interest in December 2011. Advertisements were placed in newspapers throughout the state and on the CON webpage, and emails were sent to Chief Nursing Officers and Nursing Education Directors around the state. The advertisements are in the file (Standard I, Folder 5).

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

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

**PROGRAM RESPONSE**

The CON has clearly specified faculty outcomes based on the rank of the faculty member (lecturer to full professor) for both tenure-eligible and clinical educator faculty. Each of the outcomes documents speaks to the tripartite roles of education, research, and service. For the CON, a practice component is also expected for advanced practice certified clinician educators. Although practice is not their primary focus, tenured or tenure-track faculty with specialty certifications also practice to maintain their certifications. The tenure-track and clinician educator documents are congruent with faculty outcome expectations and with the *Faculty Handbook* from UNM. Promotion and tenure faculty guidelines are in the CON *Faculty Handbook*. Select exemplars from the criteria are in Appendix 3; specific examples of activities are in the file (Standard I, Folder 7 in the *Faculty Handbook*).

The faculty also must meet NM BON requirements. Requirements state that all faculty members must be currently licensed in New Mexico or a compact state and hold a graduate degree in nursing. For faculty teaching in specialty concentrations, the appropriate specialty certification is also required (see resource room for verification of licensure and certifications). The Organizational Services Team tracks the currency of licenses and certifications.

Tenure track faculty members are eligible for tenure after 6 years of employment. A mid-probationary review process occurs after the third year to inform the faculty member of their strengths and weaknesses in their progress toward tenure. For those at a rank of Assistant Professor, the tenure dossier is submitted for both internal and external review in the fifth year. All tenured CON faculty review all documents submitted for tenure review or promotion review and make a recommendation to the Dean, based on the stated expected faculty outcomes. Each faculty member considering promotion or needing a mid-probationary or tenure review is informed by the College's Faculty Affairs Committee and is offered a mentor for preparation of the needed documentation. Clear guidelines are offered to the faculty member. Examples of the guidelines are in the CON *Faculty Handbook* (Standard I, Folder 7). A positive tenure review results in automatic promotion to the Associate Professor rank. However, Associate and Full Professors are hired at the upper rank without tenure at times and are reviewed for tenure after a

length of time in service, with or without promotion accompanying the review. Recommendations for tenure from the Dean of the CON are finalized by the Chancellor for Health Sciences and then reported back to the faculty member. If a faculty member is denied tenure, a final termination year contract is offered.

All faculty members undergo an annual review process in which their performance is evaluated against the stated criteria for their rank and the current strategic plans for the CON and the team to which the faculty member belongs. Post-tenure criteria are clearly communicated verbally and in writing and are delineated in the *Faculty Handbook*. The criteria are periodically reviewed by the tenured faculty and by the Appointment, Promotion, and Tenure (APT) Committee. Minutes of the committee decisions are circulated and can be found in the file (Standard I, Folder 10). Each faculty member receives an individual contract renewal annually. Contracts are housed at the HSC; an example can be found in Appendix 4.

All faculty members are expected to teach regardless of rank and track specifications. Teaching expectations are outlined in the Faculty Workload Document (discussed later). The primary focus of faculty who belong to the Education Team is teaching the undergraduate programs; some Education Team faculty members teach MSN core courses and Nursing Education concentration courses. Research Team faculty members focus on scholarly productivity and research funding and primarily teach in the MSN and PhD program. Most Practice Team faculty members have practice responsibilities along with teaching in the MSN concentrations and some courses in the BSN program. For all faculty, teaching assignments may be reduced based on percentage of effort from funded grants or contracts, or for special assignments. Faculty members of each team develop their annual goals at their evaluation each spring, and from these goals, percentage of effort is determined for total work load effort. All faculty members are expected to be involved in service within the CON, and HSC and UNM service is also expected at senior ranks.

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

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

#### **PROGRAM RESPONSE**

As part of the shared governance process, members of the CON faculty chose to assemble as a “faculty of the whole” every month for making decisions. The *Faculty Bylaws* describe how faculty are governed and how decisions are made (Standard I, Folder 7). The *Bylaws* are accessible to faculty on the protected CON server (O drive). Faculty members review the document and make changes as necessary via the Faculty Affairs Committee. The structure is designed to include meaningful faculty and student participation in governance of the CON and its programs.

Full-time faculty members serve on committees within the CON. Specifics of how faculty members are elected to the committees of the College are in the *Faculty Bylaws* (Standard I, Folder 7). Members of the committees are elected annually by the voting faculty. The three faculty committees of

the College are: Curriculum and Graduate Committee, Faculty Affairs Committee, and Program Evaluation Committee. Additionally, there are two advisory councils (the Dean's Advisory Council and the Web/IT Advisory Council) that consist of both faculty and staff members, with representation from each of the six CON teams previously described. Each committee or council has a specific role in the governance of the program and may bring forth motions at the faculty meetings. Members of the faculty committees are expected to bring forth information from their teams to the committee members and information from the committees is to be shared with team members. By design, this process keeps faculty and staff informed of CON activities. Committee membership rotates yearly (Standard I, Folder 10). Some of these committees are more active in program governance than others (e.g., Curriculum and Graduate Committee and the Program Evaluation Committee). Frequently subcommittees are organized to carry out specific tasks that assist in meeting the overall goals of the committee. Minutes for each of these committee and council meetings, as well as minutes for former committees that existed before the organizational structure changed, are in the file (Standard I, Folder 10).

An examination of program evaluation efforts during the midterm report to the Commission on Collegiate Nursing Education (CCNE) (Standard I, Folder 6) revealed deficits in a consistent pattern of data collection and analysis. Because of this gap analysis, a college-wide Program Evaluation Committee was formed as part of the CON reorganization. Prior to that time, program evaluation was organized under the auspices of the Undergraduate and the Graduate Committees of the College. The current organizational structure took effect in January 2010, although the formation of the committees and governance structure was not complete until summer 2010.

Students provide input into programs by participating in curriculum evaluation and revision, by participating in interviews or focus groups conducted by faculty members, and through advising sessions. Students are invited to participate on the Curriculum and Graduate Committee and Program Evaluation Committee, specifically. The students solicit information from other students; as advocates for their classmates, their valuable feedback is considered in curriculum revision and other policy decisions. Students are also represented by the Student Nurses Association (SNA) and the Graduate Student Nurses Association (GSNA), which provide another mechanism for input through the faculty liaison serving each group.

Faculty and staff members also have the opportunity to provide input into the strategic directions and governance of the program through the development of strategic plans within their respective teams. Appendix 5 provides an example of the strategic plans of these groups. In addition, team meetings are held each month. Other governance issues are brought forward at these meetings and may result in a motion to the faculty meeting. Meeting minutes are circulated (Standard I, Folder 10).

Faculty, staff, and students are also given the opportunity to participate in the wider University governance by participation on the many committees and other task forces of the University. Many faculty and staff serve UNM or HSC committees, such as the UNM Faculty Academic Freedom and Tenure

Committee, the University Graduate Studies Committee, the University Curriculum Committee, the Athletic Council, the Provost Committee on Assessment, the Faculty Senate, and UNM Statewide.

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

*Elaboration: A process is used to notify constituents about changes in documents and publications. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.*

## PROGRAM RESPONSE

### Documents and Publications

The *UNM Catalog*, updated annually, is available to all faculty, staff, and students at the UNM website <http://catalog.unm.edu/catalogs/2011-2012>. All documents related to academic delivery are on the CON website <http://nursing.unm.edu>. These documents include information about academic program offerings, program outcomes, application requirements and process, student handbooks and academic calendars. Because the CON operates on three terms per year and the University has the traditional two semesters and summer session, there is a unique academic calendar for the CON. Students complete three equal-length terms a year (Spring, Summer, and Fall). The CON and UNM academic calendars are on file (Standard I, Folder 7). All posted documents are continuously monitored for accuracy by the Administration Services Team, student advisors, and the Student Services Team. The Web/IT Advisory Council meets monthly and also monitors the CON website for inconsistencies. If changes are needed, the appropriate team or committee is alerted. Final approval for website changes is granted by the Web/IT Advisory Council.

Admitted students follow the catalog under which they were admitted. If academic policy changes are made while they are progressing in their program of study, students are alerted to changes via the e-mail system. Every student is on the College-wide e-mail system, as well as on a list-serve for their particular cohort of students (e.g., BSN-Level I). If a change is to the student's advantage, he/she can agree to progress with the new change or remain with the specifications of the catalog of their admission year. Program offerings and website information are available to current and prospective students alike.

Students are also made aware of the *UNM Pathfinder*, which speaks to university-wide student expectations (e.g., academic honesty and code-of-conduct issues). The *Pathfinder* is on the UNM website <http://pathfinder.unm.edu/>. The CON student handbooks (BSN, MSN, PhD) are on the CON website and are distributed to students during orientation. Within the handbooks are academic policies specific to the program, such as grade requirements, progression policies, attendance policies, policies on dropping courses, and clinical requirements, to name a few. Degree completion requirements are located with the description of each program and concentration objectives on the curriculum worksheets. Copies of the

*UNM Catalog*, CON student handbooks, *UNM Pathfinder*, admission policies, grading policies, and degree completion requirements are on file (Standard I, Folder 7).

### **Transfer-of-Credit Policies**

Transfer-of-credit policies are available to prospective and admitted students in the *UNM Catalog* (Standard I, Folder 8). CON academic advisors work with prospective students to assist them in determining whether courses are transferrable. Most general education courses are transferrable through transcript review. A statewide articulation agreement is in place for in-state student transfers. Transfer of nursing courses undergoes further review to ensure that the student has the content to progress in CON courses and to complete degree requirements. The CON academic advisors work with lead faculty to determine whether credit can be granted. Because of a statewide articulation agreement for RN-BSN programs, credits from NM programs transfer easily. Transfer-of-credit policies for graduate students are in the *MSN Student Handbook* on the CON website <http://nursing.unm.edu>.

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

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

## **PROGRAM RESPONSE**

### **Congruence of Policies**

The College's academic policies are congruent with those of the University and support its mission, goals, and stated student outcomes, as well as the educational quality of the academic programs. The CON is represented by a faculty member on the University Curriculum Committee and the University Graduate Committee; therefore, the CON has input into policies of the parent institution. The CON also has two faculty representatives to the UNM Faculty Senate and the HSC Faculty Senate Council, where motions regarding university academic policies are voted on. General university admission requirements and academic policies are in the *UNM Catalog* (Standard I, Folder 7). The CON academic policies are updated yearly with the revision of the *UNM Catalog*, found online at <http://catalog.unm.edu/catalogs/2011-2012>.

### **Recruitment, Admission, Retention, and Progression Policies**

Within the CON, the majority of academic policies specific to recruitment, admission, retention, and progression originate within the three teams and/or the Curriculum and Graduate Committee. Before the organizational restructuring in January 2010, policies originated in the Undergraduate and Graduate

Committees. Actual admission policies, an application, and scoring criteria are in the file (Standard I, Folder 7). Examples of advertising and promotional materials are located in the file (Standard I, Folder 9); the minutes of the committees are also in the file (Standard I, Folder, 10).

### **Admissions Process**

A minimum of once a year, the admissions criteria are reviewed by the teams to determine whether changes are needed. When changes are desired, a motion for the change is forwarded from the teams to the Curriculum and Graduate Committee. If approved, the motion is brought by the Curriculum and Graduate Committee to full faculty for approval.

Applications are completed online from the CON website. The actual process for admission varies by program. For the BSN basic and second-degree options, students are admitted twice a year (Fall and Spring). Application instructions, guidelines, and deadlines are posted on the CON website for prospective students. The applications are screened by academic advisors to ensure the applicant has met the minimum admission criteria. An admissions subcommittee of the Education Team oversees the

*Table 2: Essential Admission Criteria for the BSN Program*

Option	Minimal Admission Criteria
<b>Basic and Second-Degree Options</b>	<p>All applicants must meet requirements for admission to the University and to the CON.</p> <ol style="list-style-type: none"> <li>1. The student must have submitted application and required academic records by the deadline dates; successfully completed all prerequisite classes, with a "C" or better, by the date specified in the application packet for each option.</li> <li>2. For entry into the basic-entry or second-degree options, the student must have maintained a cumulative grade point average of at least 3.0 based on all college work and at least 3.0 in science courses.</li> <li>3. The student must have competency in basic computer skills, including: general computer knowledge, word processing, data inquiry (databases and search engines), communication (e-mail), and searching the World Wide Web using the Internet.</li> </ol> <p><b>NOTE:</b> Preference is given to New Mexico residents. Students are expected to be fluent in the English language</p>
<b>RN-BSN Option</b>	<p>All applicants must meet requirements for admission to the University and to the CON.</p> <ol style="list-style-type: none"> <li>1. The student must have submitted application and required academic records by the deadline dates; successfully completed all prerequisite classes, with a "C" or better, by the date specified in the application packet for each option.</li> <li>2. The student must have maintained a cumulative grade point average of at least 2.5 based on all college work.</li> <li>3. The student must have a valid RN license (which must be kept current throughout enrollment).</li> <li>4. The student must have at least 26 hours of college course work applicable to the BSN degree.</li> <li>5. The student must have competency in basic computer skills, including: general computer knowledge, word processing, data inquiry (databases and search engines), communication (e-mail), and searching the World Wide Web using the Internet.</li> </ol> <p><b>NOTE:</b> Students are expected to be fluent in the English language</p>



application review process; applicants are then rank ordered from highest to lowest score based on pre-determined scoring variables. Because the number of qualified applicants exceeds the admission capacity, the application process is competitive. For this reason, students who score the highest are recommended for admission and voted on by the Education Team; this process has the oversight of the Curriculum and Graduate Committee. For the RN-BSN option, students are admitted three times a year (Summer, Fall, and Spring). Application instructions, guidelines, and deadlines are posted on the CON website for prospective students. The applications are first screened by academic advisors to ensure the applicant has met the minimum admission criteria. At this time, all qualified applicants are recommended for admission. Applicants are voted on by the Education Team and approved by the Curriculum and Graduate Committee. Table 2 (previous page) presents essential admission criteria for the BSN program options (Standard I, Folder 7).

For the MSN program, students are admitted at different times of the year, based on the concentration. Typically, the Education and Administration concentrations admit students once a year in the Spring. The advanced practice concentrations admit students once a year in the Summer. Application instructions, guidelines, and deadlines are posted on the CON website for all prospective students. Each concentration coordinator forms an admission committee from faculty who teach within the concentration to evaluate prospective applicants. For the Education and Administration concentration, each application is scored by two admission committee members; the selection process is based solely on review of the application. For the advanced practice concentrations, each application is scored by two admission committee members; an interview is conducted for the most competitive applicants (determined by the application review); and the committee reviews the combined application and interview scores. Because the number of qualified applicants exceeds the admission capacity for all concentrations, the application process is competitive. For this reason, students who score the highest are recommended for admission by the admission committees. In addition, a small number of alternates are identified, based on combined scores, who may be admitted if any applicants offered admission declines the offer. Recommended applicants are voted on by the Education Team (for the Education concentration) or Practice Team (for the advanced practice and Administration concentrations); this process has the oversight of the Curriculum and Graduate Committee. Table 3 (next page) indicates essential admission criteria for the MSN program and each concentration (Standard I, Folder 7).

The College underwent extensive revision of the screening criteria and process for selection for the undergraduate and MSN concentrations from 2006-2008 to ensure that the policies were in compliance with federal regulation. Additionally, a University lawyer was consulted to ensure that policies and applications were consistent, fair, and equitable. Several major changes have been made since 2008 as a result of evaluating student progression and outcome data. For example, the undergraduate admission grade point average was raised from 2.5 to 3.0.

Table 3: Essential Admission Criteria for the MSN Program and Concentrations

Program and Concentrations	Minimal Admission Criteria
<b>MSN Program</b>	<p>All applicants must meet requirements for admission to the University, Office of Graduate Studies, and the CON.</p> <ol style="list-style-type: none"> <li>1. Hold a bachelor's degree from an accredited nursing program, with an upper-division major in nursing. Graduates from non-accredited nursing programs and RNs with baccalaureate degrees in non-nursing fields are considered on an individual basis. RNs with non-nursing baccalaureate degrees must pass a Community Health test prior to admission.</li> <li>2. Have a minimum grade point average for baccalaureate work of B (3.0) or better.</li> <li>3. Submit complete application, required academic records, and documents by deadline date.</li> <li>4. Submit evidence of RN licensure (which must be kept current throughout enrollment in the program). If NCLEX-RN results are pending at the time of application, applicant should indicate this in the personal statement, with a copy of the RN license submitted within the first term enrolled and prior to any clinical experience. Note: An active RN license is required for the state in which any lab or clinical work (inpatient or community) will be done. An active New Mexico RN license is required for students holding teaching or research assistantships.</li> </ol>
<b>Nursing Education</b>	MSN admission guidelines (above).
<b>Nursing Administration</b>	MSN admission guidelines (above).
<b>FNP</b>	<p>MSN admission guidelines (above), plus:</p> <ul style="list-style-type: none"> <li>• At least 2 years of experience as an RN are recommended.</li> <li>• An interview is required as part of the admissions process.</li> </ul>
<b>PNP</b>	<p>MSN admission guidelines (above), plus:</p> <ul style="list-style-type: none"> <li>• At least 2 years of experience as an RN are recommended.</li> <li>• An interview is required as part of the admissions process.</li> <li>• Advanced Cardiac Life Support (ACLS) certification is required before beginning clinical coursework.</li> </ul>
<b>ACNP</b>	<p>MSN admission guidelines (above), plus:</p> <ul style="list-style-type: none"> <li>• An interview is required as part of the admissions process.</li> <li>• ACLS certification is required before beginning clinical coursework.</li> </ul>
<b>Nurse-Midwifery</b>	<p>MSN admission guidelines (above), plus:</p> <ul style="list-style-type: none"> <li>• At least 1 year of experience as a RN.</li> <li>• An interview is required as part of the admissions process.</li> </ul>

### **Recruitment**

The CON has a deep commitment to providing educational opportunities to disadvantaged students. One of the strategic goals of the CON is to recruit and retain minority students. The recruitment effort thus far has been to work with minority student groups (the Hispanic Student Association, the American Indian Student Services, and the African American Student Association) to increase interest in nursing careers among college students attending UNM. The College also works with the HSC Vice

Chancellor for Diversity and Chief Diversity Officer to meet the goals of recruiting and retaining minority and disadvantaged students.

Over the past several years, the CON has made a concerted effort to provide opportunities for admission to underrepresented minority (URM) students. By definition, URM groups include a representation of any racial or ethnic group within the profession that is disproportionately less than the proportion in the general population. In nursing, URMs include Hispanic/Latino (any race), Black/African American, and American Indian/Alaska Native.<sup>22</sup> Collectively, these three groups account for 28.4% of the general population, but only 9.3% of the nursing workforce. Asians are not considered URMs in nursing because they have a higher representation in the workforce (5.8%) than in the general population (4.5%).<sup>22</sup> Appendix 6 presents enrollment and retention data of cohorts admitted to the CON undergraduate and graduate program for the last 3 academic years (AY 07-08 to AY 09-10) based on the following racial and ethnic groups: URM, White/Asian, or Other. The decrease in total admissions between AY 2007-2008 and 2008-2009 reflects reductions in state funding for undergraduate admissions. These data validate the CON's intent to enhance workforce diversity because of the relatively high number of URM students enrolled, particularly in the undergraduate program. Increasing the number of URM students is also important at the graduate level. NM residents receive admission preference. Data on the success of these graduates are also in Appendix 6.

Being a URM is only one criterion used to identify disadvantaged students. To admit greater numbers of disadvantaged students (not just URM students), CON faculty again recently revised the selection process for admission to the undergraduate nursing program and the data-tracking mechanism for those admitted. In the past, applicant selection was heavily based on past academic performance (as evidenced by the applicant's grade point average). The revised process (used for the first time in the Spring 2011 selection process) still accounts for an applicant's past academic performance, but also includes other attributes common to students from disadvantaged backgrounds.

### ***Retention***

The CON is committed to facilitating the success of students once admitted. As shown in Appendix 6, persistence to graduation in the undergraduate pre-licensure program for cohorts admitted in the past 3 years has ranged from 96% to 98.5%. This level of success can be partly attributed to the efforts of a Student Success Manager and the availability of financial support. A full-time Financial Aid Officer at the CON helps students find available funds based on student need and qualification. Funding has been made available through the efforts of the CON administrators, who regularly apply for grants that support students. Over the past several years, we have been successful in obtaining and awarding funding through the Scholarships for Disadvantaged Students (SDS), Advanced Education Nursing Traineeship (AENT) grants, the Basic Nursing Education Program (BNEP) grants, and the Nursing Faculty Loan Program (NFLP). Additionally, we have been successful in obtaining funding from the Robert Wood Johnson Foundation (RWJF) and the William Randolph Hearst Foundation, for recruitment and retention of minority nursing students who commit to going back to their communities to work with the

diverse cultures, those interested in becoming nursing faculty, and those who plan to influence health policy for underrepresented groups. The RN-BSN students take much longer to complete the program, and there is considerably higher attrition compared with the basic and second-degree options. Among all students admitted to the RN-BSN program in AY 07-08, 08-09, and 09-10 ( $N = 246$ ), the attrition rate is 37%. This will be discussed further in Standard IV.

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

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

**PROGRAM RESPONSE**

Formal complaints are evaluated differently for faculty and for students. Faculty members with a complaint are encouraged first to seek an informal solution in conjunction with their Team Chair. Informal complaints are also heard by the Faculty Affairs Committee. The members of this committee occasionally hold open forums to hear complaints. If this does not result in an acceptable resolution, the faculty member may make an appointment with the Executive Dean and then the Dean, if the faculty member is still not satisfied with the solution. Once the Dean level has been reached, the next step, if needed, becomes formal and involves the Vice Chancellor for Academic Affairs at the HSC administration offices. The final step involves the Chancellor for Health Sciences if all other attempts at resolution have failed. Faculty members also have the resources of UNM if they choose to solicit input. Formal complaints can also be filed with the Academic Freedom and Tenure (AFT) Committee of the University if desired and/or with the Office of Equal Opportunities (OEO) or the American Association of Disabilities (ADA) Coordinator. These policies are in the *Faculty Handbook* (resource file, Standard I, Folder 7)

Students also have an informal and a formal process for complaints and grievances. The informal process involves working with the individual faculty member against whom the student has the complaint. If unsuccessful at that level, the student then sees the course coordinator. If not successful, the student may make an appointment with the faculty member's Team Chair. If there is still no resolution, an appointment can be made with the Executive Dean. Beyond the Executive Dean, the complaint becomes formal and follows the specific steps that are in the *UNM Pathfinder* (Article 2.3 – Formal Appeals of Academic Matters; <http://pathfinder.unm.edu/campus-policies/student-grievance-procedure.html>). The *UNM Pathfinder* is in the file (Standard I, Folder 7). The vast majority of student complaints are managed by faculty members and Team Chairs. More details about formal complaints are presented in Standard IV.

### **STRENGTHS OF STANDARD I**

1. Strong congruence of the mission, vision, programmatic goals, and expected student and faculty outcomes between the UNM, HSC, and CON.
2. AACN standards, other defined standards, and the community of interest provide the basis for continuous improvement in undergraduate and graduate curricula.
3. Faculty expectations are clearly stated for teaching, research, service, and advanced practice faculty practice expectations; and they are congruent with the mission, vision, programmatic goals, and strategic plan of the CON.
4. Faculty, staff, and students have a myriad of opportunities for participation in the governance of the College to assure program quality.
5. The program offerings and other information about the College and UNM are reviewed frequently and are accurate and easily found on the web sites.
6. Clear academic policies that are readily available to all students and faculty and are consistently applied.
7. Emerging and ongoing partnerships with community and educational groups are solidifying practice, research, and educational opportunities for students and faculty and are becoming an additional revenue source for the College.
8. Strategic planning is ongoing, with all teams/groups having a strategic plan for their work.

### AREAS FOR CONTINUOUS IMPROVEMENT FOR STANDARD I

Table 4 shows the Standard I areas identified for continuous improvement and the action plan established to improve them.

*Table 4: Standard I Continuous Improvement Areas and Action Plan*

Continuous Improvement	Action Plan
Evaluate faculty expectations of increasing interdisciplinary activities with resources and strategic initiatives.	Faculty Affairs Committee to facilitate discussions with faculty and the CON Leadership Team in AY 12-13.
Update criteria for appointment and promotion. Need enhanced clarity for greater consistency in decision making.	Faculty Affairs Committee to revise appointment and promotion criteria for all faculty ranks in AY 12-13.
Recruitment of students to serve on the Curriculum and Program Evaluation Committees remains difficult due to student work, home obligations, and the distance of students in online programs from campus.	Include the need for participation in all student orientations and as announcements in online courses. Brainstorm mechanisms of input for these students. Completed by 2012-2013 academic year.
Continue to monitor evolving professional nursing standards (e.g., ACNP and the AACN <i>Master's Essentials</i> ) and revise program offerings as needed.	Refer to teams for ongoing monitoring and recommendations for compliance. Initial revisions have been completed and ongoing monitoring will be done.
Continue to refine communication process between teams and committees to ensure mechanisms for tight feedback loops.	Adopt a common agenda plan for all team, group, and committee meetings that reflects feedback reports from individuals representing specific teams, groups, and committees. Include feedback and action plans consistently in the minutes.
Continue strategic planning discussion of October 2011 regarding sustainability.	Finalize a vision for the College for 2020 by 2013.
Represent the CON interests in the HSC restructuring.	The CON leadership will maintain a presence and participate in the HSC system reorganization.

**STANDARD II**  
**PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES**

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

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

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

**PROGRAM RESPONSE**

**Fiscal Resources**

The adequacy of fiscal and physical resources is always problematic in the economic realities with which all publically funded universities now exist. UNM, the UNM-HSC, and the NM Higher Education Department have been supportive of the needs of the CON and have provided resources to allow for a budget that supports the development of new programs and the implementation and evaluation of the existing programs. Budgets for each of the last 3 years can be found in the file (Standard II, Folder 1). The CON budget consists of money allocated by the NM state legislature and tuition differential. Revenue is supplemented by gifts, clinical contracts, and grants. However, Instruction and General (I & G) Funds from the legislature have been shrinking each year since December 2008. Since then, \$2.2 million of state funding have been cut from the CON budget; however, with additional funding (discussed below), the budget for education has remained level. UNM is on a formula-funded system that is dependent on the generation of credit hours (Appendix 7). Credit hours and generated instruction dollars are compared with the base year of UNM. If credit hours or program dollars increase by 3%, the institution qualifies for a positive workload adjustment. If credit hours decrease by 5%, the institution qualifies for a negative workload adjustment, and the previous year becomes the new base year. If UNM stays within the parameters, it is called "staying in the band" (See Appendix 7). The CON credit-hour generation rose in the early 2000s and enabled the CON to break out of the "expected band" for UNM over several years. Because of this, the Office of the President returned \$750,000 of generated funds to the CON budget in 2010, which is expected to recur in future years.

In 2011, the CON implemented a nursing tuition differential in all programs. The BSN tuition differential is \$167/credit hour, and the MSN tuition differential is \$218/credit hour. In addition, most

classes have course fees. For example, a fee has been added to all clinical courses in the FNP and PNP concentrations to cover expenses associated with Objective Structured Clinical Examinations (OSCE). The use of all collected course fees is specified, and all fees are returned to the College to support the teaching mission.

Table 5 illustrates the CON's budget summary for the past 4 years. Programs have both expanded and contracted as the adequacy of the budget to support positive outcomes is evaluated each year. There has been a significant increase in contract and grant revenues and Facilities and Administrative (F & A) revenues (and associated salary and operating expenses) in FY 11 and FY 12 due to a new grant from HRSA, increased spending on the Robert Wood Johnson Foundation grant, and new clinical contracts. Patient revenues peaked in FY 11 as a result of a practice clinic operated by the CON. In FY 12 the CON shifted the focus of faculty practice by developing individual contracts with non-UNM clinics. Table 5 also shows a significant increase in Tuition Differential/Fees. Tuition differential was phased in beginning in Fall 2010 and revenues are expected to level off in FY 2013. The increase in allocations and transfers includes shifting funds for future remodeling needed by the CON.

*Table 5: CON Combined Unrestricted and Restricted Budget Summary, FY 09-11*

<b>Fiscal Year</b>	<b>FY 2008-2009</b>	<b>FY 2009-2010</b>	<b>FY 2010-2011</b>	<b>FY 2011-2012 Budgeted</b>
I & G Revenue (State Funding)	\$ 6,792,590	\$ 6,706,526	\$ 6,397,600	\$ 5,501,210
Grant/Contract Revenues	\$ 732,566	\$ 1,122,290	\$ 2,343,379	\$ 2,661,838
Patient Service Revenues	\$ 69,446	\$ 60,233	\$ 239,618	\$ 171,081
F & A Revenues	\$ 54,878	\$ 66,840	\$ 103,839	\$ 158,788
Gifts/Endowment	\$ 468,157	\$ 669,412	\$ 1,489,907	\$ 531,926
Tuition Differential/Fees	\$ 118,290	\$ 119,310	\$ 650,194	\$ 1,394,688
Other Revenues	\$ 31,805	\$ 10,729	\$ 29,505	\$ 18,941
Allocations & Transfers	\$ (3,206)	\$ (241,778)	\$ (1,277,030)	\$ (453,444)
<b>Net Revenues</b>	<b>\$ 8,264,526</b>	<b>\$ 8,513,562</b>	<b>\$ 9,977,012</b>	<b>\$9,984,965</b>
All Salaries/Fringe	\$ 6,400,001	\$ 6,388,023	\$ 6,813,942	\$ 7,984,965
General Operations Expense	\$ 1,226,983	\$ 1,316,397	\$ 2,605,309	\$ 2,095,212
Travel Expense	\$ 144,004	\$ 107,745	\$ 127,705	\$ 201,782
<b>Net Expenses</b>	<b>\$ 7,770,988</b>	<b>\$ 7,812,165</b>	<b>\$ 9,546,956</b>	<b>\$ 10,256,539</b>
<b>Net Operating Margin</b>	<b>\$ 493,538</b>	<b>\$ 701,397</b>	<b>\$ 430,056</b>	<b>\$ (271,574)</b>

*Note:* I & G =Instruction and General; F & A = Facilities and Administrative. Net operating margin does not include balance forward.

State funds are dedicated to support permanent faculty lines and key staff positions. Other faculty and staff members are funded on grant or research contracts, which provide salary savings and travel monies. Salary savings are retained by the school for replacement faculty salaries, other immediate needs for temporary part-time faculty to cover courses, and select operation costs. There were salary



savings in FY 11 resulting from fewer hires than anticipated. Private support and fundraising through the UNM Foundation are essential to enhance excellence in educational offerings and to support students within the programs. Grants have also supported learning and simulation equipment and scholarships for students.

### **Budget Process**

The Dean is responsible for generating a budget based on the current year's revenue stream. The budget is prepared in collaboration with the CON Academic Operation Officer (who serves as the Organizational Services Manager) and in consultation with other members of the CON Leadership Team. The CON Academic Operation Officer is an accountant with many years of experience preparing and managing academic budgets. The Dean makes regular budget presentations to the CON faculty, particularly when situations arise that could potentially impact future budget projections.

Formal budget hearings are held each year with the HSC administrative group and with the chief accountant for the HSC. At these meetings, needs for resources are discussed, and decisions are made. An example of the budget calendar is in the resource file (Standard II, Folder 1). The Dean meets with the Chancellor for Health Sciences and key HSC leadership team members twice a year to discuss budget progress. These meetings occur after the first quarter and then again at mid-year, when the next budget is proposed. The BoR holds a budget summit each year and examines all proposals. Guidelines are then sent out, and the budget calendar is established.

### **Faculty Compensation**

CON faculty members have consistently earned salaries in excess of those benchmarked by AACN for their rank and the type of program (Appendix 8). However, because of recent budget limitations, there has been no increase in faculty (or staff) compensation in 3 years, including no funds for faculty merit. Despite this, the CON has been able to recruit qualified faculty for several critical positions and add positions that were determined to be necessary. However, several senior and tenure-track-eligible qualified applicants accepted key positions at other schools because of competition in salaries and other enhancements. It has been especially difficult recruiting advanced practice nursing faculty because of competition in the clinical sector and the fact that compensation for practitioners is higher on average than faculty compensation.

### **Physical Space**

#### ***Student Life***

Students on the HSC campus have several places where they can eat, study, and connect with other students. There are vending machines in many of the buildings' lounges, and there is a small cafeteria on campus. UNMH has a full-service cafeteria, with expanded hours beyond those of the on-campus cafeteria. There is a workout room in the SOM and showers in the Domenici Center. The Domenici Center also is home to the North Campus UNM bookstore, a coffee shop, and a student lounge, open 24 hours per day, 7 days per week. Adjacent to the HSC is a golf course, where many faculty, staff, and students walk or run. The HSLIC also manages three adjacent educational buildings,

which house classrooms and group-study rooms. There are also many individual study carrels throughout the 3<sup>rd</sup> and 4<sup>th</sup> floors of the library. Eight group study rooms are equipped with flat-screen projectors that allow students to plug in their laptops and display their work for collaboration. The HSLIC provides an open computer lab, consisting of 50 computers for use by all HSC faculty, staff, and students.

#### ***Domenici Center for Health Sciences Education***

An interdisciplinary education building, the Domenici Center for Health Sciences Education, opened in 2006 with classroom and meeting space, serving all education programs at the HSC. Domenici Center Phase II incorporates state-of-the-art classroom and laboratory technology to facilitate interdisciplinary education. Select classrooms are equipped with video broadcast technology for distance learning, as well as lecture capture technology. There are traditional type classrooms, seminar rooms, rooms equipped for taping and debriefing rooms, as well as student study cubicles. Within the Domenici Center complex is the Interprofessional Healthcare Simulation Center (IHSC), which provides state-of-the-art learning space for high-fidelity simulation, nursing labs, and a simulated clinic for standardized patient experiences. Nearly all didactic and laboratory courses are held in either the Nursing/Pharmacy Building or the Domenici Center. The building was planned with a Phase III footprint to provide additional classroom and seminar space. Phase III is on hold due to lack of funding. Without Phase III space, all users have major classroom space needs.

#### ***College of Nursing/Pharmacy Building***

The CON shares a 35-year-old building on the HSC campus with the COP. The CON is located on the first, second, and third floors of the building. A total of 22,000 square feet is allotted to the CON and is used for classrooms, offices, and storage space.

The first floor houses the administration offices of the Dean, Executive Dean, Director of Development, and Information Technology (IT) services (including a dedicated WebCT [UNM's online learning technology] staff member for faculty and students), along with administrative support staff. A 10-seat conference room is also located on this floor. The first floor also has a 1,636-square-foot lounge for student, faculty, and staff use, which is shared with the COP.

The second floor includes faculty offices, meeting space, and classroom space and is home to the Student Services Team and the Organizational Services Team. The second floor also has shared workroom/break room space, which houses basic office supplies, work space, a copy machine, and faculty/staff mailboxes. The room also has a refrigerator, microwave oven, and small tables, serving as a break room for faculty and staff. Adjacent to the workroom is a 10-seat conference room with audiovisual technology and telephone. The third floor has faculty offices, research and evaluation work space, support services staff, and classroom space.

All offices and classrooms were renovated in 1999, with a classroom technology upgrade in 2004. Another major classroom technology upgrade is planned for summer 2012, with funds from an HSC grant. The technology upgrade will consist of replacing the furniture, computer, DVD/VHS player, camera, projector, screen and audio equipment in each classroom. In addition, each room will be equipped with a

document camera that will allow instructors to share non-electronic content, such as written equations from a book. Furthermore, the upgrade will include audio/video web conferencing technology, with recording options. The upgrade will enhance the user technology experience and, most importantly, provide better service to our students.

A recent CON space renovation in 2011 vastly improved key office space for the Student Services, Organizational Services, and Administration Teams, and included the creation of a new shared office space area on the 3<sup>rd</sup> floor to be used by faculty or staff. Sufficient physical space has been a challenge as the programs have grown and additional faculty and support staff have been added. Appendix 9 contains the CON facility floor plan. The UNM Physical Plant Department is responsible for maintenance and cleaning of the facility.

#### ***Faculty and Staff Work Space***

Adequate faculty and staff office space within the CON is a constant challenge. Nearly all full-time faculty members have an individual office; two full-time faculty members who primarily work in the CON practice sites share an office. Staff members have either individual office space (as deemed required for their job, e.g., as identified in the Family Education Rights and Policy Act) or shared space in which to work. Money has been allocated by the HSC, and it has been determined that renovations of old spaces are needed to accommodate new activities and functions.

Each faculty office is equipped with a computer, desktop printer, and private phone. Each office work station is connected to the Internet, University network, UNM University Libraries system, and University e-mail. Computers are used extensively for work-related projects and for communication with students and colleagues. Standard software on each system includes Microsoft Office (MS Office), Adobe Acrobat, and Novell (GroupWise). Individual faculty members have access to research software (such as SPSS) via the CON servers if it is needed to assist them in accomplishing their objectives. Computers are on a 3-year exchange rotation in faculty and staff offices and are serviced and maintained by the IT staff. Faculty and staff members also have access to Internet-based meeting software, such as Elluminate Live!, Adobe Connect, and Skype, for teaching support and conferencing.

#### ***Other Equipment and Supplies***

Multiple computers are available for CON student or faculty use in the CON/COP Student Lounge, as well as at HSLIC. These computers are equipped with the standard MS Office, Adobe Acrobat, and Novell software; all are connected to the Internet and desktop printers. Technology support is provided by both HSLIC and the CON IT staff. HSLIC maintains the computer network, servers, e-mail, and other software. Additionally, the entire HSC campus has free wireless connections available to faculty, staff, students, and visitors. Faculty and staff members have access to portable audio/visual equipment, video equipment, an audience response system for instructional use, and laptops for check-out.

The administrative support staff member assists faculty and staff members with obtaining office and instructional supplies. Supplies are ordered by the administrative assistant for each team on a

monthly basis; additionally, miscellaneous supplies are in the workroom/break room on the 2<sup>nd</sup> floor. Copiers and fax machines are also located on each floor. An outside vendor provides shredding services for the entire HSC to dispose of confidential materials. Locked bins for shredding service pick-up are located on each floor.

### ***Classroom and Conference Spaces***

All classroom spaces in the CON, as well as in the Domenici Center, are equipped with computer consoles linked to the Internet and to LCD overhead projectors. These computers are equipped with the standard MS Office software package, Adobe Acrobat, and Novell. Electronic screens are mounted in each room and are integrated into the computer console. Select conference spaces in the CON and at HSLIC have the capability to use Skype for conferencing with colleagues or for distance student presentations. These rooms also have telephone conferencing capability with bigger speakers to project sound and microphones to capture sound.

### **Issues Related to Space and Planning Future Space Needs**

One of the greatest issues facing the CON, along with the rest of the HSC, is inadequate space. The HSC is literally out of space, and this threatens the ability for growth in programs that rely on classroom, laboratory, faculty office, and staff support space. The physical space needs of the UNM-HSC are constantly evaluated by the Planning and Campus Development Department. Some physical space needs at the College were relieved in 2010 with the opening of Phase II of the IHSC in the Domenici Center. However, failure to get a bond approved in the state elections in 2010 prohibited the construction of Phase III of the interdisciplinary education building (part of the Domenici Center complex) that would have provided additional learning space to be shared by the HSC programs. Enrollment in several HSC programs expanded, based on the assumption that Phase III would be finalized; thus, the space issues have become significant.

The CON room scheduler meets regularly with the schedulers from the COP and the SOM to plan space needs. This level of collaboration is necessary because of the need for all HSC programs to share classroom space to meet the academic mission. Scheduling of space is also enhanced through the Event Management System, software used by all three HSC schedulers to coordinate space use.

Following a 20-year Master Plan permits evaluation of the impending needs of the campus to accommodate future goals and the changing needs of the University to meet the stated mission. The UNM Master Plan of 1996 was updated in 2009 (UNM MP Update; Standard II, Folder 4). A significant portion of this plan is devoted to the HSC and North Campus, which includes all the clinical care and academic buildings. The plan is based on five strategic concerns: 1) student life, 2) transit, 3) parking, 4) open space, pedestrian, and bicycle improvements, and 5) gateways. The plan was vetted with numerous stakeholders and neighborhood residents adjacent to the UNM North Campus. For example, buildings on the HSC grounds near residential neighborhoods are not to be taller than three stories to preserve residents' views and their feeling of open space. The 20-year master plan calls for a new CON building, which is needed to accommodate the growing space needs of the CON organization and to provide an

opportunity for the Education, Practice, and Research Teams to have functional space. Once the College moves to the new building, the existing building would be totally renovated and dedicated to the COP.

Through leadership meetings at the HSC, the CON Dean and Executive Dean are involved in continuous review and monitoring of space needs and progress on the UNM Master Plan Update (UNM MP, 2009). A recent policy (Standard II, Folder 4) among HSC Executive Leadership mandates that any plans for new programs or significant changes to academic program delivery (such as increases in enrollment or changes in teaching) that would impact space requirements will first be discussed by the group. Regular meetings are held with the University Planning Officer, Chief Information Officer, Executive Director of HSLIC, Executive Dean for Nursing, Executive Dean for Pharmacy, and Education Dean for the SOM to discuss ongoing space issues that impact educational delivery. The CON Dean discusses College needs with the CON Leadership team, and based on this discussion, recommendations are made to the HSC Chancellor's Office. The CON Dean was a key member of the UNM Master Plan Update review and projection of recommendations. This plan also influences the strategic plan of the CON as plans are reviewed in terms of space needs.

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

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

### **PROGRAM RESPONSE**

Because the CON is an integral component of the academic UNM-HSC, faculty and students have access to multiple support services that are essential for quality teaching and learning. All faculty and students are provided with an e-mail account and access to multiple resources on the UNM campus. The e-mail system serves as a learning resource in enhancing communication with advisors, faculty members, fellow students, and professional colleagues. The services are more than adequate to achieve the mission, goals, and expected student and faculty outcomes.

#### **Library Facilities**

The UNM University Library system is made up of six libraries: Zimmerman Library, Centennial Science and Engineering Library, Fine Arts Library, William J. Parish Business and Economics Library, the Law Library, and the Health Sciences Library and Information Center (HSLIC). Zimmerman Library, with resources in education, government, humanities and social sciences, and HSLIC are the primary libraries used by the nursing students.

The HSLIC is a state-of-the-art center located in the heart of the UNM-HSC campus (<http://hsc.unm.edu/library>). The HSLIC is the only federally designated resource library to serve the

health information needs of New Mexico. The library is instrumental in assisting the CON in meeting its mission, vision, and stated programmatic goals.

- The HSLIC serves the CON, COP, and SOM, Biomedical Sciences Graduate Program, and Diagnostic & Therapeutic Sciences Programs.
- The library serves approximately 9,000 individuals, including faculty, students, staff, and preceptors across the state.
- The HSLIC provides technology support services to the entire HSC, including wireless Internet access, email/calendaring, a Microsoft Office SharePoint Services collaboration system, and more than 28 terabytes of centralized shared file space.

### **Library Resources**

The HSLIC resources include comprehensive and current collections comprising books, journals, media materials, and web subscription resources that are available to all CON students and faculty. Holdings within HSLIC include a broad health sciences collection consisting of 43,000 monograph titles, 1,700 media titles, and 2,039 current journal subscriptions. Many more titles are available through shared subscriptions with the University Libraries. A large number of HSLIC resources directly support nursing education and research. Specific to the nursing discipline, HSLIC has more than 2,600 book titles and a journal collection of an estimated 850 nursing titles.

In addition to titles, media, and journals, HSLIC provides learning materials and bibliographic, factual, and point-of-care resources. For example, three Apple iPads, three laptops, a wide selection of anatomical models, and an online 3-D anatomy program are available. Databases and electronic resources are available to nursing students that are sufficient to meet the educational and research objectives of the academic programs. Specifically, HSLIC has a subscription to the Cumulative Index of Nursing and Allied Health Literature, PubMed, Cochrane Database of Systematic Reviews, and a number of other clinical and research databases. These databases provide the full text of the material they index or link to the full-text options.

An interlibrary loan service is available to faculty, staff, and students, and is a necessary resource for students completing research as part of their program of study. This pattern of supplementing onsite collections in varying degrees typifies many programs at UNM and at other institutions. Interlibrary Loan is provided free to all HSC students from funding through the HSC Library and Technology fee.

### **Bibliographic Instruction and Library Liaison**

The CON program includes many hours of library and informatics skills training in a number of its courses throughout the various degree programs. Training in information literacy occurs specifically in the BSN and MSN programs (NURS 332 and NURS 501). A Nursing Services Librarian (who has a primary appointment with HSLIC) has a secondary faculty appointment to the CON, and serves as a dedicated library resource. She also co-chairs the Web/IT Advisory Council. The Nursing Services Librarian is responsible for integrating information literacy skills into the CON curriculum, providing reference assistance, providing training to faculty, staff, and students on efficient use of library resources, and

selecting the HSLIC collection for nursing and other areas. She serves on numerous committees at the College to stay informed on educational and research initiatives. In addition, she is available to all students in the program for consultation on literature search instruction on research projects, posters, and papers they are creating. She also maintains a web resource specific to nursing. The Librarian also maintains a presence on the homepage of every online course, with an "Ask the Nursing Librarian" icon and provides instruction in some of the online classes to assist in student outcomes for computer literacy. The Librarian further develops library guides for nursing students.

### **Distance Education (Fiscal & Physical Resources)**

Faculty use innovative technology to provide distance education for select BSN courses, RN-BSN courses, and graduate-level courses, and to enhance teaching. Distance education offerings are through New Media and Extended Learning on the UNM main campus using the WebCT online platform or Instructional Television (ITV) technologies. Distance education support is provided for faculty and students. A key member of the CON technology support staff is a full-time media specialist/instructional designer. This specialist provides support for faculty, staff, and students in online courses. The IT staff are cross-trained in Web-CT support, so the Instructional Designer has first-level back-up support within the CON and second-level back-up support from New Media and Extended Learning (on Main Campus) when support is unavailable at the College. Students in online courses also have a link to technology support provided in their online courses. The HSLIC electronic resources are easily linked with distance education features, and students are able to also purchase needed texts from the UNM-HSC bookstore from a distance. A variety of learning strategies are used with distance education, depending on the class. Features within WebCT include the posting of syllabi, assignments, and learning units; discussion boards; webinars through Elluminate Live!; chat rooms; video lectures; and Internet links to other key resources. Other distance technologies include the use of whiteboards, Skype, and Typhon (used for NP clinical logs and tracking patient encounters). Course expectations and requirements are consistent, regardless of whether a course is presented online or on the ground on campus. Key examples of courses taught in both formats include the undergraduate pathophysiology courses (NURS 239 and NURS 240) and the undergraduate research course (NURS 332).

Faculty members frequently evaluate the adequacy of the library and distance education support, along with the CON Curriculum and Graduate Committee and the CON Web/IT Advisory Council. Faculty members are requested to give input to the liaison Librarian, and a faculty member participates in a WebCT committee at UNM and the Knowledge Management and Information Technology Advisory Council (KMIT) within the HSC.

### **Research Support (Fiscal and Physical Resources)**

The undergraduate students in the honors program have been very active in the campus-wide Undergraduate Creativity and Research Symposium and frequently take top honors (Standard II, Folder 8). Students have support to disseminate posters of their work. Graduate students who are completing

research for a thesis can apply to the Office of Graduate Studies ([www.unm.edu/grad](http://www.unm.edu/grad)) for limited funding to support their work.

Faculty members have many resources available to support their research and scholarship endeavors within the College and at HSC. Through the CTSC, faculty members are allotted 15 hours of statistical consultation without charge for their projects. The CTSC also has a pilot projects program that awards significant intramural funds for pilot projects three times per year. Two faculty members have competitive pilot grant awards. The CTSC also provides grant writing workshops and other training programs for new investigators. A task force is currently working on enhancing mentorship of new investigators across the HSC, including a new web-based mentor training program, supplemented with on-the-ground case-based seminars. Faculty members also have access to funds from the HSC Research Allocation Committee that support competitive pilot projects within the HSC. Within the CON, there is an active mentoring group that meets monthly and assigns senior faculty mentors to junior tenure-track faculty members to advise and support them in their career development. Also within the CON is an Internal Peer Review Working Group that is a cross-team effort to assist faculty members with proposal development and grant applications, including such activities as internal peer review of proposals, external consultant reviews, full-panel mock peer reviews, and post-review feedback. Examples of some supports are in the file (Standard II, Folder 8). Additional information regarding faculty support for research is in Standard IV.

### **Student Services Support**

Under direction from the Student Services Manager, the Student Services Team brings together academic advising, financial aid, academic support, and alumni activities to support students collaboratively from before admission to after graduation. A strategic plan of this group's work is in Appendix 5 and in the resource room.

#### ***Academic Advising***

Initial admission advising for undergraduate students is provided on the main UNM campus. Once a student declares nursing as a desired major, the student is referred to the CON Student Services department for advising. Graduate students are advised by the CON from the pre-application period forward. The Office of Graduate Studies is also available to assist with applications, posting of application deadlines, and to answer questions from students pursuing advanced education in nursing. The advising team consists of an Administrative Assistant III staff member, who answers questions about how to apply and make appointments to see one of the academic advisors. There are three academic advisors, each of whom focuses on one of the program areas (BSN, RN-BSN, and MSN). The advisors also support faculty with questions regarding programs of study or grade submission. Graduate students also receive advisement from their Concentration Coordinator or a member of the concentration faculty. Once admitted, there is an orientation session for each program. The advisement team is involved on many fronts, including the "Lobo" orientation on the UNM Main Campus for undecided freshman and



recruitment at the UNM Main Campus as well as at the branch campuses in Taos, Gallup, and Valencia and at Central New Mexico Community College.

### ***Financial Aid***

Further student services support is also available to all students from the Financial Aid Officer located within the College, as well as from others at the HSC. The Financial Aid Officers on the HSC campus meet once a month to look at scheduling issues and deadlines, and to cross-train with each other so that students are not left without support if a member of the team is away. The CON admits a larger percentage of students who are economically disadvantaged; therefore, financial aid support is crucial to their success. Typically, about 67% of undergraduate and 33% of graduate students apply for federal financial aid. The breakdown of the types of support available to students, including the federal financial aid awarded, can be found in the CON Annual Reports.

The College has been very fortunate the past 3 years to have student financial aid funding totaling \$400,000/year from the Helene Fuld Foundation and \$125,000 from a private donor, in addition to the regular funding from year to year. HRSA also provides funding through the SDS for undergraduate and graduate students and through the Nurse Faculty Loan Program. Table 6 shows the financial aid distributed during the past 3 fiscal years.

*Table 6: Financial Aid Distributions to Students*

<b>Type of Support</b>	<b>FY 08-09</b>	<b>FY 09-10</b>	<b>FY 10-11</b>
Departmental Scholarships	\$ 278,800	\$ 315,456	\$ 355,952
U.S. Dept. of Health & Human Services Scholarships for Disadvantaged Students			
- Baccalaureate	\$ 32,520	\$ 70,468	\$ 93,849
- Graduate	\$ 7,743	\$ 4,620	9,653
Advanced Education Nursing Traineeships	\$ 62,751	\$ 0	\$ 38,333
Nursing Faculty Loan Program for Graduate Students	\$ 56,308	\$ 29,527	\$ 91,044
Federal Student Financial Aid			
- Baccalaureate	\$ 2,364,327	\$ 1,550,356	\$ 2,162,993
- Graduate	\$ 1,026,076	\$ 859,530	\$ 1,087,693
<b>Total</b>	<b>\$ 3,828,525</b>	<b>\$ 2,829,957</b>	<b>\$ 3,839,517</b>

### ***Academic Support***

The CON is proud to have a diverse student body and has invested in resources to facilitate its success. A Student Success Manager, hired in 2009, interacts primarily with undergraduate students. The role of the Student Success Manager includes participating in the orientation of students to the College to set the expectation that the student will succeed and that a key element in success is knowing when and how to get help. Students can refer themselves to the Manager or can be referred by a faculty member for academic concerns. Students often use this service for social support or emotional concerns. When this type of concern goes beyond the expertise of the Student Success Manager, the Manager provides a referral to a health care provider or social support organization. Students seek support for a wide range of

difficulties, including those related to reading and writing skills, studying, test grades, time management, anxiety/stress management, and difficulty passing the licensure examination. Specific examples of how the Student Success Manager provides academic support are addressed in Standard IV-D.

The Student Success Manager interacts with other UNM entities to assist in recruiting members of groups underrepresented in nursing, including the HSC Office of Diversity, the HSC Center for Native American Health, El Centro de la Raza, American Indian Student Services, and African American Student Services, as well as the education directors at several Native American pueblos.

### ***Alumni Activities***

The CON Alumni Officer promotes and advances the interests of the CON by building strong and mutually beneficial ties between the CON and its diverse alumni. The Alumni Officer has created a dynamic alumni program that aims to stimulate interest, build loyalty, increase involvement, and generate support for the CON. This includes newsletters, reunions, alumni awards, volunteer opportunities, and the use of social media outlets for connecting with alumni and sharing information. In addition the Alumni Officer works closely with the UNM alumni office to ensure that there is not duplication of efforts nor competing events and offers.

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

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

*Elaboration: The chief nurse administrator has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale if the chief nurse administrator does not hold a graduate degree in nursing.*

### **PROGRAM RESPONSE**

Nancy Ridenour, PhD, RN, APRN, BC, FAAN, joined the UNM-CON as Dean in December 2008. Dr. Ridenour is well-known in faculty and academic circles and among AACN Deans. Her educational background includes a Bachelor of Science in Nursing from the University of Colorado, Denver; a certificate as an Adult Nurse Practitioner from the University of Colorado, Denver; a Master of Science in Nursing, Family Nurse Clinician, from the University of Colorado, Denver; a Doctor of Philosophy in Human Development and Family Studies from Texas Tech University, Lubbock; and a Certificate in Fundraising Management, Center on Philanthropy, from Indiana University.

She arrived in NM with 8 years of experience as a Dean from Illinois State University College of Nursing in Normal, IL. Prior to that, she had several years of faculty and administrative experience for Texas Tech University in Lubbock and the University of Colorado Health Science Center (Standard II, Folder 3). Dr. Ridenour has also held many practice positions. Along with her academic and experiential qualifications, Dr. Ridenour is exceptionally prepared in health policy, having served the year before arriving in NM as an RWJF Health Policy Fellow in Washington, DC. In 2008, she served on the U.S. House of Representatives Committee as a Policy Analyst. During her career, Dr. Ridenour has received many honors, including the 2011 New Mexico Nurse of the Year. She has authored numerous publications and is widely sought after as a speaker, particularly on the subject of health policy. She has served widely as an external consultant and has been active in many community service projects.

Dr. Ridenour is exceptionally qualified to accomplish the mission, goals, and expected student and faculty outcomes of the CON. As a Dean at the UNM-HSC, she is vested with the administrative authority to accomplish them. She has full administrative authority over the CON budget, decision-making within the College, and evaluation of progress toward the goals. She frequently consults with other Deans, HSC constituents, faculty, and the nursing community in making decisions. Dr. Ridenour is a respected colleague in the community of nursing in NM. She is inclusive of the faculty of the CON and staff regarding internal decisions that will affect their well-being and the goals of the College. She is effective in addressing the mission and goals of outreach for the College through collaboration and is attuned to the community of interest and its comments or concerns.

#### **II-D. Faculty members are:**

- **sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes;**
- **academically prepared for the areas in which they teach; and**
- **experientially prepared for the areas in which they teach.**

*Elaboration: The full-time equivalency (FTE) of faculty involved in each program is clearly delineated, and the program provides to CCNE its formula for calculating FTEs. The mix of full-time and part-time faculty is appropriate to achieve the mission, goals, and expected student and faculty outcomes. Faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.*

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

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

### PROGRAM RESPONSE

The number of faculty at the CON continues to grow based on the opening of practice sites, which does not necessarily increase teaching capacity. Faculty must have a graduate degree in nursing. All faculty members, with the exception of one faculty member who works with the RWJF center, are educated at that level and are RNs (Standard II, Folder 2). Each year, the CON completes the AACN faculty vacancy survey (Standard I, Folder 6). A full-time equivalency (FTE) is defined as a unit to measure employed persons or students in a way that makes them comparable, although they may work or study a different number of hours per week. An FTE of 1.0 means that a person is equivalent to a full-time employee; whereas an FTE of 0.5 signals that the worker only works half time. Table 7 specifies the number of faculty in each of the last 4 fiscal years.

*Table 7: Faculty Permanently Funded with State Funds, 2007-2011*

	<b>FY 07-08</b>	<b>FY 08-09</b>	<b>FY 09-10</b>	<b>FY 10-11</b>
<b>Full-Time</b>	39	41	47	49
<b>Part-Time</b>	3	4	5	5
<b>Total</b>	42	45	52	54

As of July 1, 2011, of the 54 faculty members in place, 12 are tenured, 4 are tenure-track, and 38 are clinician educators. Thirty faculty members (57%) are doctorally prepared, and 2 are doctoral candidates. Nineteen faculty members belong to the Education Team, 15 to the Research Team, and 16 to the Practice Team. A few select part-time faculty members are employed on special projects and are not a member of a Team. The most difficult element in faculty recruitment is finding faculty with the needed specialty backgrounds. After hire, faculty members are assigned to teach in areas for which they have clinical experience, clinical certifications, or post-graduate specialty work (Standard II, Folder 2). Faculty members are qualified for their roles and have obtained academic degrees from respected institutions of higher learning across the country, demonstrating a diversity of philosophies and views as they are applied to the scholarship, curriculum, and service within the College. Individual faculty curricula vitae (CVs) are on file (Standard II, Folder 3) and in the resource room. Faculty members are provided a means to retain their certifications according to the need for clinical practice hours.

Each faculty team has a program director that oversees the academic offerings led by the team. The Education Team academic program director is Nancy Morton, MSN, a faculty member with 18 years of experience in the undergraduate program at the CON. The Practice Team academic program director is Carolyn Montoya, MSN, PNP, PhD(c), a faculty member with 16 years' experience teaching in the advanced practice programs at the CON. Each of the concentrations in the MSN program is led by a concentration coordinator who has qualifications and skills to lead the academic program (see Table 8). All of the advanced practice tracks have lead faculty who are nationally certified in their specialty area, as required by the NTF criteria.<sup>8</sup>

Table 8: MSN Concentration Coordinators

Concentration	Coordinator/Licensure/Degrees/Certifications/Qualifications
Family Nurse Practitioner	Keri Black, RN, PhD, FNP (certified by ANCC)
Pediatric Nurse Practitioner	Carolyn Montoya, RN, MSN, PhD(c), PNP (certified by PNCB)
Acute Care Nurse Practitioner	Patricia Gillett, RN, DNP, ACNP, FNP (certified by ANCC)
Nurse-Midwifery	Julie Gorwoda, RN, MSN, CNM (certified by ACNM)
Nursing Education	Debra Brady, RN, PhD (from education discipline)
Nursing Administration	PJ Woods, RN, MSN, MBA, PhD (former Chief Nursing Officer)

*Note.* ACNM = American College of Nurse-Midwives; ANCC = American Nurses Credentialing Center; PNCB = Pediatric Nursing Certification Board.

Teaching workload for faculty is guided by the *UNM Faculty Handbook* (but adapted to a 12-month assignment and also to the need to practice, which is not a requirement for the UNM Main Campus faculty) and the CON workload document (Standard II, Folder 6). Tenured and tenure-track faculty members are expected to teach 15 credits during an academic year (6-6-3 during the three terms), unless they have research or grant funding buyout. Clinician educator faculty members are expected to teach 24 credits during an academic year (9-9-6 during the three terms). The teaching mission is supplemented for buyout by temporary part-time faculty who are offered new contracts each term they are needed and by master clinicians in the clinical areas who work under the guidance of a permanent faculty member. Examples of actual workload calculations are in the resource room. The teaching assignments are coordinated by the Chairs of the three teams: Education, Research, and Practice. If qualified, faculty members may be assigned to teach across programs and team areas, as needed.

**II-E. When used by the program, preceptors, as an extension of faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.**

*Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines. Preceptors have the expertise to support student achievement of expected learning outcomes. Preceptor performance expectations are clearly communicated to preceptors.*

**PROGRAM RESPONSE**

**Baccalaureate Program Use of Preceptors**

Like most undergraduate programs, the CON relies on preceptors and adjunct faculty for clinical education. The CON has a Program Manager to assist clinical faculty members in identifying potential preceptors. Preceptors are screened by faculty for educational background, experience in the area needed for the student experience, and availability during the students' clinical rotation. In the undergraduate program, preceptors are primarily used for clinical intensive courses (NURS 411-416), the

capstone experience (NURS 419), and community experiences in the RN-BSN courses (NURS 447L). The preceptor typically is assigned one student for a clinical experience. That student works directly with the preceptor in the provision of care for the clinical experience. The CON faculty member assigned to teach the course works directly with the preceptors to ensure consistency in the educational experience and meeting course objectives. For example, if an oncology clinical intensive (NURS 415L) is being offered, students will be placed in several different oncology settings across the city with a preceptor. The assigned faculty member, who will be an expert in oncology nursing, will then work with the preceptors assigned to that group of students. When preceptors are used with student learning, a faculty member completes site visits to assist the preceptor in understanding the learning goals and needed outcomes for the student and to evaluate student progress.

Another type of preceptor role is the *master clinician*. Master clinicians are defined as clinical adjunct instructors employed by the clinical agency (usually as unit-based educators) to assist with students in clinical experiences on their respective units. The agency has the benefit of exposure of the students to the unit which may possibly interest the student in future employment. The majority of the master clinician's academic preparation is similar to that of undergraduate faculty. They are oriented to their role, and meet with course faculty each term regarding course expectations and grading. Master clinicians lead a clinical group of up to eight students (as opposed to being assigned one student) for inpatient clinical experiences. The CON faculty member assigned to teach the course has direct oversight of the master clinicians to ensure consistency in the educational experience and meeting course objectives (Standard II, Folder 5). Each term, master clinicians are oriented to the objectives and needed outcomes for the course they are assigned and are evaluated by the lead faculty member; students also give feedback on their clinical experience with the master clinician and on the unit.

As the CON changed the undergraduate curriculum in a way that led to an increased role for preceptors, the faculty realized that not enough documentation was being kept to show the qualifications of the preceptors and to document performance expectations and evaluations of preceptors. In 2009, a process was established for faculty in all programs to identify the preceptor selection criteria and documentation of preceptor qualifications. The process also provides a mechanism for faculty and students to evaluate preceptor performance expectations (in congruence with the learning objectives and goals) and expected outcomes of the preceptors. Additionally, a formal process emerged for the evaluation of the clinical sites by faculty and students. Although this process has improved during the last 2 years, there are gaps in consistency regarding data collection and analysis. These data are on file (Standard II, Folder 5). This process is addressed in the action plan at the end of this standard.

### **Graduate Program Use of Preceptors**

The graduate concentrations have a long history of using preceptors with their students. All clinical program preceptors in the advanced practice concentrations are certified in their specialties. In the other concentrations, preceptors are very experienced in their roles as administrators or educators. These preceptors are located throughout the state and, in some instances (e.g., nurse-midwifery and in the

online programs), out of state. At the graduate level, advanced practice preceptor evaluations are kept in the Concentration Coordinators' offices or are electronically entered into the Typhon system. The system keeps clinical logs, faculty and student evaluations of the preceptor sites, and preceptor evaluations by students and faculty. If requested, access to the Typhon system will be provided to evaluators and some examples of the evaluations will be found in the resource room. The preceptors for the advanced practice concentrations are carefully oriented and developed, as they are a prime commodity in the state. All the NP programs in the state compete for clinical preceptors, with several in-state and out-of-state institutions also trying to place students in clinical placements in the state. Faculty members make site visits to each student and preceptor a minimum of once per term to observe the progress of the student and obtain input of the preceptor and status of the site.

The Nursing Administration and Nursing Education concentrations also make use of preceptors for the fieldwork experiences. Preceptors are identified by the student, and the qualifications are screened by the faculty. Preceptors interact with CON faculty in person and by teleconference call. During such meetings or through email communication, the faculty member reviews the role of the preceptor, expectations of the students, and course learning objectives. During a gap analysis in 2010, the manner in which preceptors and clinical sites were screened and evaluated for the Nursing Administration and Nursing Education concentrations was identified as a weakness; thus, a process to collect this information via an online survey was initiated. Although this process has improved during the last 2 years, gaps in consistency regarding data collection and review remain. This process will receive emphasis in the CON action plan.

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

*Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role and in support of the mission, goals, and expected student outcomes. For example:*

- *Faculty have opportunities for ongoing development in pedagogy.*
- *If research is an expected faculty outcome, the institution provides resources to support faculty research.*
- *If practice is an expected faculty outcome, opportunities are provided for faculty to maintain practice competence, and institutional support ensures that currency in clinical practice is maintained for faculty in roles which require it.*
- *If service is an expected faculty outcome, expected service is clearly defined and supported.*

**PROGRAM RESPONSE**

Institutional support to promote faculty development of pedagogy, research, practice, and service is included in the CON budget. Over the past several years, significant funds have been used for faculty development in all areas of the tripartite roles of teaching, research, and service. In addition, individual faculty members can choose to participate in many other supportive activities offered within the College, at the HSC, and on the UNM Main Campus.

## **Faculty Orientation**

All new faculty members attend a 2-day faculty orientation on Main Campus. The faculty role of teaching is examined in this orientation, and faculty members are introduced to the mission and vision of the University. In addition to the Main Campus faculty orientation, new faculty members attend a CON faculty orientation (Standard I, Folder 3), during which presentations are offered about the tripartite faculty roles and expectations. New faculty members are introduced to the CON mission and vision, and are provided with an overview of the academic programs offered, including the goals, expected student outcomes, and curriculum description. The CON orientation also includes information about resources at the CON, the HSC, and UNM Main Campus. Library services, information technology issues, and faculty documents (e.g. *Faculty Handbook*) are introduced, and questions are answered. New faculty members meet all members of the Leadership Team, and each administrator provides an overview of his or her role.

In addition to the university and college-wide orientation, additional orientation and mentoring of new faculty occurs within the teams. As an example, clinician educator faculty members have a reduced teaching load for the first one or two terms, and are partnered with an experienced faculty to develop teaching expertise. The experienced faculty member also serves as a mentor on other aspects of the faculty role. Each new tenure-track faculty member is assigned a senior tenured faculty mentor upon hire. This senior mentor meets periodically one-on-one with the mentee to assist with individual issues around teaching, research and service and more often as necessary to review publications or grant applications. The Research Team also holds a monthly group mentoring meeting with senior mentors and their mentees to discuss a wide range of topics relevant for research and career development and provide support. The Research Team Chair also meets monthly with each tenure-track faculty member to assess progress on goals and provide guidance and support. The HSC is currently developing a campus-wide program for research mentoring for both mentors and junior research faculty.

## **Faculty Development in Teaching**

### ***UNM Resources for Improving Teaching***

In 2001, UNM made a strengthened commitment to the role of teaching on campus. The University instituted the Center for the Advancement of Scholarship in Teaching and Learning. The Center was reorganized and emerged as the Office of Support for Effective Teaching (OSET) (<http://www.unm.edu/~oset>) in 2006. This office provides an array of support services for faculty. Since 2006, there has been an annual Success in the Classroom: Sharing Practices That Work conference. The Office also provides the UNM Faculty Network for Exchange of Teaching and Learning Expertise (FACNET). Any faculty member can volunteer his or her expertise or obtain peer mentoring from this site. There is an OSET listserv available to faculty, and the Office publishes the getSet Gazette each semester (Standard II, Folder 7).

Faculty members are expected to use the Individual Development and Educational Assessment (IDEA) each term to gain direct individual feedback from students on teaching-learning satisfaction and



their course. The survey has a Likert scale of specified items and also a place for written comments (Standard II, Folder 7). Faculty members select the survey items and provide the results to their Team Chairs for annual evaluation. These survey summaries can be used for formative as well as summative evaluation. Plans for an individual faculty member's improvement in teaching can be devised from the IDEA feedback. However, IDEA is structured for large classes, not small groups, such as exist in many graduate courses, so there is limited utility for some faculty.

#### ***Development of Teaching—Conferences, Seminars, Webinars***

Travel monies are provided every year for faculty to update and learn new pedagogies. These monies come from I & G, the HSC Chancellor's Office, RWJF funding, and private donors. Some examples of conferences that faculty have attended over the past 4 years include: AACN Baccalaureate Education, Master's Education, Faculty Development, and Hot Issues conferences; RWJF Strategic Communication Training, NONPF conferences, Nursing Learning Resources Center Conference; Geriatric Nursing Education Conference; American Public Health Association (APHA) Annual Meeting/Exposition; N-NURSE Annual Symposium; Mosby's Faculty Development Institute; National League for Nursing (NLN) Education Summit; National Health Policy Conference; Nursing Education Redesign Conference; Connecting the Dots Conference; and the Harvard Center Workshop in Medical Simulation. In addition, many opportunities to support pedagogy occur locally (e.g., Annual Faculty Education Conference sponsored by the New Mexico Center for Nursing Excellence [NMCNE] and within the CON, through AACN-sponsored faculty development Webinars.

In addition, faculty members have many opportunities within the College to share ideas, develop teaching methods, and discuss relevant literature. Examples include WebCT training, Educational Team discussions of *The Future of Nursing*<sup>17</sup> and *Educating Nurses*,<sup>23</sup> the use of virtual communities, and the use of concept-based teaching strategies.

#### ***Consultants and Other HSC Forums***

As the undergraduate curriculum changed from the traditional specialties focus to a concept-based curriculum, faculty development was included. Consultants and speakers were brought to the University for consultation with and presentations to faculty. Some of these included Dr. Christine Tanner, from the Oregon Health Sciences and the Oregon Consortium of Nursing Education (OCNE), and Dr. Marilyn Oermann, from the University of North Carolina, Chapel Hill. Examples of on-campus opportunities have included updating skills for new IV pumps, workshops in lecture capture technology, and opportunities to hear on-campus speakers, to name a few (Standard II, Folder 7).

#### **Resources to Support Faculty Research/Scholarship**

Faculty members are well supported in their research and scholarship endeavors within the CON and HSC. Several efforts have been made over the years to support new tenure-track faculty members, as previously described.

***Faculty Support for Successful Grant Awards***

Funds generated from F & A revenues have been used to support intramural grants for pilot projects to secure data to use for applying for external funding. Since 2004, \$35,673 has been distributed in intramural funds. Within the CON, a full-time grants coordinator (a staff member on the Research Team) and an accountant (on the Organizational Services Team) assist faculty with the submission of grants to the Preaward office. Faculty members have ongoing support of the accounting office for post-award management.

Additionally, the HSC provides many resources to support faculty research. The HSC Office of Research (<http://hsc.unm.edu/research>) publishes grant opportunities, manages preawards, oversees the Human Research Protections Office and the CTSC programs and opportunities, provides education programs, and monitors compliance issues.

***Faculty Development for Research Expertise and Dissemination of Findings***

Faculty members are supported monetarily to present at and/or attend conferences for the purposes of developing research and scholarship expertise and for the dissemination of findings. Examples of meetings attended by one or several faculty members over the past 3 years include: Sigma Theta Tau International (STTI) conferences, Western Institute for Nursing (WIN) Research conference, Academy Health's Annual Research Meeting, American Thoracic Society (ATS) conferences, NIH grant meetings, NIH regional seminars, NIH conferences, and The Council for the Advancement of Nursing Science (CANS) State of Science Congress. In addition to attending external conferences, faculty members are encouraged to attend events and presentations offered at the CON, the HSC, and on Main Campus, as well as webinars, which air periodically (Standard II, Folder 8). Additionally, the CON initiated a research seminar known as Qualitative Café. This monthly seminar has grown to be an interdisciplinary group of faculty members who share ideas, methods and support each other.

Consultants are also brought to the campus to support faculty in their research efforts. Over the past 10 years, consultants have included Dr. Clarann Weinert, Dr. Tony Villarreal, and Dr. Sandra McClowery. These consultant visits were made possible by the Carter-Fleck Endowment for Visiting Professors. Through endowment funds, some of these experts were contracted to come to campus three or four times over the course of a year to work one-on-one with individuals and to provide colloquia for a larger audience. The consultants were also funded to provide time for the reading of drafts and offering individual guidance in writing grants or manuscripts. External consultants have also been hired to provide expertise for faculty who are writing grants. The most recent consultant to come to campus was Dr. Vicki Conn in fall 2011.

***Resources to Support Faculty Practice***

Faculty members who have practice expectations and who need to maintain their certifications to succeed in their faculty roles are also supported. For several years, faculty members have been given workload release time to work in local clinics and at the UNMH (Standard II, Folder 9). The monies

generated flow back into the practice fund at the CON. If the practice is not compensated, release time comes from service expectations.

Recently, with the arrival of Dr. Ridenour and creation of the Practice Team, faculty practice has taken on a stronger focus. Several new nursing practice clinics and practice contracts have been established for the provision of health care services by CON faculty. Examples of these sites include: the Family Health Partnership, the Jemez Valley Public Schools, Mountainair Public Schools, and the ACE Charter School. Other opportunities include the Geriatric Education and Health Maintenance (GEHM) clinics and the Early Head Start Program. One barrier that had to be overcome was the negotiation of medical bylaws to allow certified nurses to work within the full scope of their capacity. With the most recent recommendations from the IOM<sup>17</sup> progress is being made in this area. Faculty members also work in the clinics and urgent care center at the UNMH. For example, one faculty member practiced for many years in the pediatric clinic and another faculty member practices in the newborn nursery.

Travel funds have also been available to allow faculty members to attend practice conferences. They have attended the AACN faculty practice conferences on a consistent basis. Others have attended conferences that include The Arizona Rural Health Conference, The American College of Nurse-Midwives (ACNM) Annual Meeting, the Southwest Area Educators in Midwifery meeting, the semi-annual meeting of the Directors of Midwifery Education Programs, the National Association of Pediatric and Neonatal Nurse Practitioners (NAPNAP) conference, American Association of Nurse Practitioners (AANP) meetings, the AACN DNP conference, the Young Child with Special Needs Conference, the Neonatal and Pediatric Nutrition Forum, the Annual Evidence-Based Practice Conference, and the Nurse Leaders in Native Care Conference.

### **Support for Faculty Service**

An expectation of all CON faculty members is service to the organization (at the CON, HSC, or UNM). Because it is an expectation of faculty, service is included as a portion of a faculty member's workload. Faculty members engage in service at the CON in various ways, such as serving on CON committees, being active within their Team, serving on subcommittees or task forces, or involvement in faculty leadership positions. Service is also encouraged externally through professional organizations. Examples include being a member of professional organization committees, a Board, or a review panel, or doing policy work at the state or national level. Service expectations vary by rank and team; in the senior ranks, faculty members may take leadership roles in professional organizations at a national or international level. Specific service is negotiated by faculty members with their team Chairs. Service expectations are outlined in the Workload Document (Standard II, Folder 6) and the criteria for appointment and promotion (Standard I, Folder 3). A complete listing of the kinds of service faculty have participated in is shown with aggregate faculty data in Standard IV.

### STRENGTHS OF STANDARD II

1. Successful leadership by the Dean of the College for the past 3 years, as the CON assesses and refines the strategic mission, based on fiscal resources and available faculty.
2. A proactive approach to space planning and management at UNM and the HSC.
3. Excellent new teaching spaces for skills labs, simulation, and competency testing in the new Domenici Center education building.
4. Partnerships with outstanding preceptors, who contribute their expertise to the curriculum and enhance the teaching of courses, contributing to the achievement of the College's mission, goals, and expected student outcomes.
5. Many faculty members who engage in practice, which provides a richness and credibility to the teaching mission of the CON.
6. A strong history of faculty development opportunities and resources for the tripartite missions and practice.
7. Dedicated Web-CT personnel and a dedicated Librarian for the CON. The strong IT presence within the College is a great asset to the success of expanded distance learning programs.
8. Fiscal support has been provided from UNM and HSC as legislative funding sources have decreased from rescissions.

### AREAS FOR CONTINUOUS IMPROVEMENT FOR STANDARD II

Table 9 shows the Standard II areas identified for continuous improvement and the action plan established to address them.

*Table 9: Standard II Continuous Improvement Areas and Action Plan*

Continuous Improvement	Action Plan
The physical structure of the CON is aging. The ability to increase student enrollment is constrained due to limitations in classroom and faculty/staff office space.	Continue to be an active participant in the space management issues for the HSC.
Shrinking fiscal resources are a challenge.	Continue to develop other sources of revenue to support program maintenance, quality, and growth.
Preceptor tracking, although improved, remains difficult and inconsistent across academic programs.	Monitor the newly developed plan and ensure a consistent mechanism for data collection and analysis.
Many new faculty hires are coming to their roles with no or limited teaching experience.	Develop a formal and comprehensive mentoring plan for new faculty including a means to develop needed competencies.

### **STANDARD III**

#### **PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES**

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

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

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

#### **PROGRAM RESPONSE**

The baccalaureate and master program curricula at the CON are developed, implemented, evaluated, and revised to reflect clear statements of individual student learning outcomes that are congruent with the program's mission, goals, and expected aggregate student outcomes. Each program has clearly stated program goals that articulate the expectations of graduates. Student learning outcomes link to program objectives (outcomes) and are further specified by level and course objectives for the undergraduate program and by concentration and course objectives for the master's program. Appendix 10 presents program objectives for the baccalaureate program, and Appendix 11 presents program and concentration objectives for the master's program (Standard III, Folder 1).

#### **Baccalaureate Program**

The goals of the BSN program are to prepare graduates to meet the complex health care needs of patients in an evolving health care environment and to prepare graduates for advanced nursing education. In response to the call for educational reform, the CON faculty developed and adopted a concept-based curriculum reflective of current needs within the nursing profession. Concepts serve as a framework for students to learn about health, illness, professional nursing, and the provision of healthcare. Exemplars are specific conditions or situations used to illustrate the concepts. These are based on current local, state, national, and global health incidence and prevalence statistics for population groups through the lifespan or situations that are most pertinent to professional nursing. The curriculum is unique in that traditional courses along medical specialty lines are replaced with lifespan courses emphasizing concepts. Furthermore, lower-division clinical courses focus on both acute and community-based care. In upper-division clinical courses, students are allowed to select populations and environments based on their personal interests. Appendix 12 illustrates the BSN curricular model. Competencies for the BSN program arise from the understanding of nursing as a theory-guided, evidenced-based discipline and fully incorporate the AACN BSN *Essentials*.<sup>5</sup>

The implementation of the concept-based curriculum began in January 2006, with the first graduates completing the program in Summer 2007. An ongoing curriculum evaluation process was also implemented at that time. The evaluation of data collected for 2 years (2006-2007) allowed faculty to make improvements through curriculum revisions to better meet the expected student outcomes and program goals. These revisions are discussed further in Standard III-G and Standard IV.

### **Master of Science in Nursing Program**

Graduate concentrations offer bachelor's-prepared nurses the opportunity to continue their education. The CON offers a graduate program in nursing leading to an MSN. Advanced practice concentrations prepare graduates to assume roles as an ACNP, FNP, PNP, or a nurse-midwife. The CON also offers concentrations in Nursing Administration and Nursing Education; the Community Health concentration is not accepting new students at this time due to resources, changing priorities, and reduced demand for these graduates. A Post-Master's Professional Certificate program is available to nurses holding an MSN who wish to complete additional graduate work in a specialty area of nursing not included in their initial master's program. A minor in nursing is also available to nurses pursuing their degree in another field. For example, a nurse pursuing a Master of Business Administration degree would take a total of 12 credit hours of non-clinical nursing courses (of which 6 credit hours would be the MSN core and 6 credits would be Nursing Administration specialty courses) to receive a minor in nursing.

The MSN program prepares graduates to assume leadership in advanced clinical practice, administration, and education. Graduates learn to think systematically about the nature of nursing and theoretical basis for nursing practice, and develop an understanding of nursing's position in society as a profession. The MSN degree also lays the foundation for doctoral work in nursing by emphasizing the analysis and testing of nursing knowledge and the translation of that knowledge into practice. Nursing theory and research are the foundations of nursing practice applicable to any setting, client group, or nursing role.

The master's-prepared nurse is expected to assume leadership positions in nursing and the health care delivery system, and to be able to articulate positions on issues that affect health care. This includes the understanding of social, political, and economic factors affecting health care delivery. The characteristics of the geography and population in New Mexico make environmental and cultural factors impossible to ignore. Graduate-prepared nurses bring an awareness and understanding of these variables to whatever nursing role they assume on graduation. They are also in a unique position to formulate research questions that may increase understanding of how these variables interact with health/illness beliefs and behavior that have implications for nursing. To prepare graduates to meet the nursing needs of New Mexico, graduate-level role-specific, evidence-based knowledge and skills are required.

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

- **Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).**
- **Master's program curricula incorporate professional standards and guidelines as appropriate.**
  - a. **All master's programs incorporate the Graduate Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.**
  - b. **All master's-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of *The Essentials of Master's Education for Advanced Practice Nursing* (AACN, 1996). In addition, nurse practitioner programs incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).**
- **Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.**
- **DNP program curricula incorporate professional standards and guidelines as appropriate.**
  - a. **All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.**
  - b. **All DNP programs that prepare nurse practitioners also incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2008).**

*Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master's programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE for students enrolled in post-master's DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.*

### **PROGRAM RESPONSE**

The curricula of the baccalaureate and master's programs are in congruence with the *Essentials* documents<sup>5,6,7</sup> and with national specialty guidelines. In addition, all advanced practice concentrations meet the NTF criteria.<sup>8</sup> Expected individual learning outcomes are also consistent with the roles for which each program prepares graduates.

#### **Baccalaureate Program**

##### ***Degree Options***

There are three BSN program options: basic undergraduate, second-degree, and RN-BSN. Basic and second-degree options prepare baccalaureate pre-licensure graduates to be eligible to take the National Council Licensure Examination for Registered Nurses (NCLEX-RN). The RN-BSN option builds on the Associate Degree in Nursing (ADN) by providing additional education in community and leadership roles and augmenting students' existing clinical practice expertise. Students in all three venues are well

prepared for graduate education. Programs of study for all three options are in Appendix 13 (Standard III, Folder 2).

The second-degree program is being phased out as a BSN option. The last second-degree cohort was admitted in Fall 2011 and will graduate in Fall 2012. Three factors led to this decision. First, there is no difference in the pace at which basic and second-degree students' progress through the curriculum. In 2007, the CON adopted a "year-round" (or 3-term/year) academic schedule. As a result, basic and second-degree BSN students complete the 4-semester nursing courses at an accelerated 16-month pace. Prior to this time, only second-degree students completed their degree at an accelerated pace. Second, there was very little difference in the academic requirements between the two options. CON faculty determined that that several key lower-division courses (Pathophysiology I, Pathophysiology II, and Pharmacology) and all upper-division courses are essential for successful clinical practice. Third, the expected learning outcomes and student outcomes are the same for all BSN students. Because the student outcomes, required nursing courses, and academic schedules were identical, basic and second-degree option students were placed in the same cohort. It is not resource efficient to teach the two cohorts separately.

#### ***Crosswalk Mapping to the Essentials***

A crosswalk mapping of content comparing course objectives with the *Essentials of Baccalaureate Education for Professional Nursing Practice*<sup>5</sup> was conducted in 2010 for both the basic/second degree and the RN-BSN options (Standard I, Folder 2; resource room). The crosswalk findings were presented to the undergraduate curriculum committee. Based on the crosswalk presentation and ensuing discussion, the faculty concluded the *Essentials* are being met.

#### **Master of Science in Nursing Program**

The MSN program prepares RNs for advanced and specialized professional nursing practice in several different concentrations. Graduates share a common knowledge of the theoretical underpinnings of the nursing discipline and the ability to use evidence-based research skills in their practice settings. They successfully practice and provide leadership in local medical centers and community health agencies in clinical practice, administration, and education. The programs of study for each MSN concentration are in Appendix 14 (Standard III, Folder 2).

#### ***Crosswalk Mapping to the Essentials***

In 2007, CON graduate faculty made extensive changes to the MSN core courses as a result of changing criteria for graduate education, student and faculty feedback, and examining the changing needs of the community of interest. These changes included deletion of one course (NURS 511), addition of one course (NURS 504), and substantial revisions to the three remaining courses (NURS 501, NURS 503, and NURS 505). Subsequently, a crosswalk mapping of content was done in 2010 that compared course objectives for the MSN core courses with the "old" *Essentials*<sup>6</sup> to ensure compliance. Faculty concluded that the 1996 *Essentials* are being met, as evidenced by the crosswalk documentation.



Crosswalk mapping of concentration content also was completed to compare course objectives for each MSN concentration to the “new” *Essentials of Master’s Education for Professional Nursing Practice*.<sup>7</sup> The decision was made to use the new standards to determine compliance and future needed changes (Standard I, Folder 2; resource room). Based on the most recent crosswalk findings, curricular discussions were held by the curriculum work groups in both the Practice and Education Teams. The faculty who completed the crosswalks presented their work. Based on this crosswalk analysis, faculty determined a need for several curriculum revisions. One specific example of a revision that has already been completed is an FNP course – NURS 542 Pediatrics I (formerly the Well Child course). The crosswalk review revealed that the course description and syllabus did not reflect what is taught in the course, nor did it adequately reflect the attainment of the master’s *Essentials*.<sup>6</sup> The course description and objectives were revised and approved by the Curriculum Committee and then the CON faculty in Spring 2011. Specific changes made in the course included greater emphasis on family dynamics, counseling, education about childhood health and safety issues, and pharmacology. Other examples include a recognized need for additional gerontology content for both the FNP and ACNP program and implementing OSCE assessment for all FNP and PNP clinical courses.

#### ***Crosswalk Mapping to Specialty Standards***

Faculty in each concentration also completed crosswalk mapping of their specialty standards. Based on the crosswalk findings, the specialty concentration objectives, course content, required competencies, and length of clinical and/or fieldwork experiences are congruent with the essential competencies and guidelines for the appropriate certification bodies for each concentration. The NONPF *Competencies*<sup>10</sup> were also compared with the AACN master’s *Essentials*.<sup>7</sup> Although most NONPF competencies link to the *Essentials*,<sup>7</sup> NONPF competency #9 is unique and quite different. For this reason, separate crosswalk mapping for this competency was done to determine whether these competencies were being met (Standard 1, Folder 2; resource room). The faculty members will be determining how to align the advanced practice specialty concentrations with the *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education*.<sup>9</sup> For example, a strong gerontology focus will be integrated into the ACNP concentration. These changes were approved by the CON faculty in Fall 2011 and will be implemented with the cohort admitted in 2012.

#### ***Meeting of NTF Criteria***

In October 2009, the CON submitted a report to CCNE on the Compliance with the Criteria for Evaluation of Nurse Practitioner Programs.<sup>8</sup> The report identified the three nurse practitioner tracks offered: FNP, PNP, and ACNP. The report provides details regarding compliance for each of the six criteria (see Standard I, Folder 6; resource room). Although all criteria were met, an interactive web page for preceptors has yet to be implemented.

**III-C. The curriculum is logically structured to achieve expected individual and aggregate student outcomes.**

- **The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.**
- **Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.**

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

*Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level competencies delineated in *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.*

#### **PROGRAM RESPONSE**

The curricula for the BSN and MSN programs are logically structured to achieve expected individual and aggregate student outcomes. Liberal arts and basic sciences courses provide the foundation for nursing courses. Within the nursing program, concepts progress from general application to specialty application and concept synthesis.

#### **Baccalaureate Program – Basic and Second-Degree Options**

Faculty members of the CON firmly believe in a liberal education background for all nursing students. Students build their nursing knowledge on a foundation from the sciences, humanities, and the arts. Prerequisite courses (such as Growth & Development, Nutrition, and Psychology) form a basis for understanding human responses to health and illness in the clinical setting. Other lower-division courses, such as English and Mathematics, provide the skills needed for professional formation.

#### ***UNM Core Curriculum***

To graduate from UNM with a baccalaureate degree, all students must meet the UNM core curriculum requirements, for a total of 37 credits. See Appendix 15 for the UNM Core Curriculum worksheet. The core is composed of seven areas, with minimal credit hours included in the requirements. The seven areas are: Writing and Speaking – 9 credits (6 credits are specified – English 101 and English 102); Mathematics – 3 credits; Physical and Natural Sciences – 7 credits; Social and Behavioral Sciences – 6 credits; Humanities – 6 credits; Foreign Language – 3 credits; and Fine Arts – 3 credits. The CON further defines some of these requirements by requiring particular courses within the core areas. Of the

37 credits required for the UNM core curriculum, 21 credits are specified by nursing. An additional 6 credits in the Social and Behavioral Sciences are strongly recommended. The other courses reflect nursing prerequisite courses. Table 10 indicates further specifications for the UNM core curriculum for nursing students.

*Table 10: Specific Nursing Requirements for the UNM Core Curriculum Requirements by Semester*

Semester	Course	Credits
1	Writing and Speaking: English 101 Composition – Required by UNM	3
	Physical and Natural Sciences – Biology 123/124L Biology for Health Sciences - required by Nursing	4
	Humanities – student’s choice	3
	Social/Behavioral Sciences – strongly recommended by Nursing that students take sociology, anthropology, and/or psychology	3
	Fine arts- student’s choice	3
		16 credits
2	Writing and Speaking: English 102 Analysis and Argument – required by UNM	3
	Physical and Natural Sciences- Chemistry 111 Elements of General Chemistry and Lab – required by Nursing	4
	Mathematics – Stats 145 Intro to Probability and Stats – required by Nursing	3
	Social/Behavioral Sciences – strongly recommended by Nursing that students take sociology, anthropology, and/or psychology	3
	Humanities – student’s choice	3
		16 credits
3	Physical and Natural Sciences – Biology 239L Health Sciences Microbiology/Lab – required by Nursing	4
	Physical and Natural Sciences – Biology 237 Anatomy and Physiology – required by Nursing	3
	NURS 239 Pathophysiology I – required by Nursing	3
	Writing and Speaking – student’s choice	3
	Nutrition 244 Human Nutrition – required by Nursing	3
		16 credits
4	NURS 238 Principles of Pharmacology	3
	Physical and Natural Sciences – Biology 238 Anatomy and Physiology – required by Nursing	3
	NURS 240 Pathophysiology II	3
	NURS 224 – Growth and Development	3
	Foreign Language – student’s choice	3
	Elective – student’s choice	2
		17 credits

Students admitted to the second-degree option already possess a bachelor’s degree and are therefore not held to the UNM Core Curriculum. These students must complete at least 9 credit hours (three 3-credit courses) of human science classes within the last 10 years with a grade of “C” or better before an application is submitted. These 9 credit hours need to be from the following list: Anatomy and Physiology I and/or II, Pathophysiology I and/or II, and Pharmacology. They must take Pathophysiology I, Pathophysiology II, and Pharmacology before beginning Level 1 in the baccalaureate program.

### ***Upper-Division Nursing Courses***

Once admitted to the nursing program, basic and second-degree option students are enrolled on a full-time basis. The program of study (Appendix 13) is organized into four levels. Each level has progressive learning objectives linked through four repeating themes and corresponding threads (see Table 11). Course objectives found in the course syllabi are reflective of the level objectives, themes, and threads (Appendix 12 and Appendix 16; Standard III, Folder 3).

*Table 11: Themes and Threads of the BSN Curriculum*

<b>Theme</b>	<b>Threads</b>
Theme 1: Core Knowledge	History and Philosophy of Nursing, Ethics, Health Policy and Systems, Global Health Care, Lifespan Knowledge, Health-Illness Continuum (health promotion, risk reduction, disease prevention, functionality, chronicity, illness and disease, management, palliative care), Information Literacy, and Health Care Economics
Theme II: Professional Attributes	Professional Behavior, Leadership, Ethical Reflection, Interdisciplinary Collaboration, Caring, Accountability, and Critical Thinking
Theme III: Core Clinical Practice Competencies	Health Care Technology, Research Utilization, Evidence-Based Practice, Clinical Practice Skills, Human Diversity, Competence, Nursing Process
Theme IV: Core Roles	Care Provider, Leader, Quality Improvement, Manager, Care Coordinator, Collaborator, Advocate, Educator, and Member of a Profession

Each level builds on the previous level:

- **Level 1:** The focus of Level 1 is learning to participate in health care. Students are introduced to nursing skills and health assessment as well as nursing roles and values. Clinical experiences for students include an introduction to both inpatient and community settings.
- **Level 2:** The focus of Level 2 is planning and analyzing health care. Students are introduced to nursing research and learn to conduct a community assessment. Clinical experiences continue in both inpatient and community settings. These courses are seen as foundational to the Level 3 and 4 courses that involve both inpatient and outpatient experiences and require students to apply evidence to their clinical practice.
- **Level 3:** The focus of Level 3 is analysis of health care systems and professional nursing practice. Clinical experiences are selected by the students who choose from clinical intensive nursing courses in the areas of maternal-newborn care, care of children, gerontology, mental health, nursing specialty focus (e.g., cancer nursing), or high-acuity patients. The clinical intensive courses draw on the student learning in the professional nursing concept courses and the Health and Illness concept courses in that students apply previously learned concepts in more specific clinical population groups.
- **Level 4:** The focus of Level 4 is synthesis and evaluation of professional nursing practice. Students select another clinical experience from the clinical intensive areas listed in Level 3. This

is followed by a capstone clinical experience selected by the student. One specific course, Nursing Synthesis (NURS 454), focuses on helping students to synthesize concepts already presented throughout the curriculum in more complex contexts and within concept clusters. Students work in groups to develop, present, and write a scholarly paper about a teaching project that includes both Health and Illness and Professional Nursing concepts. As another example, for the Capstone Clinical (NURS 419), students work in clinical settings, with preceptors drawing on concepts and content from within nursing courses. A reflective journal captures these reflections by students.

Table 12 provides an example of how core courses and prerequisites provide a foundation for selected nursing courses.

*Table 12: Examples of Core and Prerequisite Course Relationship to Nursing Course Objectives*

<b>Core or Prerequisite Course</b>	<b>Sample BSN Course</b>	<b>Sample Course Objective</b>
NURS 224: Growth and Development	NURS 312L	Apply growth and development principles and identify impact of patient's illness on interactions with patients and their families.
Psychology	NURS 314L	Analyze family dynamics to develop a plan supporting wellness and illness management within family groups.
English 101 and English 102	NURS 315L	Demonstrate effective oral and communication skills in interactions with individuals, families, health care providers, and community members.
Math 145	NURS 332	Apply principles of the research process to critically appraise nursing research literature.
Anatomy and Physiology and Pathophysiology I and Pathophysiology II	NURS 311L	Differentiate between normal and abnormal findings in the health assessment data for clients of various ages.

### ***Curriculum Concepts***

Concepts provide the foundation and structure of content in the undergraduate courses. The courses are designed to foster deep conceptual learning and to build on each other as well as integrate concepts from the prerequisites and required core curriculum courses. For example, the concept of Oxygenation links to many prerequisite courses, such as Biology, Chemistry, Anatomy, Physiology, Pathophysiology, Pharmacology, and Growth and Development.

Two overarching groups of concepts have been developed and approved by the CON undergraduate faculty: Professional Nursing Concepts and the Health and Illness concepts (Appendix 17). These are foundational for three types of courses: Nursing Concept Courses (NURS 390, NURS 491, NURS 492), Health and Illness Concept Courses (NURS 351, NURS 352, NURS 453), and the Nursing Synthesis Course (NURS 454). All courses within the curriculum link to the concepts. In other

words, concepts are specifically featured in a designated course, but are revisited as interrelated concepts in other courses. Exemplars are selected based on incidence and prevalence or professional significance. An example of Professional Nursing Concept definitions and links to exemplars and courses is presented in Appendix 18.

### ***RN-BSN Program Option***

The RN-BSN option is offered as an online program. These graduates demonstrate the same outcomes as those in the basic BSN program. RN-BSN students are also required to meet the UNM Core Curriculum requirements (Table 10); however, these are not as strictly specified. Students are required to complete the following in the core: Writing and Speaking – the required UNM 6 credits plus an additional writing course, for 9 credits; Mathematics – (Math 145 is specified as a prerequisite) for 3 credits; Physical and Natural Sciences – any 7 credits; Social /Behavioral Sciences – any 6 credits; Humanities – any 6 credits; Foreign Language – any 3 credits, and Fine Arts – any 3 credits. These students also complete 21 lower-division elective credits, 6 upper-division elective credits, and the two nursing pathophysiology courses (NURS 239 and 240) as prerequisites. Prior university coursework can be transferred, where appropriate. Many students transfer lower-division core curriculum credits from community colleges around the state.

Students enrolled in the RN-BSN program demonstrate their knowledge in specialty areas from their ADN program by taking the National League for Nursing's (NLN's) Nursing Acceleration Challenge Exams (ACE II Mobility Exam). The areas tested are Nursing Process (2 credits), Nursing Skills (4 credits), Medical-Surgical I, II (10 credits), Maternal Newborn (6 credits), Pediatrics (6 credits), and Psychiatric Mental Health (6 credits). Together, these exams are accepted for 34 academic credits toward graduation. If a student fails one section (which is infrequent), a second or even third chance to retake the exam is provided. Students who do not pass the NLN ACE II exam after three attempts are required to validate their knowledge of the specialty area content of the exam they failed by completing an independent study. The student is responsible for the cost of meeting the validation requirements.

The RN-BSN curriculum requires an additional 24 credits of upper-division nursing courses focusing on evidence-based practice, community assessment, family dynamics, leadership, and the application of health and illness concepts. Specific courses are presented on the RN-BSN Curriculum Worksheet (Standard III, Folder 2; Appendix 13). It is also important to note that a statewide articulation agreement is in place among all programs for community college to University articulation.

### **Master of Science in Nursing**

The MSN curriculum builds directly on the general education requirements of any baccalaureate degree in nursing or of an ADN with a baccalaureate in a field other than nursing. All MSN applicants must meet the UNM Office of Graduate Studies criteria for admission. Additionally, applicants with a non-BSN degree are required to pass a Community Health Exam before being admitted. Students are admitted to one of the following concentrations: Nursing Education, Nursing Administration, Acute Care Nurse Practitioner, Family Nurse Practitioner, Pediatric Nurse Practitioner, or Nurse-Midwifery.

All students in the MSN program, regardless of specialty concentration, complete four general core courses. These include NURS 501 Theoretical Foundations of Advanced Nursing, NURS 503 Research in Nursing, NURS 504 Evidence-Based Practice in Nursing and Health Care, and NURS 505 Health Care Policy, Systems, and Financing for Advanced Practice Roles. These courses link directly to content specified in the AACN *Essentials of Master's Education in Nursing*.<sup>6</sup> All students enrolled in advanced practice concentrations are also required to take three clinical core courses, NURS 526 Pathophysiology in Advanced Practice Nursing, NURS 540 Advanced Health Assessment and Diagnostic Reasoning, and NURS 543 Pharmacological Principles of Clinical Therapeutics. These also address the requirements of the 1996 AACN *Essentials* document.<sup>6</sup> In addition to satisfying the core courses, program of study requirements differ for each specialty concentration. Programs of study for each concentration are on the CON website (<http://nursing.unm.edu>), in (Standard III, Folder 2), and in Appendix 14.

Each program of study is logically organized to meet the terminal program objectives for the specialty area. For example, students in the FNP concentration begin their program of studies by taking core courses and the advanced clinical core courses, which provide the scientific and humanistic background and advanced clinical knowledge and skills for clinical practice. The students then proceed to courses with content related to advanced clinical competencies for a nurse practitioner. The program of study culminates with field work and the master's exam in the final term before graduation.

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

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

#### **PROGRAM RESPONSE**

In the BSN and MSN programs, a variety of effective teaching-learning practices and supportive environments provide opportunities for students to demonstrate behaviors consistent with the course objectives and student learning outcomes. For all students, learning environments are varied and include traditional face-to-face classes, laboratory settings, clinical settings in health care agencies, and online learning platforms. Partnerships are formed with a variety of community clinical sites for clinical practicum and fieldwork placements for both the undergraduate and graduate programs. The CON has affiliation agreements with approximately 750 agencies. Examples of these agreements can be found in Standard III, Folder 4; a complete listing can be provided on site at the College.

#### **Baccalaureate Program**

##### ***Face-to-Face Didactic Courses***

For the basic and second-degree undergraduate program options, the majority of didactic classes are taught in a traditional face-to-face format with web-enhancement utilizing the Web-CT platform. Although classroom teaching practices vary among faculty, the goal is to promote conceptual learning and student engagement through multi-contextual modalities and collaborative learning activities/group

work. Specific learning strategies include reading, lecture, small-group discussion, case studies, problem-based learning, audience response systems, case writing, and other collaborative learning activities. Course assignments are varied in didactic courses and include, but are not limited to, written examinations, quizzes, academic papers, group work, posters, and presentations (Course Syllabi, Standard III, Folder 3; Examples of student work, Standard III, Folder 5).

A unique teaching tool used is *The Neighborhood* (NBH) which is located on the CON website (<http://hsc.unm.edu/consg/neighborhood/>). The NBH was developed at the CON and has since been adopted in many programs across the country through Pearson Health Sciences Division. The NBH is a virtual community specifically designed to enhance nursing education and represents a paradigm shift in teaching and learning. The NBH is a “virtual community involving the stories of 40 featured characters within 11 households and 4 health care agencies. The characters represent individuals from various cultural groups across the age, health-illness, and socioeconomic spectrums, as well as the nurses who treat them”.<sup>24, p355</sup> Students follow the character stories in various courses during the program of study. The concepts, character stories, and interactions are used to illustrate content and to develop critical thinking skills, along with traditional text and lecture-based approaches.

### **Online Courses**

The CON uses the WebCT online learning platform. Course enrollment is limited to 25 students in online sections. Each student has a unique identifier and password to be able to access the course and to submit assignments. A large number of CON faculty have experience in online education delivery. All courses in the RN-BSN program are delivered totally online, and select courses in the basic and second-degree option (primarily nursing electives) are also available in a fully online format. A few courses are taught as both online and face to face offerings, such as NURS 239 Pathophysiology I, NURS 240 Pathophysiology II, and NURS 332 Introduction to Nursing Research and Evidence-Based Practice. In all cases, the objectives and student outcomes are the same. Faculty use a variety of learning strategies for online delivery, including reading, small-group asynchronous discussion, case-based learning, family and community assessment (with the NBH), audio-enhanced PowerPoint lectures, video clips, and Webinars. Course assignments are varied in online courses and include, but are not limited to, written examinations, quizzes, academic papers, group work, posters, and presentations (Course Syllabi, Standard III, Folder 3; Examples of student work, Standard III, Folder 5).

### **Laboratory Courses**

Another major environment for learning is the skills lab and simulation center in the IHSC (located in the Domenici Center). Two nursing faculty serve as lab coordinators and support laboratory learning experiences. The lab coordinators have attended a variety of conferences to learn how to deliver optimal laboratory and simulation-based learning. By providing simulation- and skill-based teaching expertise, these coordinators work with faculty to enhance consistency in the learning experience. Course assignments for laboratory courses are varied and include quizzes, group work, and demonstration of competencies/skills (Standard III, Folder 3; Standard III, Folder 5).



*Basic Skills Lab.* Several courses make use of the basic skills lab including NURS 223 and NURS 311. The skills laboratory has four large rooms; each room has four hospital beds with standard equipment and bedside furnishings found in a typical inpatient hospital room. These laboratory rooms are also equipped with low and mid-fidelity manikins. This space allows students to practice and demonstrate competency-based skills

*High-Fidelity Simulation.* Two high-fidelity simulation rooms are also part of the IHSC. Simulation has been incorporated into many undergraduate courses, such as, but not limited to, NURS 311, NURS 412, and NURS 454. The two simulation rooms are equipped with four new high-fidelity simulators (two adults, one child, and one baby), a fully integrated medication system, the Academic Education Solutions (AES) electronic medical record for student learning, and videotaping capabilities. Full implementation of AES has been a work in progress. Currently, some characters from NBH along with a few other case study characters have been added into the system. For simulation, each AES electronic record case includes student assignments and learning objectives, the patient's demographic characteristics, a history and physical examination, physician orders, and the medication administration record. The students are able to document assessments and chart medications into the system for each case. These elements enhance scenario-based learning.

*Competency-Based Performance Center.* The IHSC also has a state-of-the-art competency-based performance center designed and built to incorporate the use of standardized patients as a learning modality. Standardized patient scenarios are used in two undergraduate courses (NURS 413 and NURS 454) as another student learning activity.

### ***Clinical Education in Health Care Agencies***

Each clinical course has specific learning objectives; thus, students complete clinical education requirements in a variety of clinical agencies. Examples of clinical sites for the undergraduate program include inpatient settings (intensive care, step-down, general inpatient units, perioperative, emergency, etc.), outpatient care settings (outpatient clinics, including those affiliated with hospitals and community-based outpatient settings), and a wide variety of community clinical experiences, such as immunization clinics, health fairs, Healthcare for the Homeless, GEHM clinics, Early Head Start, and the Storehouse. International clinical experience in Bolivia and Kenya have also been made available the past several years for undergraduate students.

A variety of faculty (including full- and part-time CON faculty, master clinician faculty, and preceptors), each with a unique teaching style, are assigned to teach clinical courses. The CON faculty assigned to a course hold meetings prior to the beginning of the course to review the syllabus, discuss expectations in the faculty role, discuss expectations of student behavior and performance, and review expectations of assignments and evaluation. Such safeguards ensure consistency in the meeting of course objectives. Clinical experiences are also required of RN-BSN students. These students have community clinical placements and interact with faculty members and preceptors in the delivery of care all over the state.

**Master of Science in Nursing Program*****Nursing Administration and Education Concentrations***

The Nursing Administration and Nursing Education concentrations are delivered totally online and use many of the same strategies as described above for online learning in the undergraduate program. These students also complete clinical fieldwork with preceptors around the state and nation in clinical care agencies and nursing schools.

***Advanced Practice Concentrations***

The advanced practice concentrations (FNP, PNP, ACNP, and Nurse-Midwifery) use a combination of online, traditional face-to-face didactic, laboratory, and clinical education approaches for the program delivery. The MSN core courses, two of three clinical core courses (NURS 526 Pathophysiology in Advanced Practice Nursing and NURS 543 Pharmacological Principles of Clinical Therapeutics), and a few select courses in the ACNP program are taught in a fully online format using teaching strategies similar to those described in the undergraduate program.

All the concentrations include courses that are taught in block schedule arrangements, in which students come to campus for 1- to 3-week blocks, two or three times per term. This process accommodates students who live or have clinical assignments in rural parts of the state. Because of the vast geographical area of New Mexico, coming to campus each week is impossible for some students. Learning sessions completed between visits to campus are taken in an online format using WebCT.

When students come to campus, they attend class in a face-to-face didactic format. Students also spend time in other laboratory learning environments, such as the simulation center and the competency-based performance center, previously described. High-fidelity simulation is used for select courses in the ACNP and Nurse-Midwifery programs. Standardized patients are used in all of the nurse practitioner concentrations, and students are videotaped and receive feedback from faculty. The advanced practice concentrations are planning to increase the use of OSCEs as scenarios can be developed. In 2012, the FNP concentration faculty will also pilot replacing the comprehensive exam with a comprehensive OSCE.

When students in the advanced practice concentrations are not on campus, they are in clinical placements of varying types throughout the state. They experience different teaching strategies working with preceptors and have a wide range of experiences. Faculty members use online chat, Elluminate Live!, and Skype to stay in touch with these students between actual onsite clinical evaluation visits.

**III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.**

*Elaboration: Teaching-learning practices are appropriate to the student population and build on prior learning. Teaching-learning practices consider the needs of the program-identified community of interest (e.g., use of distance technology, simulation, adult learner needs, second language students).*

## **PROGRAM RESPONSE**

The CON eagerly solicits and evaluates information about the curriculum, teaching-learning practices, and aggregate graduate performance from the identified community of interest. The primary internal communities of interest are those most directly connected to the mission of the College: students, faculty, the HSC, UNM, and alumni. The external communities of interest are patients and components of the larger professional nursing community: The NM BON, employers of nurses, external sites for clinical education, professional nursing organizations and education programs, and advocates for the nursing profession.

Faculty members also invite student representatives to participate on CON committees to hear students' perspectives, particularly as they relate to curriculum and teaching. Students, alumni, and employers provide feedback at the conclusion of their programs through the EBI exit survey. Alumni and employers are solicited for input both formally and informally. CON leadership and faculty members interact regularly with program directors from other nursing programs and leaders from healthcare organizations through a variety of mechanisms, such as the BON meetings, New Mexico Regional Action Coalition, Nursing Advisory Council of NMCNE, and NMNEC, to name a few. These interactions provide an opportunity to solicit informal feedback. Specific examples of how feedback from the community of interest has influenced the curriculum and teaching practices are presented in the following sections.

### **Students with Special Learning Needs**

Some students enrolled in the CON qualify for accommodations within the learning environment or may have special needs associated with language and cultural differences. Students with documented disabilities are provided the appropriate accommodations, as directed by the Accessibility Resource Center. CON faculty members are aware of policies associated with this process. Students are informed of the process for accommodations in the student handbook, and this information is also included in each course syllabus. Undergraduate students are introduced to the Student Success Manager at orientation. Although the Student Success Manager is available to work with any student, connecting with undergraduate nursing students with special learning needs is a priority. Students may also be referred to a number of resources on main campus, including the Student Activity Center, Center for Academic Support, and Student Health and Resource Center, to name a few.

### **Interprofessional Education**

The UNM HSC academic units have been collaborating the past several years to enhance interprofessional education (IPE) efforts. Initial IPE efforts began in the early 1990s with a specific course, NURS 470 Rural Health Interdisciplinary Program. In recent years, IPE efforts have expanded with a few dedicated IPE elective courses and other clinical learning activities that include CON, COP, and SOM students. Examples include a geriatric IPE elective, and a clinical intensive (NURS 414) featuring a partnership among the CON, SOM, and COP to deliver care to children and adolescents experiencing alterations in mental health status.

In addition to the courses mentioned above, an annual IPE “event” is held each spring, organized by the Director of Interprofessional Education for the HSC, in collaboration with the SOM, COP, and CON faculty. The event is an attempt to ensure that all HSC students have exposure to at least one experience with IPE learning while enrolled at the HSC. The event utilizes a virtual community platform (similar to NBH) case study. Characters are used to illustrate a situation involving domestic violence and substance abuse. Students attend an in-person “kick-off” learning session, in which the case is introduced, followed by 2 weeks of online activities, and concluding with another face-to-face learning session. Two CON courses (NURS 332 and NURS 492) require this activity as part of the required learning activities.

### **Online Course Delivery**

The geographic distances in the state require innovative program offerings. The use of distance technology for program delivery has been a need long identified by the external community. For example, there have been requests from RNs around the state to make the RN-BSN option and the MSN concentrations available to them where they live. The Chief Nursing Officers (CNOs) and directors of ADN programs from around the state echoed this need in order for their employees to be able to upgrade their skills and have educational mobility. This need led to the decision to offer three programs (RN-BSN, MSN Nursing Education, and MSN Nursing Administration) in a totally online format. Having a major presence in distance learning throughout the state for more than 12 years, the CON was among the first at UNM to offer online courses, followed by the delivery of entire academic programs online.

### **UNM – CNM Community College Collaboration**

Another example of addressing requests from our community of interest is collaborating with Central New Mexico Community College (CNM) to offer RN-BSN courses in an on-the-ground format at the UNM West campus. Students are admitted to the nursing program at the CNM Rio Rancho campus, where they complete the ADN. This cohort of students is then automatically admitted (assuming they have met the minimum admission requirements) into the CON RN-BSN program and will be offered on-the-ground courses at the UNM West campus, where they complete the BSN degree during the following calendar year. This opportunity first began with the fall 2010 CNM Rio Rancho cohort. Unfortunately, only one student from this first cohort actually enrolled in the RN-BSN courses at UNM West in January 2012, so the courses were cancelled, and the student enrolled in the online program. The majority of ADN graduates elected to take a break from school or had additional course work to complete before they were eligible to begin the RN-BSN program. Despite the disappointing result with the first cohort, the CON plans to try again and will offer RN-BSN courses to the CNM Rio Rancho graduates at UNM West in 2013. As a result of discussions with the CNM leadership, there will be changes in how the CNM cohorts are selected for future cohorts.

### **MSN Nursing Administration Concentration**

Faculty from the Administration Concentration conducted a state-wide survey of nurse managers and leaders to determine their perceived needs for educating nurse managers. A deficit in educational content in the area of human resources was identified as a result of this survey. The survey results (along

with the 2011 *Essentials* document<sup>7</sup> and AONE's *Guiding Principles*<sup>15</sup>) led to the addition of a new course for the Nursing Administration Concentration, focusing on human resources. It will first be offered in Summer 2012. In addition, to meet the needs of our community of interest, an extra cohort of students was admitted to the Nursing Administration concentration in 2011.

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

*Elaboration: Evaluation of student performance is consistent with expected individual student learning outcomes. Grading criteria are clearly defined for each course, communicated to students, and applied consistently. There are processes by which the evaluation of individual student performance is communicated to students. Student performance is evaluated by faculty. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student learning outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students, including those enrolled in post-master's DNP programs. CCNE recognizes that faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms.*

**PROGRAM RESPONSE**

CON faculty members evaluate individual student performance based on expected student learning outcomes for each course specified in the course syllabi. Grading criteria and methods to evaluate student performance are defined by the faculty and are clearly specified in the course syllabi. Evaluation policies are consistently applied across "like" groups of students. At the beginning of each course, faculty members review the course syllabi and communicate course grading and evaluation expectations with students. If a course has several sections, a "lead" faculty member is designated as the course coordinator and communicates evaluation expectations to other faculty to facilitate consistency in the evaluation process; this is especially important when part-time faculty, master clinicians, and preceptors are involved. Faculty members seek input from preceptors and master clinicians to assist in determining student progression in the clinical setting; however, it is the clinical course faculty member's responsibility to determine whether learning outcomes have been met and to ultimately assign a grade for each student.

**Baccalaureate Program**

***Course Grading***

In the BSN program, a standardized template is used for course syllabi. It requires common elements in each syllabus, including course description, student learning objectives, individual student evaluation methods, and the grading system used. The syllabus, evaluation process, and grading criteria are reviewed and clearly defined; this process allows students to ask questions in order to clarify expectations. The undergraduate program also has a standardized grading scale applied to all courses. A final course grade of C (73%) is required for progression. Evaluation methods for determining course grades include (but are not limited) to exams, written papers, and projects. Rubrics and/or evaluation guidelines are used as a means for consistency in grading; these also inform students how they will be

evaluated. If a student is performing below the expected level, the faculty member discusses with the student the clinical deficiency so there is an opportunity for improvement. When deficiencies are identified, students are referred to the Student Success Manager.

#### ***Evaluation of Clinical Performance***

Clinical performance is evaluated by the faculty on a pass/fail basis. Faculty members review clinical expectations with students at the beginning of the course. The syllabus, clinical rubrics, evaluation process, and grading criteria are reviewed and clearly defined; this process allows students to ask questions to clarify expectations. Students receive ongoing clinical performance feedback in the form of informal verbal feedback, a mid-course evaluation, and a final written clinical evaluation. The clinical performance is based on standardized rubrics (Standard III, Folder 6). If a student is performing below the expected level, the faculty member discusses with the student the clinical deficiency so there is an opportunity for improvement. When deficiencies are identified, students are referred to the Student Success Manager. Also, depending on the situation, the student may also be placed on a clinical contract. The written contract, signed by both faculty and student, outlines specifically what outcomes are needed to successfully meet the course objectives. Faculty members also inform the Student Success Manager when a student is in jeopardy so the Manager can reach out to the student for coaching and support. Individual completed student clinical evaluations are kept on file in the Student Services Office until the student graduates and passes the NCLEX-RN.

#### ***Essential Behaviors for Progression and Graduation***

In addition to course grading and evaluation of clinical performance, students are evaluated on whether they meet the essential behaviors necessary for professional formation. The purpose of this process is recognition of superior strengths or early identification of behavioral problems that are inconsistent with professional nursing. Students are introduced to these expectations on admission into the CON. Level faculty members meet each semester to review student progression. If unprofessional behavior occurs at any time, faculty may utilize the Remarkable Observation form to document the problem and formulate remedial plans as appropriate. These forms may also be used to recognize outstanding student performance. These forms contribute to level progression discussions (Standard III, Folder 6).

#### ***Standardized Assessment***

The BSN program also uses the Health Education Systems Incorporated (HESI) exam to monitor student's progress at three points during the curriculum: at the beginning of Level 1 (the HESI Admissions Assessment test), a dosage examination in Level 2, a custom exam in Level 3. In addition, students take the HESI Exit examination near the end of the program (during Level 4) as a measure of readiness to pass the NCLEX-RN. The primary purpose of the HESI exams is to provide feedback to students and to identify students who may be facing challenges academically. At the present time, Level 1 students with a score of <90 on the HESI Admissions Assessment or the HESI Dosage Exam are required to complete online remediation with re-evaluation. Students with a score <80 are required to see

the Student Success Manager. Level 4 students with overall score of <700 on the HESI Exit Exam are required to complete online remediation. Additional information regarding HESI exams is discussed in Section IV-B.

### **Master of Science in Nursing**

A variety of methods to assess student learning are also used in the MSN program. For the fully online courses, written examinations, papers, seminar presentations, and online discussions are the predominant methods used to assess learning. Evaluation rubrics are often used to assess discussion in online courses (Standard III, Folder 6). Traditional face-to-face didactic courses also use a variety of methods to assess student learning, including written examinations, papers, seminar presentations, group presentations, and discussions. These are posted in the course with the syllabi and other assignment requirements. In laboratory courses, such as Advanced Health Assessment and Diagnostic Reasoning, students are evaluated on histories, documentation of findings, and psychomotor skill performance.

#### ***Evaluation of Clinical Performance***

*Administration and Education Concentrations.* Students in the Administration and Education Concentrations complete clinical fieldwork with a preceptor. The preceptor provides feedback to the course instructor through the use of an evaluation form and through ongoing communication with the faculty. Clinical evaluation is also based on assignments that link to clinical activities. For example, students in the Nursing Education concentration submit a teaching packet that includes teaching and evaluation materials used for a teaching project, as well as a video of the teaching event and self-analysis. Faculty members grade the teaching project assignment using rubrics and assignment guidelines (Standard III, Folder 6); this is used, in part, to assess the achievement of fieldwork objectives. An example of a teaching project is available in the resource room.

*Advanced Practice Concentrations.* For clinical courses in the advanced practice concentrations, clinical evaluation is completed through preceptors, and further validation of these evaluations are done in site visits by the CON faculty. All students are assigned a clinical preceptor in their specialty area, as well as a designated UNM-CON faculty member. The course objectives, which specify student learning outcomes, drive the selection of the clinical site and the preceptor. For the NP courses, students log their clinical encounters into the Health Insurance Portability and Accountability Act (HIPAA)-secure Typhon Clinical Log System, and the encounters are tracked and evaluated by faculty throughout the student's clinical experiences. This information provides clinical experiences by client type, level of independence during client contact, diagnosis, treatments, and procedures completed. Concentration coordinators scan individual student clinical evaluations and retain them until the student graduates. The scanned copies are entered into the Typhon system. If a student is not performing at the expected level, the student is placed on a contract. The written contract, signed by both faculty and student, outlines specifically what outcomes are needed to successfully meet the course objectives (Standard III, Folder 6).

As previously discussed, some courses are now using OSCE evaluations as a part of comprehensive individual student performance assessment. One clinical evaluation template is used for

all students. The OSCEs have been implemented in clinical courses to ensure equitable assessment of students using a standardized case and evaluation checklist process, with a standardized clinical evaluation form (Standard III, Folder 6). The videos from the OSCE scenarios also become part of the student record of performance until they graduate.

**III-G. Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.**

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

**PROGRAM RESPONSE**

Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and these evaluations are used to foster program improvement. The faculty have a comprehensive program evaluation plan; information gained from this plan informs faculty, resulting in a continuous process for improvement of student learning outcomes. Students are regularly given the opportunity to provide feedback related to overall satisfaction and teaching-learning practices, and to share new ideas. Students are encouraged to provide feedback at the conclusion of every course through formal course/instructor evaluations. Additionally, undergraduate students complete level evaluations, and advanced practice students are interviewed.

**Student Evaluation of Courses and Teaching-Learning**

Students evaluate courses and the teaching-learning practices of the faculty member each term. In Summer 2008, UNM adopted the Individual Development and Education Assessment (IDEA) instrument (Kansas State University, [www.theideacenter.org](http://www.theideacenter.org)) for student evaluation of teaching. Prior to that time, the Instructor and Course Evaluation System (ICES), from the University of Illinois, was used. Adoption of the IDEA system was a university-wide decision. Because all faculty are expected to use the same instrument, a series of in-services were offered by the University to educate all faculty about how to use and interpret data from IDEA. The instrument provides for some flexibility in the choice of items specific to certain types of courses. The IDEA ratings offer the opportunity to enhance instruction through formative feedback. Student responses on the IDEA rating instrument provide direct self-assessment of progress on instructor-selected learning objectives and diagnostic feedback on the instructors' use of pedagogy that support those objectives. The IDEA Center provides downloadable guides to inform faculty of strategies to improve the effectiveness of instruction pertinent to the selected objectives. Faculty members are required to provide the feedback obtained from the IDEA ratings to their team Chairs for their annual evaluations. Some faculty have expressed ongoing confusion and general dissatisfaction related to the results provided by the IDEA evaluation system. To address this, an IDEA expert from main campus was invited to a CON faculty meeting to review optimal use and interpretation of findings. Faculty have been informed ongoing individual assistance is available as needed. Additionally, a UNM website



available to all faculty (<http://idea.unm.edu/>) provides detailed information about the IDEA tool, instructions for use, how to interpret IDEA results, and how to improve teaching based on IDEA feedback.

### **Peer Evaluation**

In some instances, individual faculty members seek feedback from their peers about their teaching practices and strategies. This is easier in courses where teams of faculty teach. However, this is an area that has been identified by faculty as one needing improvement so that faculty development can become more targeted to individual needs. During Fall 2011, the Web Advisory Council began exploring the use of the *Quality Matters* program as a mechanism to improve online course instruction. New Media and Extended Learning on the UNM Main Campus was exploring this program as well and made the decision to obtain an institutional license. The Web Advisory Council, in conjunction with the CON Program Evaluation Committee and CON Curriculum Committee, will be planning the implementation of this evaluation process in 2012.

### **Baccalaureate Program**

The BSN curriculum has undergone extensive review since implementing the concept-based curriculum in 2006. At that time, the Curriculum Oversight and Program Evaluation (COPE) Committee was responsible for undergraduate curriculum program evaluation; more recently, with the reorganization of the CON, this information has been managed with the Program Evaluation Committee. COPE collected feedback from students, faculty, and administrators through the use of surveys. Community feedback was elicited through conversations with leaders from community agencies, nursing programs, and employer surveys.

In the years following the implementation of the concept-based curriculum, the feedback collected by COPE led to the identification of several issues and themes. Some of the initial ideas and plans did not work as well as intended or were not well received by students. Examples include: 1) the original idea to integrate community with acute-care clinical experiences became very problematic for faculty and students; 2) faculty struggled to make the professional nursing concepts courses meaningful to students, and there were reports of content repetition; 3) there were reports that some of our prerequisite courses (NURS 239, NURS 240, and NURS 290) were not being accepted by other institutions for transfer credit because they were unique only to CON; 4) the idea to use preceptors for many of the clinical courses was not feasible, as there were simply not enough of them in the hospitals or the community; and 5) many students were unhappy with the focus on conceptual teaching using collaborative learning and group work. As a result of the data analyses, several changes have since taken place in the curriculum or issues have been addressed.

### ***Collaborative Learning***

Students have verbalized dissatisfaction with collaborative learning that is expected in undergraduate courses. Collaborative learning is central to conceptual teaching; thus, faculty members continue to teach in this way. However, faculty have attempted to address some of these complaints by reviewing assignments across courses to improve them, avoid duplication, and avoid multiple group work

projects due at the same time in different courses. There have also been faculty development efforts to improve teaching expertise using collaborative learning strategies. A student orientation before students begin the first semester of nursing courses also provides students with information about what to expect in the CON courses. Faculty members have made attempts to communicate to students the skills needed for group work, the benefits of group work, and the expectation that collaboration is a necessary skill in professional practice.

### ***Prerequisite Nursing Courses***

Following evaluation of the pre-nursing courses, two courses were extensively revised (NURS 239 and NURS 240) because the content delivery was not working as planned, and one course (NURS 290) was eliminated. The content that was from the deleted course (NURS 290) was shifted to other professional nursing courses.

*Clinical Courses.* Extensive changes have been made to the clinical courses from the original plan as a result of issues with an inadequate number of preceptors, clinical site placements, and coordination of learning experiences. In 2008, the original clinical course in Level 1 (NURS 312) was revised from one 5-credit course that combined community and inpatient experiences to two separate courses: NURS 312 (4 credits), which focused on inpatients, and NURS 313 (1 credit), which focused on community. Also, because there were not enough preceptors available, students were placed in clinical groups with faculty or master clinicians for the entire NURS 312 experience. The Community Assessment course was moved from Level 3 to Level 2, with a reduction in course credits from 3 to 2; this was done to eliminate content redundancy and balance student credit load. In 2009, NURS 314 was split into two courses (NURS 314 and NURS 315) to allow for greater clinical experience with the growing family. Faculty found it was not feasible to make the community experiences align with inpatient experiences. This also allowed for an improvement in lifespan coverage within the curriculum.

*Professional Nursing Concept Courses.* Because faculty struggled to teach the professional nursing concepts courses from a conceptual perspective, and because of the consistent negative feedback from students (especially related to course redundancy), these professional nursing concepts courses were all reviewed and extensively revised. The total number of Professional Nursing Concept courses went from three 3-credit courses (NURS 390, NURS 391, NURS 492) and one 2-credit course (NURS 493) to the current three 3-credit courses (NURS 391, NURS 491, and NURS 492).

*Concept Synthesis.* A nursing synthesis course (NURS 454) was added to Level 4 to bring together health and illness and professional nursing concepts in complex patient clinical situations. We believe this enhances students' conceptual thinking and clinical judgment.

*Simulation Experiences.* Additional high-fidelity simulation is being incorporated (see examples of scenarios in the resource room), as are interactions with standardized patients. These interactions are critiqued, and students are debriefed to evaluate their learning.

### **Concept Review and Revisions**

Because concepts form the foundation of the undergraduate curriculum, undergraduate faculty members also regularly review the concepts, exemplars, and course sequencing. In 2008, there were several additions, deletions, and revisions made to the concepts; in part, these were a result of increasing expertise among faculty associated with conceptual teaching. A few examples of changes made at that time included the following: *motion* was changed to *mobility*; a new concept, *comfort*, replaced five concepts – *pain*, *fatigue*, *nausea and vomiting*, *sleep* – which were then used as exemplars for the new concept; *interpersonal relationships* was deleted due to concept overlap with *family dynamics* and *interpersonal violence*. The most recent review, in 2011, resulted in only a few revisions. The *health promotion* concept was shifted to NURS 313 because it had greater relevance to the community setting and to allow for deeper learning in didactic and clinical experiences. This decision was also partly based on feedback from the NCLEX-RN test analysis reports – that students were performing less than desired on this portion of the exam. The concept of *harm reduction* was added to NURS 315, and some exemplars were moved to NURS 390 because of the greater relevance to the community setting and to allow for deeper learning in didactic and clinical. This decision was also driven by lower than desired performance by students on the NCLEX-RN.

### **Master of Science in Nursing**

The MSN curriculum is regularly evaluated using data from a variety of sources, including student course evaluations (previously described), a formative survey (given at the completion of the MSN core courses), and annual concentration reports. Additionally, advanced practice students are interviewed by the Practice Team Chair, program director, or concentration coordinator when graduating. Interview questions are available in the resource room. Prior to the CON reorganization, an annual Graduate Curriculum Committee retreat was held, providing an opportunity for data from each concentration and the MSN program collectively to be presented, reviewed, and discussed. At this time, these activities occur both within the Teams (Education and Practice) and the Program Evaluation Committee. Examples of curriculum changes as a result of this process follow.

*MSN Core Courses.* The MSN core courses were extensively revised as a result of student feedback and alignment with the *Essentials*.<sup>6</sup> A new class was added (NURS 504), one course was deleted (NURS 511), and three other courses (NURS 501, NURS 503, and NURS 505) were revised as a result of this work. Students voiced concerns over duplication of content in NURS 503 and NURS 504 when NURS 504 was first introduced, so more revision occurred with this course to differentiate it from NURS 503. In NURS 503 the research process and review of literature are taught, whereas in NURS 504, the process of applying evidenced-based practice through the use of databases and meta-analysis of data is taught. The core courses will need to be evaluated again with the new AACN master's education *Essentials*<sup>7</sup> to determine what content revisions might be needed as common content for all concentrations. Other evaluation of graduate curriculum occurs in work groups of the faculty in the

different specialties and through the use of consultants. All concentrations have made some ongoing changes within the past 4 to 5 years.

*Nursing Education Concentration.* The nursing education concentration was revised in 2007 based on the feedback from students, graduates, and faculty teaching within the concentration. Previously, the curriculum had covered the content for classroom teaching and clinical teaching very well, but little was included regarding faculty roles and the situations graduates would face in new educator roles. In response to this identified need, a new course, NURS 515 Faculty Roles and Professional Issues, was added, and revisions to NURS 509 and NURS 510 were made to accommodate the changes associated with the new course.

*ACNP Concentration.* Another example of the use of evaluation data for program improvement involves the ACNP concentration. In 2006-2007, funds were made available for the concentration coordinator to travel to the University of Pittsburgh to review the ACNP program there to provide a basis for identified and needed revision of the CON ACNP concentration. In addition, Dr. Kathy Magdic was brought to the CON for consultation with concentration faculty. As a result of expert input, a new topics course (NURS 569) was added to incorporate content identified from the new *Essentials*.<sup>7</sup>

*Online Pharmacology Course.* An example of an instructional improvement made as a result of student feedback was the recent hiring of an experienced part-time faculty member with content expertise specifically to teach the online pharmacology course. The effectiveness of this decision will be evaluated in the next year. As another example, students suggested that information regarding the certification and credentialing process be provided to them earlier. Thus, information is now provided in a memo to students during their first year as opposed to the second year (Standard III, Folder 7).

### **STRENGTHS OF STANDARD III**

1. The baccalaureate curriculum builds on a strong liberal arts and humanities foundation, and the master's program builds on the foundation of baccalaureate education.
2. The content for each program uses national standards, and mapping of content provides the basis for identifying gaps.
3. Students are individually evaluated across the program of study to provide feedback regarding the meeting of clearly stated student learning outcomes.
4. State-of-the-art learning labs, a simulation center, and a competency performance center, along with a web-based technology learning environment, support student learning and meeting expected outcomes.
5. Students, faculty, committees, and the community of interest are offered opportunities to provide feedback about the curriculum at all levels; curriculum revisions and changes in teaching practice have resulted from this feedback.

6. A variety of clinical sites are used with agency agreements that allow for a breadth of clinical experiences for students.
7. Faculty teaching in the MSN and BSN programs regularly review feedback and make informed curriculum revisions.
8. The CON is an active participant in the IPE effort at the HSC.

### AREAS FOR CONTINUOUS IMPROVEMENT FOR STANDARD III

Table 13 shows the Standard III areas identified for continuous improvement and the action plan established to address them.

*Table 13: Standard III Continuous Improvement Areas and Action Plan*

Continuous Improvement	Action Plan
Implement use of Typhon Clinical Log system for all advanced practice concentrations and use the system to fullest capacity for consistent collection and tracking of student performance.	Practice Team to discuss issues of evaluation of students and preceptors and the use of Typhon to identify the proper way to proceed and provide recommendations by Fall 2012. This will include a consideration of the curriculum mapping feature.
FNP concentration will incorporate additional geriatric content to be aligned with the Consensus Model for APRNs.	Faculty in the FNP concentration will make recommendations about any needed curriculum changes to the Practice Team and to the Curriculum and Graduate Committee.
Initiate a formal peer evaluation of teaching to continue to improve teaching-learning strategies at all program levels.	Develop a proposal regarding peer evaluations for faculty development needs. Implement the use of <i>Quality Matters</i> for online courses.
The NP concentrations will expand OSCE learning for clinical courses.	NP faculty to continue work in development and incorporation of OSCEs to assess student competencies and learning outcomes. Faculty to explore additional student evaluation methods.
New AACN master's <i>Essentials</i> documents (2011) require response of the Nursing Education Concentration.	Finalize a plan for revision of the concentration by end of 2012.
Identified need to improve communication and resources for CON preceptors.	Practice Team to develop an interactive webpage as a resource and communication link for preceptors.

## **STANDARD IV**

### **PROGRAM EFFECTIVENESS: AGGREGATE STUDENT AND FACULTY OUTCOMES**

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

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

*Elaboration: Processes are in place for regular collection of aggregate student outcome data. For entry-level programs, the program indicates whether NCLEX-RN<sup>®</sup> pass rate data represent first-time takers and/or repeat takers. The program is expected to demonstrate how RN-to-baccalaureate program graduates as well as pre-licensure graduates achieve the expected outcomes of the baccalaureate program. Certification pass rates are obtained and reported for those graduates taking each examination, even when national certification is not required to practice in a particular state. Program evaluation data are collected on a regular basis. For each degree program, the program calculates graduation rates (number of students completing a program divided by number of students entering a program). The program specifies the entry point and the time frame used in the calculation of graduation rates. Individual programs may collect additional aggregate outcome data related to other aspects of their mission, goals, and expected student outcomes (e.g., enrollment in further graduate education).*

### **PROGRAM RESPONSE**

The program is effective in fulfilling its mission and goals as demonstrated by the collection of aggregate student outcomes. Admission and progression data are tracked to determine graduation rates. Surveys and other data sources are used to collect information about the achievement of graduates (such as NLCEX-RN and certification pass rates) and satisfaction of faculty, students, employers, and alumni.

A new plan to address evaluation was submitted to CCNE at the time of the mid-review report (Standard 1, Folder 6), as this was an identified deficit. Since that time, additional data have been collected and in a more consistent manner. In 2010, with the reorganization of the CON, a college-wide Program Evaluation Committee was established to improve the evaluation process across all CON academic programs. Below is a description of aggregate data collected and used to determine the effectiveness of the BSN and MSN programs.

#### **Assessment of Student Learning Outcomes: College Assessment Review Committee Data**

In preparation for institutional accreditation, UNM recognized a need to improve on student assessment as an organization. A university-wide student assessment plan, with expected participation from all academic units, was initiated by the Provost's Committee on Assessment. Each college and branch campus formed a College Assessment Review Committee (CARC) that was charged with assessing achievement of student learning outcomes (SLOs) based on objectives for each academic

program. The CON CARC has developed a data collection and analysis plan for each academic program. Data are collected by faculty from specified student assignments that link to program objectives; data are sent to the CARC for review. With the formation of the Program Evaluation Committee in 2010, the CARC activities were subsumed within this committee. The CARC program evaluation templates and the undergraduate and graduate data collection plans can be found in the resource file (Standard IV, Folder 1, Policies for Collection of Aggregate Data).

### **NCLEX-RN Preparedness**

Students enrolled in the basic and second-degree options for the BSN degree are required to complete the HESI Exit Examination, which is administered early in Level 4. The purpose of the exam is to determine the readiness of the senior students to pass the NCLEX-RN, with the intent to offer remediation to students identified as “at risk.”

### **Graduation/Retention Rates**

The *graduation rate* for each program is defined as the percent of admitted students who graduate from their program of studies within a targeted time frame. *Retention* for each program is defined as the percent of admitted students who eventually graduate or are still enrolled in the program. For all programs, graduation and retention rates are calculated from the time of admission into the CON; however, there are differences in the targeted time frames based on programs and concentrations to accommodate differences in part-time and full-time study:

- BSN, basic and second-degree options: Graduation rate calculated on 4 terms of enrollment after admission (full-time study).
- BSN, RN-BSN option: Graduation rate calculated on 10 terms of enrollment after admission (part-time study).
- MSN, advanced practice concentrations: Graduation rate calculated on seven terms of enrollment after admission (full-time study).
- MSN, Nursing Education and Nursing Administration concentrations: Graduation rate calculated on 10 terms of enrollment after admission (part-time study).

### **Licensure and Certification Examination Pass Rates**

Graduates of the basic and second-degree BSN options take the NCLEX-RN exam after graduation. The NM BON sends the College a quarterly and annual report with NCLEX-RN test results for CON graduates. The report includes the examinee’s name, date of examination, an indication of first attempt or repeat attempt, and results (pass/fail). The report also provides summary results for first-time pass rates and pass rates for those who repeat the exam. The CON tracks both first-time pass rates and first- plus second-time pass rates.

Graduates of the MSN advanced practice concentrations take certification examinations after graduation. FNP graduates are eligible to sit for the certification exam offered by the American Nurses Credentialing Center (ANCC) or by the American Academy of Nurse Practitioners (AANP). PNP graduates can obtain certification through ANCC or the Pediatric Nursing Certification Board. ACNP

graduates can take their exam through ANCC or the American Association of Critical Care Nurses. Midwifery graduates take their exam from the American Midwifery Certification Board. Although the examinations differ, the process and reporting mechanisms are similar, as described above.

#### **Student Perception of Program Effectiveness**

Student perception of program effectiveness for both the BSN and MSN programs is measured using the EBI exit surveys (Undergraduate Nursing Education Exit Survey and Masters Level Nursing Exit Survey). The surveys, based on CCNE accreditation standards, allow schools to benchmark their performance against other participating programs. Surveys are administered near the end of the last term of enrollment; completion of the survey is now expected as a graduation requirement. Aggregate results are reported back to the institution annually.

#### **Alumni Satisfaction Survey**

Alumni perception of program effectiveness for both the BSN and MSN programs is measured using the EBI alumni surveys (Undergraduate Nursing Alumni Survey and Masters Nursing Alumni Survey). The surveys allow schools to benchmark their performance against other participating programs. They are administered in 3-year cycles to those who graduated in the preceding 1 to 3 years. The last two survey cycles were in 2008 and 2011. Aggregate results are reported back to the institution annually; the CON has not yet received results for the 2011 survey. The next survey cycle will be in 2014.

#### **Employer Satisfaction Survey**

Employer perception of program effectiveness for both the BSN and MSN programs is measured using the EBI employer surveys (Undergraduate Nursing Employer Survey and Masters Nursing Employer Survey). The surveys, based on CCNE accreditation standards, allow schools to benchmark their performance against other participating programs. They are administered in 3-year cycles to the employers of our graduates in the preceding 1 to 3 years. The last two survey cycles were in 2008 and 2011. Aggregate results are reported back to the institution annually; the CON has not yet received results for the 2011 survey. The next survey cycle will be in 2014.

#### **Alumni Telephone Survey**

In 2009, a telephone survey of CON alumni (BSN and MSN graduates) who graduated between 2004 and 2009 was conducted. The purpose of the survey was to gain employment information about CON graduates. The survey included questions about demographics (age, gender, race, state in which they currently reside), academic degree earned (BSN, MSN, both), overall satisfaction with their experience, employment in nursing, general satisfaction with nursing, plans for advanced degrees in nursing, and suggestions for improvement.

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

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



## **PROGRAM RESPONSE**

CON faculty members, along with the newly formed Program Evaluation Committee members, review and analyze student outcome data. Because data are collected and received on a variety of timetables, they are reviewed as they are received by the Education Team, the Practice Team, and the Program Evaluation Committee. In the previous organizational structure, the Graduate Committee held an annual day-long retreat to review and summarize all collected data from the previous year (Standard IV, Folder 2). The Program Evaluation Committee meets monthly to discuss data collection procedures and review data. There are plans to continue the tradition of the annual retreat in 2012 for comprehensive program evaluation discussions.

### **CARC Data**

The Program Evaluation committee collects and reviews CARC data on a regular basis; reports are submitted quarterly and annually. The actual data collected varies from year to year, but the standard benchmark is for 80% of students to achieve 80% or greater proficiency on the identified SLO or to be at or above mean score when EBI items are used. Appendix 19 presents the aggregate CARC results for AY 09-10 and AY 10-11. In AY 09-10, all targets were met, with the exception of BSN SLO C2 (Apply leadership principles in varied professional nursing practice roles) in one course (NURS 442). In AY 10-11, all targets were met with the exception of MSN SLO C2 (Synthesize knowledge from the biophysical, social, and nursing sciences which affects health/illness behavior or client systems as a basis for nursing practice, education, and administration) in one course (NURS 597). See Standard IV-D for further discussion.

### **NCLEX-RN Preparedness**

HESI exit examination data are collected for each cohort of undergraduate students in their final semester. HESI data are reviewed by the Student Success Manager and the Nursing Synthesis Course Coordinator. Beginning with students admitted in AY 2011-2012, the Student Success Manager will quantify the results and provide a report to the Program Evaluation Committee. Data related to Evolve Learning System use and HESI performance are being analyzed as directed by the Program Evaluation Committee.

As originally implemented, the HESI exit exam was used to inform students and faculty of students' NCLEX-RN preparedness, and students were encouraged to seek help if needed, but this was not required. Faculty questioned whether students were taking the HESI exit exam seriously, because there was, in essence, no reward for doing well and no consequence for poor performance.

Prior to AY 08-09, the cutoff score was 750. If students scored less than 750, completion of remediation was required before students were allowed to progress to NURS 419 Capstone Clinical. At the beginning of AY 09-10, the cutoff score was changed to 700 to identify those at greatest risk for NCLEX-RN failure. Students scoring less than 700 are required to complete online remediation activities, and it is recommended that they meet individually with the Student Success Manager about NCLEX

preparation. Although there is no impact on course grade, a student is not eligible to progress to NURS 419 Capstone Clinical if remediation is not completed. Faculty are holding students accountable for completing remediation, if needed, in order to graduate. Table 14 summarizes HESI scores from recent years (raw data are located in the resource room).

*Table 14: HESI Exit Exam Data, 10/07 to 9/30/11*

<b>Date of Exam</b>	<b>Students Taking Exam, N</b>	<b>HESI Aggregate Score</b>	<b>Students Scoring &gt; 850, N (%)</b>	<b>Students Scoring &lt; 700, N (%)</b>
10/1/07	54	804	13 (24.1)	11 (20.4)
10/15/07	28	695	3 (10.7)	17 (60.7)
5/23/08	39	748	4 (10.3)	10 (25.6)
12/11/08	3	745	0 (0)	1 (33.3)
1/29/09	39	831	21 (53.8)	7 (17.9)
6/1/09	53	798	23 (43.4)	13 (24.5)
9/21/09	40	733	8 (20)	17 (42.5)
1/25/10	40	782	11 (27.5)	10 (25)
5/24/10	39	810	16 (41)	10 (25.6)
9/20/10	37	759	7 (18.9)	10 (27)
1/27/11	46	809	20 (43.4)	12 (26.1)
9/30/11	46	802	21 (45.7)	19 (41.3)

### **Graduation/Retention Rates**

Graduation and retention rates are formally discussed in the Undergraduate Task Force and within the Practice Team. At each Practice Team meeting, time is allocated to discuss student progression for all Practice Team concentrations, allowing for a discussion of options for students having progression issues in the programs.

#### ***BSN Program***

The benchmark graduation rate for the basic and second-degree options in the BSN program is for 75% of students to complete the program in four terms and for 80% of all students admitted to eventually graduate. As shown in Table 15, the graduation rate and persistence to graduation (retention) benchmarks have been met for the pre-licensure BSN options. The discussion in the Undergraduate Committee has centered around the importance of avoiding grade inflation, maintaining rigor in courses that utilize different assessment methods, using more NLCEX-RN–style examination questions, and encouraging individual as opposed to group writing assignments.

*Table 15: Pre-Licensure BSN Graduation Rate in Four Terms After Admission and Overall Graduation Rate*

<b>Year Admitted</b>	<b>Students Admitted, N</b>	<b>Students Graduating in 4 Terms, N (%)</b>	<b>Retention: Students Graduating in &gt; 4 Terms, N (%)</b>	<b>Students Lost to Attrition, N (%)</b>
<b>AY 07-08</b>	120	115 (95.8)	2 (1.7)	3 (2.5)
<b>AY 08-09</b>	133	130 (97.7)	1 (0.8)	2 (1.5)
<b>AY 09-10</b>	128	122 (95.2)	1 (1.6)	4 (3.1)

The benchmark graduation rate for the RN-BSN option is for 50% of students to complete the program in 10 terms and for 60% of all admitted students to eventually graduate. The longer time frame to complete the degree is because most students complete this program on a part-time basis. Table 16 presents graduation, retention, and attrition rates by year admitted. Students admitted in AY 09 are still within the 10-term time frame. The benchmarks are not being consistently met. This will be discussed further in Standard IV-D.

*Table 16: RN to BSN Graduation Rates in 10 Terms After Admission, Retention, and Attrition*

<b>Year Admitted</b>	<b>Students Admitted, N</b>	<b>Students Graduating ≤ 10 Terms, N (%)</b>	<b>Retention: Students Graduated &gt; 10 terms or Still Enrolled, N (%)</b>	<b>Students Lost to Attrition, N (%)</b>
<b>AY 07-08</b>	120	58 (48.3)	14 (11.7)	48 (40.0)
<b>AY 08-09</b>	65	26 (40.0)	14 (21.5)	25 (38.5)
<b>AY 09-10</b>	61	17 (27.9)	25 (41.0)	19 (31.1) <sup>a</sup>

<sup>a</sup>Attrition includes 1 student who died while in program.

### **MSN Program**

The benchmark graduation rate for the advanced practice concentrations in the MSN program is for 75% of students to complete the program in seven terms and for 80% of all students admitted to eventually graduate. Students attend these programs on a full-time basis. Table 17 presents the graduation, retention, and attrition rates by year admitted for all advanced practice concentrations. The data for each concentration is presented in Appendix 6. As shown in Table 17, the graduation rate and persistence to graduation (retention) benchmarks were met for AY 08-09 and AY 09-10; the benchmarks were not met in AY 07-08. This will be discussed further in Standard IV-D.

*Table 17: MSN Advanced Practice Concentration Graduation Rates in Seven Terms After Admission, Retention, and Attrition*

<b>Year Admitted</b>	<b>Students Admitted, N</b>	<b>Students Graduating <math>\leq</math> 7 Terms, N (%)</b>	<b>Retention: Students Graduated <math>&gt;</math> 7 Terms or Still Enrolled, N (%)</b>	<b>Students Lost to Attrition, N (%)</b>
<b>AY 07-08</b>	34	19 (55.9)	4 (11.8)	11 (32.4)
<b>AY 08-09</b>	30	23 (76.7)	3 (10.0)	4 (13.3)
<b>AY 09-10</b>	30	28 (93.3)	0 (0)	2 (6.7)

The benchmark graduation rate for the Administration, Education, and Community Health concentrations in the MSN program is for 75% of students to complete the program in 10 terms and for 80% of all students admitted to eventually graduate. The longer number of terms is due to the fact that nearly all students complete this program on a part-time basis. Table 18 presents graduation rate, retention, and attrition rates by year admitted for these concentrations. The data for each concentration is presented in Appendix 6. Students admitted in AY 09 are still within the 10-term time frame. The benchmarks are not being consistently met. This will be discussed further in Standard IV-D.

*Table 18: MSN Education/Administration/Community Health Concentration Graduation Rates in 10 Terms After Admission, Retention, and Attrition*

<b>Year Admitted</b>	<b>Students Admitted, N</b>	<b>Students Graduating in <math>\leq</math> 10 Terms, N (%)</b>	<b>Retention: Students Graduated in <math>&gt;</math> 10 Terms or Still Enrolled, N (%)</b>	<b>Students Lost to Attrition, N (%)</b>
<b>AY 07-08</b>	45	20 (44.4)	13 (28.9)	12 (26.7)
<b>AY 08-09</b>	35	18 (51.4)	9 (25.7)	8 (22.9)
<b>AY 09-10</b>	53	11 (20.8)	29 (54.7)	13 (24.5)

### **Licensure and Certification Examination Pass Rates**

#### ***NCLEX-RN***

The NM State BON accepted benchmark is  $\geq$  80% for first-time pass rate. The CON and HSC benchmark has been  $\geq$  85% for first-time pass rate. The Education Team has recently set a strategic stretch initiative for first-time pass rate at the national average (which was 87.8% in 2011). Results are monitored by the Program Evaluation Committee and the Undergraduate Committee task force of the Education Team. Data for calendar years 2007 to 2011 are reported in Table 19; we went back as far as 2007 to show success rates beginning with the first cohort of graduates from the concept-based curriculum. The benchmark is not being consistently met. See Standard IV-D for further discussion.

Table 19: NCLEX Pass Rates, 2007-2011

Calendar Year	Students Taking NCLEX for 1 <sup>st</sup> Time, N	CON Graduates Who Passed NCLEX on 1 <sup>st</sup> Attempt, N (%)	CON Graduates Who Passed NCLEX on 1 <sup>st</sup> and 2 <sup>nd</sup> Attempts N, (%)
2007	145	130 (89.7)	141 (97.24)
2008	178	136 (76.4)	159 (89.33)
2009	127	113 (88.9)	122 (93.7)
2010	119	98 (82.4)	111 (93.3)
2011	76	64 (84.2)	Data not available

### Certification Exams

The CON benchmark for first-time pass rates on the advanced practice certification examinations is  $\geq 85\%$ . Results are monitored by the Practice Team (and previously by the Graduate Committee). Data for calendar years 2008-2010 are reported in Table 20. The PNP concentration fell below the benchmark twice in the last 3 years. The 3-year average for the PNP first-time pass rate is 77.7% (reflecting two of nine graduates who did not pass on first attempt). The CON benchmark was met for all concentrations except the PNP concentration. See Standard IV-D for further discussion.

Table 20: Advanced Practice Certification Exam First-Time Pass Rates, 2008-2010

Calendar Year	ACNP, N (%)	CNM, N (%)	FNP, N (%)	PNP, N (%)
2008	6 (100)	6 (100)	7 (100)	3 (100)
2009	7 (100)	3 (100)	9 (100)	5 (80)
2010	9 (100)	8 (100)	11 (100)	1 (0)

Note: N represents the total number of individuals who took the exam; % represents the first-time pass rate.

### Student Perception of Program Effectiveness

The CON benchmark for both the EBI Undergraduate Nursing Education Exit Survey and EBI Masters Level Nursing Exit Survey is to be within 1 standard deviation (SD) above or below the weighted mean with comparison schools.

The undergraduate EBI data are evaluated by the Undergraduate Task Force and the Program Evaluation Committee, and graduate EBI data are evaluated by the Practice Team and Program Evaluation Committee. A summarization of data over the last 5 years, along with a comparison of the CON data for the past 4 years with the six chosen institutions of comparison, Carnegie Class Data, and all-institution data is available in the resource file. The list of CON six selected comparison schools can also be found in the resource file (Standard IV, Folder 2). The EBI summaries in their entirety will be located in the resource room. The benchmark has been met in all instances for both BSN and MSN programs. The Program Evaluation Committee has recently changed the comparison schools to better

reflect programs similar to the CON. Data analysis and how the data are used are reported in Standard IV-D.

### **Alumni Satisfaction**

The CON benchmark for both the EBI Undergraduate Alumni Survey and the EBI Masters Alumni Survey is to be within 1.0 SD above or below the weighted mean with comparison schools. Results from the 2011 data collection have not yet been reported, but will be reviewed by the Program Evaluation Committee, the Education Team, and the Practice Team once the reports are received. The last report from the 2008 survey was reviewed by the Undergraduate and Graduate Committees (under the previous organizational structure). A summary of the 2008 results are in Appendix 20. In all instances, the CON mean scores were within 0.5 SD of the means compared with the six comparison schools, Carnegie schools, and all-institution mean data. The benchmark has been consistently met for both BSN and MSN programs.

### **Employer Satisfaction**

The CON benchmark for the EBI Employer Satisfaction Survey is for at least 85% of our graduates to be rated at an average mean of 5.0 or greater. Results from the 2011 data collection have not yet been received but will be reviewed by the Program Evaluation Committee, Education Team, and Practice Team once the reports are received. The last report from the 2008 survey was reviewed by the Undergraduate and Graduate Committees (under the previous organizational structure).

In 2008 (the first time the EBI Employer survey was administered by the CON), there were two errors in the survey administration process that affected the data interpretation. First, when the EBI Alumni Survey order was placed, only one version was ordered and sent to the employers of both the MSN and BSN graduates. However, most of the employers who responded were from acute-care facilities and were more than likely rating baccalaureate graduates. Second, because the individual placing the order did not know how many employer surveys would be needed, 1,000 were ordered. Unfortunately, the number ordered was the number used to calculate the response rate. The return rate reported in the official report is not accurate. A total of 66 surveys were hand-delivered or mailed, and 49 were returned; thus, the actual response rate was 74.2%. The complete report will be in the resource room.

The survey results showed that employers are satisfied with the performance of our graduates. With the exception of three items, all responses about the performance of graduates were rated in frequencies of 5 to 7 (above moderate to excellent). In the majority of instances, they were rated in frequencies of 6 or 7 (above average to excellent). The majority of means were between 5 and 6.

Three items were below the benchmark. These included: Incorporated knowledge of cost factors when delivering care ( $M = 4.93$ ); Develops strategies to promote healthy communities ( $M = 4.59$ ); and How well prepared was this employee to take on responsibilities when they joined your institution/school ( $M = 4.65$ ). The benchmark was partially met. Further discussion is in Standard IV-D.

**Alumni Telephone Survey**

Benchmarks were not predetermined for the phone survey, although our goal is to retain nurses in the workforce and nurses who practice in NM. Out of a total of 861 alumni with reported home phone numbers, 238 participated, for a total response rate of 27%. The majority of those who did not participate had disconnected numbers or did not return a phone call when a message was left. Results of the survey showed that 218 (91.5%) of respondents live in NM, 220 (92.4%) work in nursing, and 107 (44.9%) are planning or have already made plans to return to school. The survey questions included demographics (age, gender, race, state in which they currently reside) academic degree earned (BSN, MSN, both), overall satisfaction with their experience, employment in nursing, general satisfaction with nursing, plans for advanced degrees in nursing, and suggestions for improvement. A copy of the survey results is located in the resource room and on file (Standard IV, Folder 2).

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

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

**PROGRAM RESPONSE**

Aggregate data provide evidence of effectiveness in several areas for both the BSN and the MSN programs. One of the obvious highlights of both undergraduate and graduate programs at the CON is the overall success in pre-licensure BSN and advanced practice MSN graduation rates and graduates' subsequent success on licensure and certification exams. When the graduation rate *and* NCLEX-RN success rates (first- and second-time attempts) are considered, the combined effect is that 86.7% of all students who enter the CON pre-licensure program enter the nursing workforce. The quality of the advanced practice concentration programs is unquestionable, as evidenced by the graduation rates and superior certification examination pass rates. Like the BSN program, the MSN program is proud of the diversity of the graduates; increasing the number of URM nurses with graduate degrees is part of the solution to addressing workforce diversity. These achievements link to the attainment of one of the CON strategic goals, associated with workforce diversity, and a CON program outcome of CON graduates is provision of culturally appropriate care. The demographic characteristics of our graduates are presented in Appendix 6.

As a result of the CON's CARC efforts as part of the Provost's Committee on Assessment, there has been a unique ability to directly assess students' attainment of program outcomes in ways we have previously been unable to accomplish. Although CON faculty initially struggled to fully understand the process, the benefit is growing expertise in student assessment. This is especially important, given the growing national interest in assessment.

Results from the EBI Alumni and the CON Alumni Telephone surveys also show evidence of the positive program impact on the nursing profession and health care in NM. Results of the EBI Alumni survey suggest that graduates of the BSN and MSN programs are satisfied with the quality of the program. Likewise, 92% of those responding the Alumni Telephone survey report that they live in NM; this directly links to the mission of the CON. The fact that the majority of our advanced practice graduates practice in NM – especially in rural areas – links directly to the HSC mission by increasing healthcare access. The concentration that perhaps best illustrates this is the nurse-midwifery program. Among those who have graduated since 1996 ( $N = 100$ ), 82% practice in rural or underserved areas. The quality of CON programs is also generally reflected in the responses of employers on the EBI Employer survey. With only a few exceptions, employers rated the graduates as moderate to excellent. However, because of errors in EBI Employer Survey, it is not possible to draw firm conclusions about the results.

Another important program outcome for the CON that has clearly been met is engagement of life-long learning. Responses on the EBI Undergraduate Nursing Exit, EBI Alumni, and Alumni Telephone surveys all show evidence of potential or actual intent to pursue graduate education among the BSN graduates. A substantial number of our graduates are considering or have actually pursued graduate education.

#### **IV-D. Aggregate student outcome data are used, as appropriate, to foster ongoing program improvement.**

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

### **PROGRAM RESPONSE**

#### **CARC Data**

Two SLOs have not been met in 2 years of data collection. In AY 09-10, there was a drop in performance in one of the RN-BSN courses related to the application of leadership principles. The CARC committee discussed the variance and determined that because there was a change in lead faculty, it would be appropriate to continue to monitor the performance in this course. In AY 10-11, there was a drop in the MSN comprehensive examination scores related to policy. This was discussed in the Program Evaluation Committee. The Committee Chair discussed the situation with the course instructor and learned that it was linked to one question on the exam that was often answered incorrectly. The faculty member is evaluating the validity/reliability of the test question responsible for the drop in performance on this measure. Appendix 19 presents the aggregate CARC data for AY 09-10 and AY 10-11.

#### **NCLEX Preparedness and NCLEX First-Time Pass Rates**

The CON faculty have always closely monitored NCLEX pass rates, but this has been especially the case since the poor performance of our graduates in 2008. We recognize that along with the great richness of a diverse student body come the challenges of different learning styles and learning needs.



An NCLEX task force was formed in 2009 to assess factors contributing to the low scores in 2008, with recommendations to address the issue. The full report is available in the resource room and file (Standard IV, Folder 2), but the summary recommendations were: 1) hire a Student Success Manager, 2) raise the minimum GPA for undergraduate program admission from 2.5 to 3.0, and 3) initiate the use of HESI assessment throughout the curriculum (as opposed to only at the end of the program), with the intent to facilitate student success. The three additional tests include the A2 HESI exam, administered during orientation (post-admission); a medication calculation test, administered at the end of Level 2; and a HESI custom exam (testing application of select concepts), administered during Level 3. The HESI exit tests continue to be administered, but with a new requirement for remediation if scores are lower than the cutoff.

In Spring 2011, it was learned that CON students were consistently low in six areas from October 2007 through September 2010, based on review of the *NCLEX Program Report* (from Mountain Measurement, Inc.). These were Reduction of Risk Potential (Client Needs), Endocrine/Metabolic and Renal/Urinary (Health Alterations), Health Maintenance (Wellness/Illness Continuum), Adult (Stages of Maturity), and Physiologic Needs (Stress, Adaptation and Coping). The CON responded to this by moving health promotion to NURS 313 Nursing Practicum because this content is a better fit with community health nursing application. Risk Reduction and Harm Reduction were added to NURS 314 to increase didactic depth and reinforce learning with clinical experience. Moving this content out of the Health & Illness courses allowed more in-depth teaching of Health Alterations and Physiologic Needs in those courses. These are areas we continue to monitor.

### **PNP Certification Exam**

The CON benchmark for first-time pass rates on the PNP certification examination has not been consistently met. As noted earlier, the overall pass rate for students graduating between 2008 and 2010 is 77% (a total of two of nine graduates did not pass on the first attempt). An analysis of the PNP certification examination results for 2009 and 2010 was done by the concentration faculty. Because of the small number of students who take the examination, it is impossible to identify areas of curriculum weakness. The report analysis did not reveal any obvious deficits in the curriculum, and it is believed the pass rates are attributed to issues encountered by the individual graduates. For this reason, no changes to the PNP curriculum were recommended as a result of the first-time pass rates. One of the drawbacks to offering a program on an intermittent basis is the inability to have a student "sit out" a term. Unfortunately, if a personal or family crisis occurs for a PNP student during the program, the option to take a term off to resolve a problem is not possible; the courses are only offered sequentially to fulfill the program of studies for one cohort.

### **Graduation Rates for Part-Time Programs**

The MSN advanced practice concentrations did not meet the benchmark with the AY 07-08 admission cohort. The high attrition was largely attributed to a number of PNP students who did not complete the program and thus skewed the attrition rate beyond the target. Of seven PNP students

admitted in 2007, only three graduated. Reasons for attrition included personal reasons (2), academic difficulties (1), and spousal move (1); the student who moved went on to complete a PNP degree in California.

Although the CON has excellent graduation and retention rates for the full-time programs, the same cannot be said for the part-time programs (RN-BSN, and MSN Education, Administration, and Community Health). The Undergraduate Committee has discussed this and recognized that RN-BSN students are employed and have other responsibilities that prevent full-time or concentrated part-time academic study, and that prolonged progression meets these students' needs. The current RN-BSN faculty members are discussing ways to strengthen connections between students and the CON. In 2008, the Graduate Committee began conducting a formative survey at the end of the MSN core courses; one purpose was to learn about the students' perceived level of connectedness to the CON. Based on these results, faculty decided to try having online orientations/resources for MSN students. However, because the rates have not improved substantially, the faculty decided to require an on-the-ground orientation; the first was held in 2011. It is expected this will help in developing a relationship with new students. This is an area we need to continue to address.

#### **EBI Employer Survey**

Three items on the EBI Employer Survey were below the benchmark. These included: Incorporated knowledge of cost factors when delivering care ( $M = 4.93$ ), Develops strategies to promote healthy communities ( $M = 4.59$ ), and How well prepared was this employee to take on responsibilities when they joined your institution/school ( $M = 4.65$ ). Regarding the first item, CON graduates were rated lower on cost factors compared to graduates from comparison schools. The second item, strategies to promote healthy communities, was also rated lower. Because the majority of those completing the form were from acute-care hospitals, this is not surprising, as promoting healthy communities is not a goal of the units where the graduates were working. In the third item, employers often regard new graduates as less prepared than they would like. The employer survey was discussed in the Undergraduate Committee. The results were also presented and discussed at a Nursing Leadership Alliance meeting (whose members include UNMH leaders (the largest employer of our graduates) and CON leadership. The Program Evaluation Committee plans to compare results from the 2008 survey with those from the 2011 survey, once the report is received. Special attention to these three items will be made to determine if these items continue to be below benchmark and, if necessary, action items will be determined at that time.

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

*Elaboration: Aggregate faculty outcomes reflect the program's mission, goals, and expected student outcomes. For example, if research is an identified element of the program's mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty*

*outcomes is consistent with the institution's and program's definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.*

### PROGRAM RESPONSE

Aggregate faculty outcomes are consistent with and contribute to the achievement of the program's mission, goals, and expected student outcomes. Teaching outcomes, research productivity, and service contributions for all faculty members are evaluated during the annual faculty evaluation process.

#### Teaching

Teaching outcomes for faculty are evaluated by IDEA ratings over time. These are discussed with the team chairs during the evaluation process for individual faculty. Average aggregate scores for IDEAS over the past 4 years are presented in Table 21.

*Table 21: Adjusted Average Scores for IDEA Summer 08 to Summer 11, Expected Distributions and CON Data*

	Much Higher (63 or Higher) Expected Distribution 10%	Higher (52-62) Expected Distribution 20%	Similar (45-55) Expected Distribution 40%	Lower (38-44) Expected Distribution 20%	Much Lower (37 or Lower) Expected Distribution 10%
<b>AY 08-09</b>	A. 7-13 B. 0-4 C. 5-10	A. 17-32 B. 26-35 C. 16-25	A. 36-52 B. 35-49 C. 40-46	A. 7-17 B. 7-9 C. 4-13	A. 4-6 B. 10-11 C. 12-19
<b>AY 09-10</b>	A. 4-13 B. 0-3 C. 30-39	A. 23-46 B. 16-31 C. 6-18	A. 23-58 B. 54-66 C. 52-60	A. 6-19 B. 10-13 C. 10-23	A. 5-8 B. 3-9 C. 8-14
<b>AY 10-11</b>	A. 1-2 B. 0 C. 0-2	A. 20-28 B. 19-24 C. 7-14	A. 41-68 B. 51-65 C. 41-72	A. 4-12 B. 7-12 C. 7-16	A. 2-18 B. 6-12 C. 11-27

*Note:* A = Progress on Relevant Objectives; B = Excellence of Teacher; C = Excellence of Course.

For the most part, the scores are within the range of what is expected by the IDEA normative data. In 2010-2011, the data showed a larger percentage in the "much lower" category (expected distribution 10%), particularly for Excellence of Course. This is an issue, again, of faculty development, as there are many new faculty members without prior teaching experience. The Team Chairs and Program Directors will monitor these teaching evaluations as part of the annual faculty evaluation during the next year. A higher-than-expected percentage is seen in the "similar" and "higher" expected distributions. Our benchmark is to have all scores within the normative range and higher numbers in the "much higher," "higher," and "similar" groups in all three areas. Summary evaluations (the average of A, B, and C for the entire 3 academic years) are: "much higher," 0%-12%; "higher," 17%-38%; "similar," 36%-68%; "lower," 8%-18%; and "much lower," 5%-16%. All were in expected ranges except for two collection periods,

which were in the “much lower” range. These occurred in Spring 2009, when the adjusted average was 11%, and in Summer 2010, when the adjusted average was 16%. Much more detail about the scores can be found in the file (Standard IV, Folder 3).

### **Research and Scholarship**

Research productivity and scholarly contributions are also evaluated consistent with track and rank. One of the key programmatic goals of the CON is to develop a scholarship base consistent with a Doctoral/Research Universities-Extensive and standing consistent with the flagship graduate program in the state. With that in mind, significant resources have been devoted over the past several years to assist researchers in meeting this goal. Examples include a dedicated staff member who is devoted to assisting with the assembling of grants, a full-time technical editor, access to research consultation from outside colleagues if needed, and statistical analysis support. At the UNM-HSC, support is available from the Office of Research, Human Research Protections Office, and Grants Management (Preawards). The Chair of the Research Team within the CON is responsible for the implementation of the research mission of the College, mentoring faculty, and helping faculty to meet their goals. Previously, before the reorganization of the College in January 2010, there was an Associate Dean for Research.

For several years, tenure-track faculty were provided about 90% time during their first year of employment to develop their research base, publish their dissertations, seek intramural funds for pilot studies, and prepare to submit their first extramural grant before their mid-probationary review. During their second year of employment, they had a 50% teaching assignment so they could maintain their momentum. By the third year, tenure-track faculty members were fully integrated. An evaluation of this process in 2010 led to recent changes. Although several faculty members successfully obtained funding, there was not sufficient retainment of these faculty for such a process to be resource efficient. Currently, new tenure-track faculty members work with the Chair of the Research Team to become integrated into the full functioning of the College as soon as they are employed. From employment forward, as yearly goals are written, some relief is provided based on the individual faculty member's progress and an evaluation of times when additional support might be needed (e.g., times of data collection).

Each new tenure-track faculty member is assigned a senior tenured faculty mentor upon hire. This senior mentor meets periodically one-on-one with the mentee to assist with individual issues around teaching, research, and service – and as needed necessary to review publications or grant applications. The Research Team also holds a monthly group mentoring meeting with senior mentors and their mentees to discuss a wide range of topics relevant for research and career development and to provide support. The Research Team Chair also meets monthly with each tenure-track faculty member to assess progress on goals and to provide guidance and support. The HSC is currently developing a campus-wide program for research mentoring for both mentors and junior research faculty.

Table 22 illustrates new grant and contract awards for the past 3 fiscal years, and Table 23 illustrates extramural continuation grants and contract awards. There was a significant increase in

research grant funding in FY 2009-2011. The CON submitted 26 grants/contracts in AY 2009-2010. This represented an increase in grant submissions of 50% compared with AY 2008-2009. In AY 2010-2011, 31 grants/contracts were submitted by CON faculty. This represents an increase in grant submissions of 20% compared with AY 2009-2010.

*Table 22: New Grants and Contract Awards, FY 2009-2011*

Award Type	2009	2010	2011
Grant/Research	\$ 0	\$ 326,274	\$ 51,813
Grant/Instruction	\$ 173,170	\$ 391,928	\$ 40,996
Grant/Training	\$ 0	\$ 0	\$ 0
Contract	\$ 217,593	\$ 18,719	\$ 81,225
Grant/Other			\$ 1,185,586
<b>Total</b>	<b>\$ 390,763</b>	<b>\$ 726,921</b>	<b>\$ 1,359,620</b>

*Table 23: Continuation Grants and Contract Awards, FY 2009-2011*

Award Type	2009	2010	2011
Grant/Research	\$ 146,937	\$ 2,549,288	\$ 39,047
Grant/Instruction	\$ 203,314	\$ 931,151	\$ 124,686
Grant/Training	\$ 0	\$ 0	\$ 0
Contract	\$ 167,000	\$ 50,232	\$ 228,248
<b>Total</b>	<b>\$ 517,251</b>	<b>\$ 3,530,671</b>	<b>\$ 391,981</b>

In addition, CON faculty members are increasingly involved as key personnel for extramural multidisciplinary grants. These grants are reflected in Appendix 21. During 2009-2010, 45% of tenured faculty members contributed to the NIH proposal development and research-related activities for the CTSC. Total effort equated to 1.2 FTEs. The Center was funded in July 2010. One tenured faculty member serves as the Director of the Tracking and Evaluation Unit for the CTSC and as a Steering Committee Member for the HSC Signature Program in Child Health Research. Other tenured faculty members serve in leadership roles in the CTSC, such as Co-Director of the CTSC Community Engagement Component and members of the peer review team for the CTSC pilot grants. In FY 2010, multidisciplinary collaborations on research grants included the UNM Departments of Pediatrics, Family and Community Medicine, Obstetrics and Gynecology, and Occupational Therapy; and external collaborations with Beth Israel Deaconess Medical Center/Harvard University, The University of Colorado, and LaTrobe University in Melbourne, Australia. Several faculty members are active in the RWJF Health Policy Center, established in 2008, with a record gift of \$4.8 million dollars.

The specific amounts of individual funding requested in addition to the actual rewards can be found in the resource file (Standard IV, Folder 3). As of July 1, 2011, \$133,000 is requested in contract monies, \$1,972,094 in grant monies, and \$43,219 in sub-award money. During 2008-2009, one tenured

faculty member served as Standing Member of the NIH Study Section, Nursing Science: Children and Families. Table 24 provides a summary of publications over the past 3 years. Faculty publications and grants and contracts are specified in the file (Standard IV, Folder 3).

*Table 24: Faculty Publications*

	2008-2009	2009-2010	2010-2011
Number of faculty publications	12 journal articles 1 book 2 book chapters	27 journal articles 2 books 3 book chapters 3 electronic media	17 journal articles 7 book chapters

Many faculty members also serve as grant, journal article, and conference abstract reviewers, as well as consultants to external schools and agencies, involving educational, practice, and research consultations.

### **Service**

Service contributions are tracked respectively according to expectations within a given rank. Faculty members are involved in service to the CON, the HSC, UNM, and professional organizations and in other professional consultative roles. All faculty members are expected to serve the CON. Assignments to committees for the past few years can be found in the file (Standard I, Folder 10). Other service expectations are based on rank. Faculty in the non-professorial ranks serve also at the HSC and UNM level, whereas Assistant Professors are expected to be establishing a state and national reputation; faculty at the senior professorial ranks are also expected to be active at the national and international levels. Appendix 22 shows select exemplars of the service contributions of various ranks of faculty for the past 2 to 3 years. Faculty CVs (Standard II, Folder 3) are available in the resource room.

### **Practice**

The CON has made faculty practice a priority during the last several years. Several CON faculty members are involved in direct nursing practice activities, particularly those who hold advanced practice certifications. Most faculty practice occurs within the context of a CON practice contract or grant, although some faculty are engaged in nursing practice external to CON arrangements. Appendix 23 presents funded practice activities involving CON faculty and students.

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

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

### **PROGRAM RESPONSE**

Records of formal complaints are kept in the office of the Executive Dean. Information from complaints and/or grievances is used to improve program performance. The Executive Dean protects confidentiality as needed while sharing material as appropriate with the respective Team Chair, faculty, and/or staff members. In all cases, the Executive Dean manages the issues by following the appropriate

policy (according to the student handbook and/or *UNM Pathfinder*). A table presenting various issues managed by the Executive Dean is presented in Appendix 24.

### **Faculty/Staff Complaints**

Although the Executive Dean has managed no formal complaints or grievances from faculty or staff over the past 4 years, she has heard several informal complaints. The complaints included disagreement over a faculty performance evaluation, complaint about the behavior of a manager brought forward by one or more staff members, complaint about a staff member brought forward by faculty and/or staff, and complaint about a Team Chair brought forward by selected faculty members. In each case, the Executive Dean met with those who shared concerns and then met with the individual about whom the complaint was made. When the complaint involves staff, the Executive Dean consults with the Dean and the Human Resources representative to ensure the matter is handled appropriately. In some cases, the matter results in a verbal or written warning. When the matter involves faculty, the Executive Dean consults with the Dean and the Executive Director for Faculty Affairs in the Health Sciences Center. Many cases involving staff and/or faculty conflict are managed by the conflict resolution office on the UNM Main Campus. When this is the case, the matter is managed confidentially, and no record of the meeting is made.

### **Student Complaints/Grievances**

Student or applicant complaints, grievances, and disciplinary actions are also managed by the Executive Dean. Complaints brought forward by students or applicants may be directed at faculty or staff. The majority of complaints are associated with academic evaluations/course failures (including issues with clinical safety). Other instances of student/applicant complaints involve applications, the admission selection process, progression policies, financial aid/scholarship staff, and academic advisors. Faculty follow the stated process in the student handbook and the *UNM Pathfinder*. The informal process involves working with the individual faculty member against whom the student has the complaint. If unsuccessful at that level, the student then sees the course coordinator. If not successful, or if the complaint is against the course coordinator, the student may make an appointment with the faculty member's Team Chair. If there is still no resolution, an appointment can be made with the Executive Dean. The CON strives to manage complaints to the satisfaction of the student/applicant so that formal grievances are avoided. If the concern persists after meeting with the Executive Dean, the student may initiate a formal grievance process and are advised to follow the specific steps that are in the *UNM Pathfinder* (Article 2.3 – Formal Appeals of Academic Matters; <http://pathfinder.unm.edu/campus-policies/student-grievance-procedure.html>). The *UNM Pathfinder* is in the file (Standard I, Folder 7). The Executive Dean consults with the Dean and the University attorney, as needed, for advice. In the last 3 years, two issues translated into formal actions. One was a formal grievance involving a clinical failure. A formal hearing was held, and the student ultimately dropped the complaint. The second issue involved a formal discrimination complaint filed by an applicant. This matter is in mediation and has involved the Executive Dean, a University attorney, and an external mediator.

### Student Disciplinary Actions

The majority of student disciplinary actions involve academic dishonesty and behavioral issues. Disciplinary actions may be taken based on concerns raised by faculty, staff, or other students. Disciplinary actions are shared between the faculty, team Chairs, and Executive Dean and can range from a faculty member completing a Remarkable Observation Form (a document that addresses issues both within and outside of courses) to academic dismissal. When disciplinary actions occur, the Executive Dean is informed of the situation by faculty or Team Chair. The level of involvement by the Executive Dean is dependent on the situation. Some academic honesty situations are easily managed by faculty in consultation with the team chair or Executive Dean. For example, if a faculty member has a situation involving academic dishonesty, the team chair or Executive Dean may advise the faculty regarding the appropriate response and will maintain documentation of the situation. In the event there is another situation involving the same student, the documentation is helpful determining the next response.

### STRENGTHS OF STANDARD IV

Program evaluation plans are in place, and a consistent collection of data is ongoing.

1. A Program Evaluation Committee is once again in place, with representatives from each team to analyze data and make recommendations to various teams about the findings in the data.
2. Faculty members are increasing their productivity in research, grants, contracts, and publications.
3. CON faculty members are increasingly involved in interdisciplinary activities within the HSC and through the CTSC.

### AREAS FOR CONTINUOUS IMPROVEMENT FOR STANDARD IV

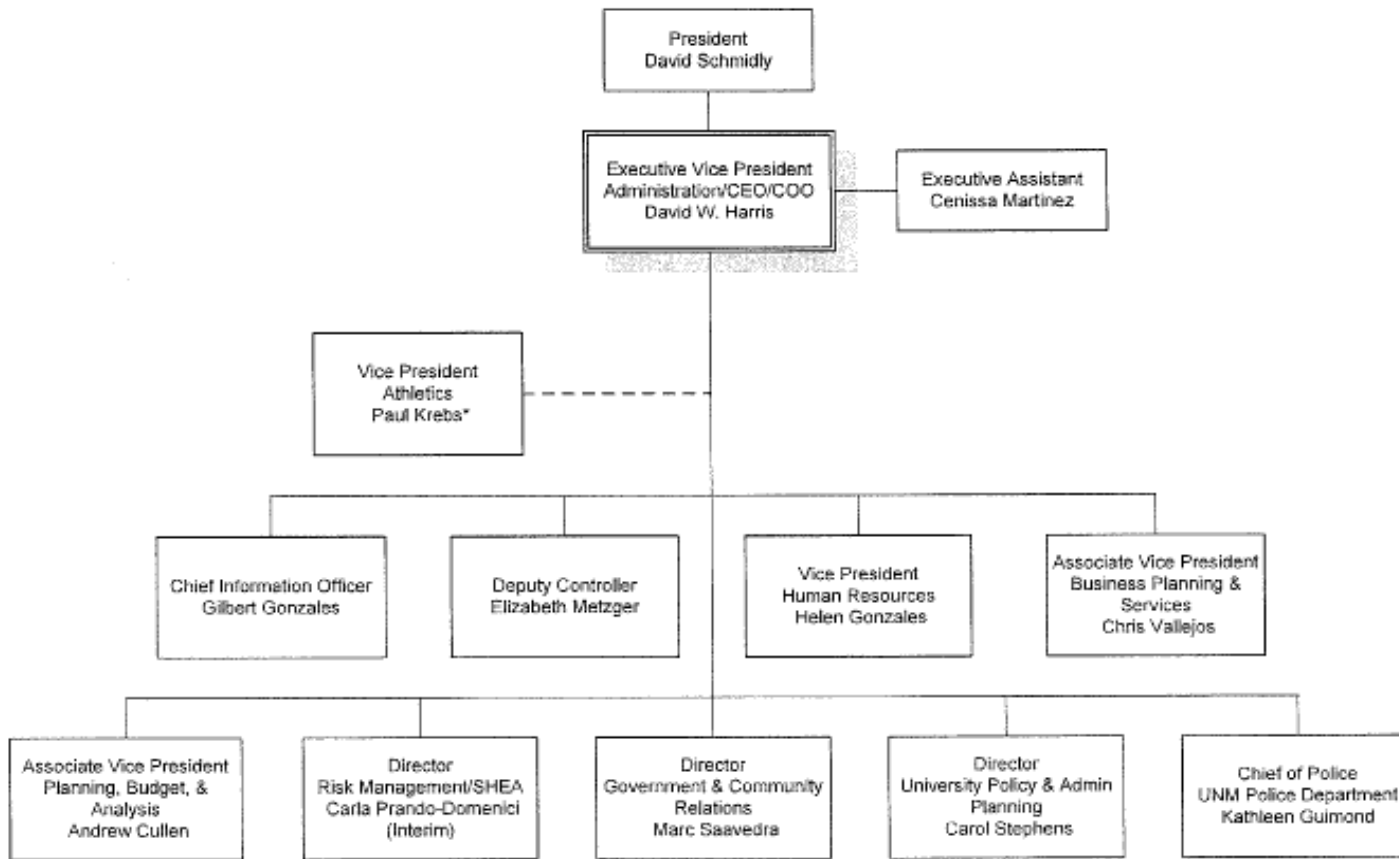
Table 25 shows the Standard IV areas identified for continuous improvement and the action plan established to address them.

*Table 25: Areas for Continuous Improvement for Standard IV*

Continuous Improvement	Action Plan
Program Evaluation Committee to refine an ongoing plan of action for evaluation of data.	Program Evaluation Committee and relevant faculty teams to review all evaluation data annually and address areas that fall below benchmarks.
Improvements are needed in the coordination and management of program evaluation data.	Leadership team to plan for a mechanism to centralize program evaluation data.
Graduate exit interviews need to be completed by a person unrelated to the program of study being evaluated.	Program Evaluation Committee to specify who will conduct exit interviews for each MSN concentration, and formulate a consistent process.
As practice continues to become a greater expectation in the College, an evaluation plan needs to be developed.	Practice Team will complete an evaluation plan as the Practice Team strategic plan unfolds.

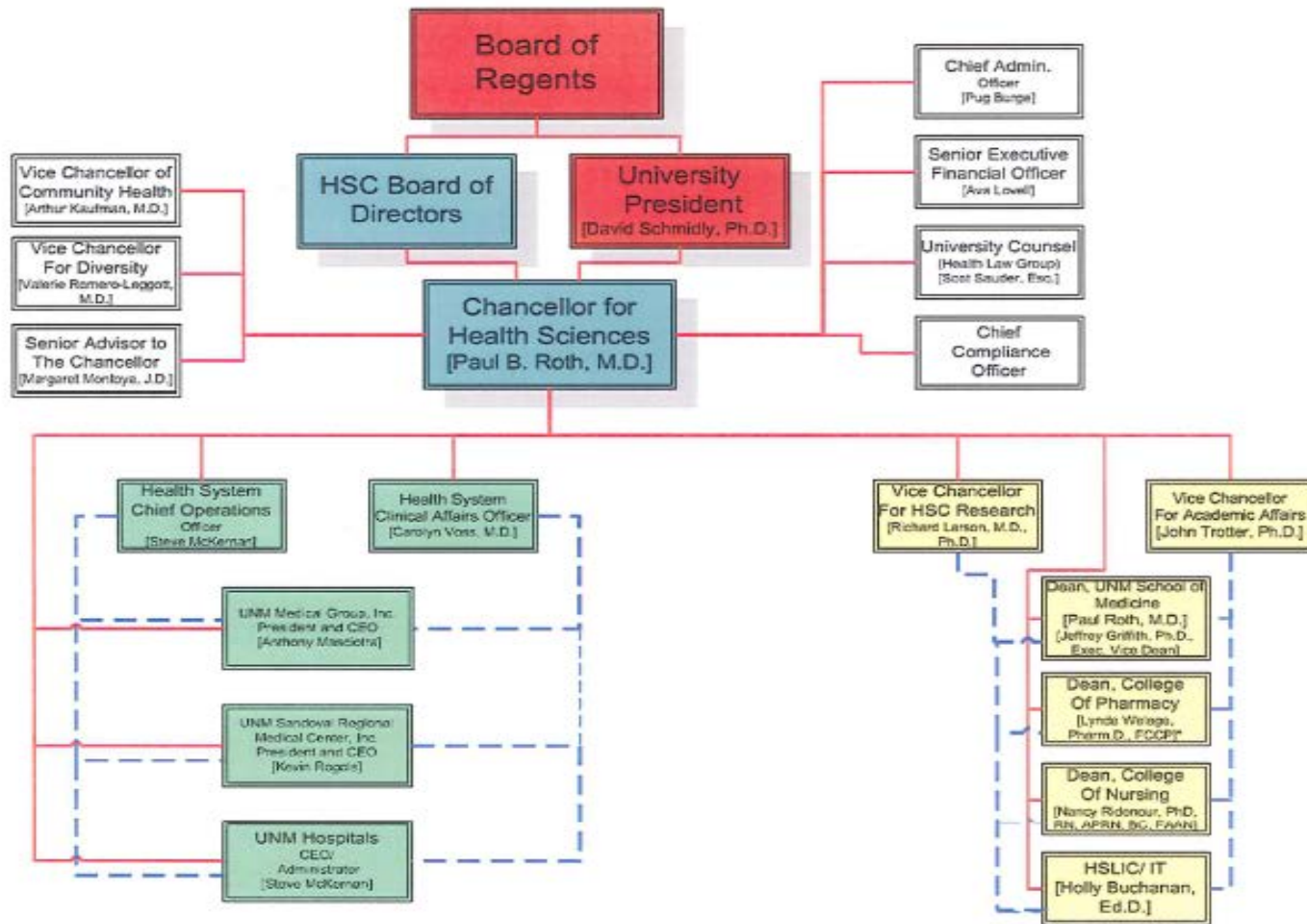


Appendix 1



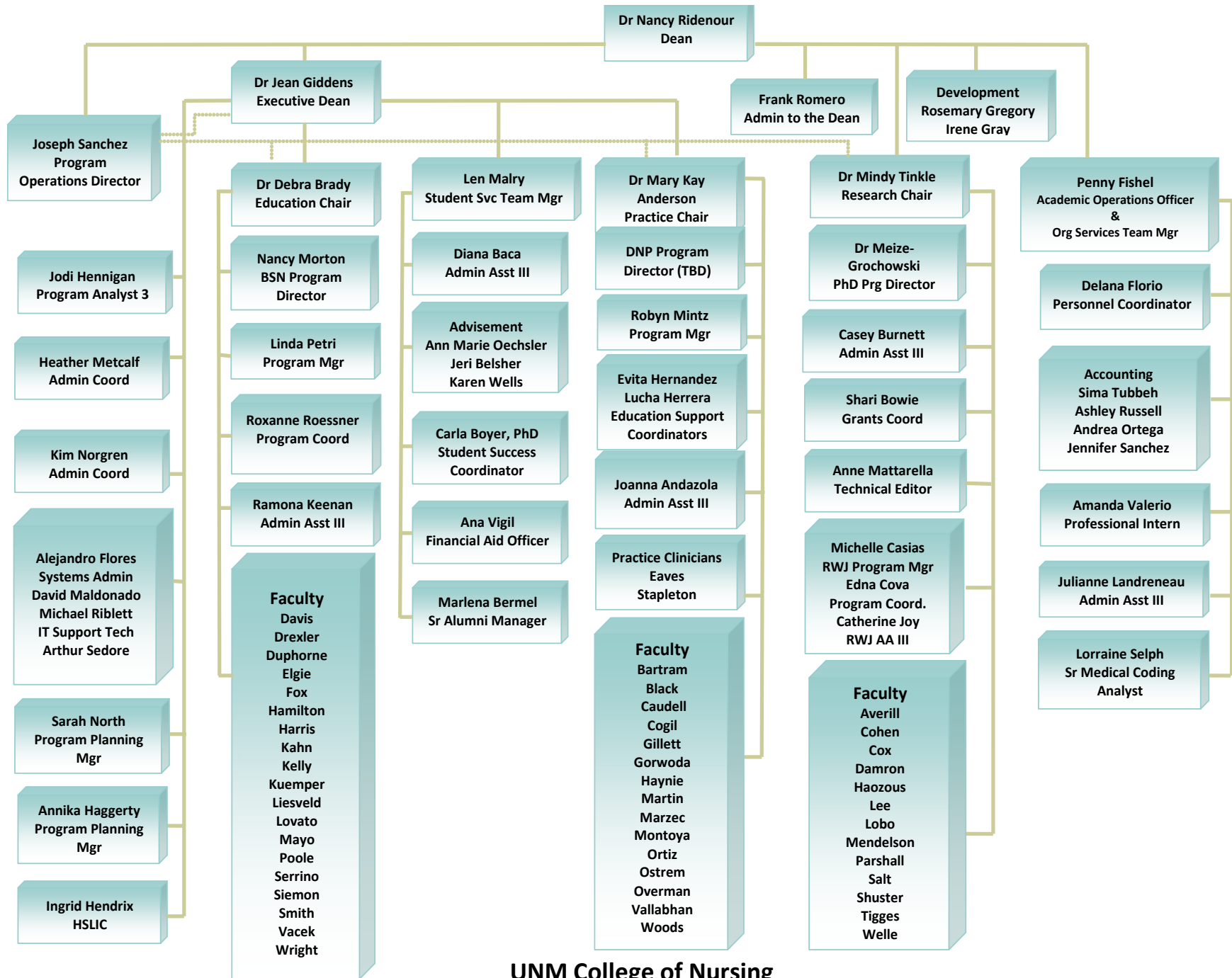
UNM Administration  
Organizational Chart

(July 2011)



\* Don Godwin, Pharm.D. currently serves as the Interim Dean until such time as Dr. Welage arrives in the fall.

## Health Sciences Center Organizational Chart



UNM College of Nursing  
Organizational Chart

## **The University of New Mexico Health Sciences Center Leadership**

**Paul B. Roth, MD, MS, FACEP**

Chancellor for Health Sciences  
Dean, UNM School of Medicine

**John A. Trotter, PhD**

Vice Chancellor, HSC Academic Affairs  
Professor Emeritus of Cell Biology and Physiology

**Carolyn Voss, MD**

Health System Chief Clinical Affairs Officer

**Ava Lovell, CPA**

Senior Executive Financial Officer

**Steve McKernan**

CEO, UNM Hospitals  
Health System Chief Operations Officer

**Richard Larson, MD, PhD**

Vice Chancellor for Research  
Professor of Pathology

**Arthur Kaufman, MD**

Vice Chancellor for Community Health Sciences  
Professor, Family & Community Medicine

**Valerie Romero-Leggott, MD**

HSC Vice Chancellor for Diversity and Chief Diversity Officer  
Associate Professor, Family & Community Medicine

**Nancy Ridenour, PhD, RN, APRN, BC, FAAN**

Professor and Dean, College of Nursing

**Jeffrey K. Griffith, PhD**

Executive Dean, UNM School of Medicine  
Professor, Biochemistry & Molecular Biology

**Lynda S. Welage, PharmD, FCCP**

Professor and Dean, College of Pharmacy

**Pug Burge, MPA**

HSC Chief Administrative Officer

**Anne Simpson, MD**

Executive Director for African American Health  
Associate Professor, Internal Medicine

**Melvina McCabe, MD**

Executive Director for Native American Health  
Professor, Family Community Medicine (FCM)

**Mario Pacheco, MD**

Executive Director for Hispanic Health  
Clinical Professor, Family Community Medicine (FCM)

**Holly Shipp Buchanan, MLn, MBA, EDD**

Chief Information Officer, Administration and Academic Systems  
Executive Director, Health Sciences Library and Informatics Center  
Professor

**Betsy VanLeit, PhD, OTR/L, FAOTA**

Director, HSC Office of Professionalism and Interprofessional Education  
Associate Professor, Occupational Therapy Graduate Program, Department of Pediatrics

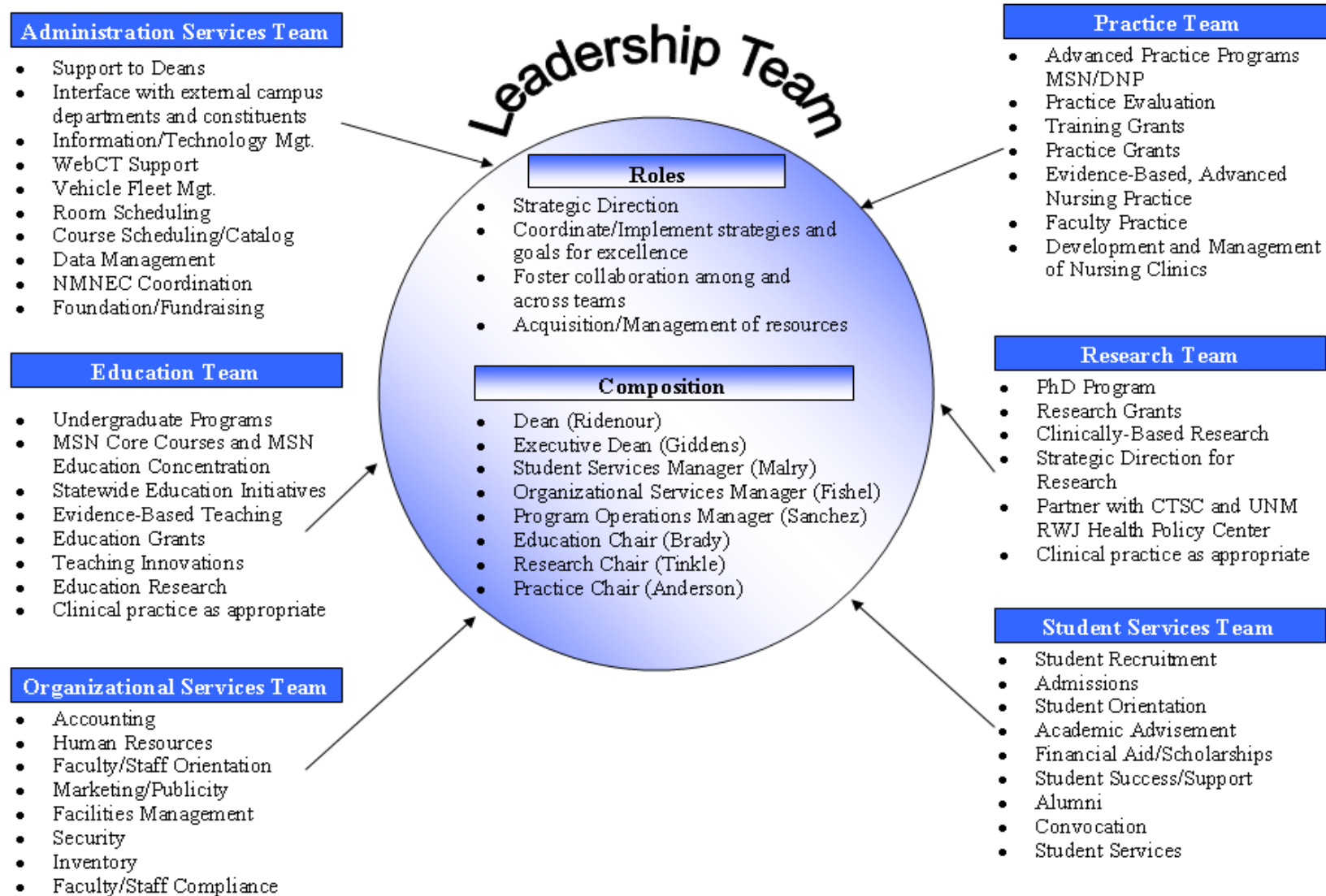
**Billy Sparks**

Executive Director, HSC Communications and Marketing

# COLLEGE OF NURSING

## Scope of Work for Teams

Update 1.11.12



**Appendix 3***Exemplars of faculty expected outcomes in the Tripartite Roles and for Practice*

	<b>Education</b>	<b>Research</b>	<b>Service</b>	<b>Practice</b>
<b>Tenured Professor</b>	Evidence of high ability in teaching as evaluated by current CON norms.	Sustained contributions and evidence of research and sustained scholarly productivity in the field (e.g. 1-2 publications/year since tenure, mentoring of junior faculty, international reputation, history of extramural funding).	Evidence of leadership at UNM and CON and evidence in state, regional, national, or international profession organizations.	Maintain certification if applicable.
<b>Tenured Associate Professor</b>	Evidence of teaching effectiveness or increasing proficiency as evaluated by current CON norms.	A consistent pattern of scholarly productivity is expected for tenure (e.g. 10-12 peer-reviewed articles, intramural funding, Progress toward external funding).	Participation in a HSC or university committee or task force and ongoing membership on a major CON committee or chair of CON committee.	Maintain certification if applicable.
<b>Tenure-track Assistant Professor</b>	Evidence of successful formal or informal teaching.	Evidence of interest and skills in scholarship of teaching, practice integration or discovery. Interest in applied and collaborative integrated scholarship.	Evidence of participation in professional service activities. Potential for leadership in service.	Certification in specialty if applicable.

	<b>Education</b>	<b>Research</b>	<b>Service</b>	<b>Practice</b>
<b>Clinician Educator Professor</b>	A record of progressive effectiveness, leadership, and collaboration in teaching. Evidences substantial contribution to the teaching mission of the college and acknowledged for educational expertise within the University and external communities.	An unequivocal record demonstrating sustained scholarship contributions, leadership in scholarship in a focused area, and collaboration for scholarship that clearly contributes to the profession or discipline.	An unequivocal record of sustained, effective initiative and leadership in institutional, professional, and community service.	An unequivocal record demonstrating practice expertise, leadership and collaborative activities that have an impact on the profession.
<b>Clinician Educator Associate Professor</b>	A record of progressive teaching effectiveness and expertise, leadership in advancing teaching and collaboration that advances teaching the discipline of nursing.	A record of progressive scholarship contribution and expertise, leadership in advancing and applying knowledge and collaboration for scholarship activities.	A record of progressive participation and initiative in institutional, professional, and community service.	A record of progressive practice expertise, and collaborative activity furthering practice within the College and community.
<b>Clinician Educator Assistant Professor</b>	Evidence of successful formal or informal teaching.	Evidence of interest and skills in scholarship of teaching, practice integration or discovery. Interest in applied and collaborative integrated scholarship.	Evidence of participation in professional service activities. Potential for leadership in service.	Certification in specialty if applicable.



	<b>Education</b>	<b>Research</b>	<b>Service</b>	<b>Practice</b>
<b>Lecturer III</b>	A record of progressive achievement in teaching effectiveness, leadership collaboration and substantial contribution to the teaching mission of the college.	A record of sustained and focused scholarship application, participation and collaboration.	A record of leadership in institutional, professional, and community service.	An unequivocal record demonstrating practice expertise, leadership and collaborative activities that have an impact on the profession.
<b>Lecturer II</b>	A record of progressive teaching effectiveness, leadership in clinical and classroom teaching, and collaboration contributing to the teaching mission of the college.	A record of progressive development in the scholarship of teaching, practice, integration or discovery.	.A record of active participation and collaboration in institutional, professional, and community service.	A record of progressive practice expertise, and collaborative activity furthering practice within the College and community.
<b>Lecturer I</b>	Evidence of successful formal or informal teaching.	Evidence of valuing a scholarship foundation for practice and education in the profession.	Evidence of participation in professional service activities and potential for significant community contribution.	Certification in specialty if applicable.

Appendix 4



THE UNIVERSITY OF  
NEW MEXICO

OFFICE OF THE PRESIDENT

CONTRACT  
COLLEGE OF NURSING

June 22, 2011

[Redacted]  
College of Nursing

Dear [Redacted]

After consultation with the appropriate university administrators, it has been determined that your appointment status during the fiscal year 2011/2012 will be Lecturer II in a Non-Probationary status. The period of employment will be 7/1/2011 through 6/30/2012 for a total salary of [Redacted]. Monthly installments of [Redacted] will be paid from 7/1/2011 through 6/30/2012 for 1.0 FTE.

This appointment is governed by applicable policies stated in the current Faculty Handbook, Health Sciences Center Policies and College of Nursing Policies, as amended from time to time, published and distributed by the University, and by relevant New Mexico state laws and regulations. Terms of appointment and an explanation of the tenure code are printed on the back of this form, with further amplification in the Faculty Handbook.

12 month base salary: [Redacted]

Posn No	Suffix	Index	% of Salary	Amount	Start Date	End Date
[Redacted]	00	628287	100.00%	[Redacted]	7/1/2011	6/30/2012

I accept the appointment described above.

\_\_\_\_\_  
Chancellor for Health Sciences      6/22/2011  
Date

[Redacted]      6-28-11  
\_\_\_\_\_  
Signature      Date  
UNMID: [Redacted]  
[Redacted]  
/

**Appendix 5**  
**Education Team**  
**Strategic Initiatives**

**Education Undergraduate**

Improve Student Satisfaction to equal or exceed mean score of select 6 schools by fall of 2013.

Improve NCLEX scores to equal or exceed US baccalaureate average by 2012.

Participate in statewide plan to develop BSN curriculum.

**Education Graduate**

Revise education concentration for congruence with new AACN MSN Essentials.

Collaborate with other CON MSN Concentrations to develop on ground orientation in 2011.

Improve student advisement to increase effective communication with students by 2011.

**Research/Scholarship**

Define scholarship as it pertains to the Education Team by 2012.

Set long term goals for scholarship by 2013.

Identify resources to support Education Team scholarship by 2013.

Develop capacity and resources within the Team.

**Faculty Development**

Identify and incorporate best practices for teaching by 2013.

Incorporate best practices for faculty development in course delivery by 2013.

**Faculty Practice**

Define faculty practice in the context of the Education Team.

**CON Strategic Planning Day****October 31, 2011****Research Team 5-Year Strategic Plan 2011- 2015**

This strategic plan was developed by the Research Team over the past year. We identified our mission and vision statements, our core values and six core strategies and actions for fulfilling them. Among our team, a team of two faculty has taken facilitation (or champion) roles for each core strategy to help plan for implementation and to recommend changes that need to be made to specific actions and timelines. We report out on our progress and discuss any needs for changing our approach at our monthly Team meetings. These reports and plan modifications are appended to our meeting minutes to help keep our plan up to date and responsive to new directions we may need to take or new actions that may be more effective. The six core strategies for our strategic plan are listed below. This year, we are specifically targeting core strategies #2 and #6 and some of the key actions for these core strategies are provided:

1. Strengthen the research culture at the College of Nursing.
2. Increase research and scholarly productivity, both building on our current strengths and also developing new areas of focus.
  - a. Establish Scholarship Groups around current areas of faculty research expertise-
    - i. Symptom Management in Chronic Illness
    - ii. Child, Adolescent and Women's Health Promotion
    - iii. Health Policy
  - b. Extend our current areas of research focus
    - i. Addition of bio-behavioral approaches
    - ii. Novel use of health information technologies
    - iii. Increased emphasis on pain research
    - iv. Emphasis on intervention research and clinical outcomes research
    - v. Inclusion of economic analysis
    - vi. Develop capacity in comparative effectiveness research
3. Strengthen the CON research infrastructure to support the development and submission of high-quality grant applications and other scholarly work.
4. Expand and build strategies for mentorship in teaching and research-related development for all team faculty members.
5. Broaden the research and educational partnerships and collaborations across the CON Education and Practice Teams, the Health Science Center, UNM and the local community, state and beyond, including the health policy community.
6. Continue to build, evaluate and improve the PhD Program with a priority to increase the number and diversity of graduates.

- a. Conduct a self-study of the PhD Program and revise PhD curriculum to align with the recommendations of the AACN Report on the Research-Focused Doctorate in Nursing. Consultant will visit in May, 2012 to review the self study and work with us on our plan for the future.

## **CoN Strategic Planning Retreat**

**October 31, 2011**

### **SUMMARY: Practice Team Strategic Plan**

#### **Team Mission:**

- Educate nurses for advanced nursing practice to increase the workforce and reduce health disparities using evidence based discovery and application
- Improve access to quality advanced practice nursing care for individuals, communities, and health systems using innovative practice and leadership approaches

#### **Team Vision:**

- Every New Mexican has access to quality health care by advanced practice nurses.
- The College of Nursing provides exemplary culturally sensitive education and practice programs. It is the program of choice, preparing graduates for:
  - Practice with rural and underserved populations
  - Leadership to shape clinical and policy environments

#### **Team Priorities:**

- By 2013, the College of Nursing will have a Practice Plan that includes an organizational structure, processes, and governance to guide practice activities of the College of Nursing.
- Provide exemplary advanced nursing practice education, which is responsive to state and national needs and an evolving health care system.

Strategic plan was developed over five months in 2011, with facilitation from UNM Human Resources. "Completed" end of September.

Team will continue to meet milestones and refine our strategies. The team has created two subgroups to work on the priorities and intends to move subgroup members after six months, in order to increase awareness of opportunities and likelihood perspectives and ideas will be shared.



## **Admin Team**

### **Strategic Plan 2012**

#### **Mission Statement:**

To provide innovative services to support the mission of the College of Nursing by creating a framework of fiscal responsibility, technology solutions and academic and administrative leadership

#### **Vision Statement:**

As a team, provide the most efficient, effective and sustainable infrastructure for the support and advancement of nursing education and delivery.

#### **Core Values:**

- Innovation
- Respectfulness and professionalism
- Integrity
- Open minded and caring
- Customer-oriented
- Reliability
- Excellence
- Self-motivated
- Engaged

#### **Goals:**

1. To increase sustainability and visibility

2. Encourage the use of technology
3. Foster communication and relationships
4. Inspire and support academic and administrative leadership

### **Scope of Work**

#### **External**

- Represent CON on local, state, national, and international level (Deans)
- Interface with AACN/CCNE/HED/Board of Nursing and other regulatory agencies
- Interface with Deans/Directors other programs
- Interface with funding agencies and actual/potential donors

#### **UNM/HSC**

- Represents College of Nursing at UNM and HSC level
  - President and Provost, HSC Vice President (Dean)
  - Board of Regents (Dean)
  - HSC Education Deans Group (Executive Dean)
  - Provost Committee on Assessment (Executive Dean)
  - UNM Sandoval County (Executive Dean)
  - Registrar, Scheduling, Catalog (Executive Dean/Administrative Coordinator)
  - HSC development meetings (Development Officer)
  - HSC Technology Group (Systems Administrator)
  - UNM Security (Operations Management Specialist)

#### **College of Nursing Admin Team**

- Continuous presence/coverage for Office of the Deans
  - Primary coverage maintained by Assistant to Dean/Admin Assistant to Executive Dean
  - Primary point of contact for CON phone number
- Central Communication regarding CON events, announcements, updates, decisions
- Interface and communication with CON Teams and Groups



- Sustainability and Compliance Management
  - Ensures programs, policies, and practice are in compliance with federal, state, and local regulatory requirements
  - Supports the Leadership Team projects in the areas of efficiency and sustainability
  - Examines areas of opportunity to sustain current projects
  - Explores new venture opportunities for the CON
  - Collaborates with other Nursing Institutions in the sharing of business practices
- Technology Support Management
  - Systems/Accounts management (i.e. Groupwise, SharePoint, online application, NBH)
  - Computer/Equipment management (faculty/staff/Classrooms/Computer lounge)
  - User support
  - Planning for evolving technology needs
  - WebCT Support / IDEA for web courses
  - CON Website Maintenance/Updates (in collaboration with “content owners”)
- Scheduling of courses and space (in collaboration with Team Leaders/Managers)
- Convocation (in collaboration with Student Services)
- College of Nursing Reports (AACN/HED/BON/HSC, etc.)
- Data management
- Development of revenue opportunities
- Vehicles/Parking
  - Parking Arrangements: Point of contact for visitor parking passes/use of CON parking space (refer to CON Parking Policy)
  - CON Vehicle use/maintenance



## **Student Services Team**

### **Our Process**

- Environmental Scan, Individual Team Meetings, Analysis of Strengths, Weaknesses, Opportunities and Threats
- Reconciliation of the CoN Strategic Plans with HSC and the UNM Goals
- Preparation of Purpose, Mission, Vision and Core Value Statements
- Formulation of Strategic Initiatives and Measurable Objectives and Development of Assessment Strategies

### **Our Purpose:**

*To enhance the college experience and beyond.*

### **Our Vision:**

*Continually strive to provide our constituents with innovative quality service.*

### **Our Mission:**

*The Student Services Team delivers diverse services with responsiveness, expertise and accountability.*

### **Our Core Values**

- *Student Centeredness*
- *Quality*
- *Integrity*
- *Respect for Diversity*
- *Innovation*
- *Teamwork*

### **Team Functional Areas**

- Management
- Administrative Support
- Advisement
- Alumni Relations
- Financial Aid
- Student Success Coaching
- Student Recruitment

### **Focus Goal:**

*“Continually seek ways to utilize technology as a way to provide our services more effectively and efficiently for our students”*

### **Strategic Plan Goal Examples:**

- Advisement:  
*Develop web-based solution for student on-line self-scheduling for advisement meetings*
- Financial Aid:

*Develop on-line financial literacy services*

- Alumni Relations

*Website redesign / develop newsletter to alumni*

- Student Success Coaching

*Develop on-line success skills narrated power point (Skype/WebCT)*

**Appendix 6**

**Retention BSN AY 07-08 to AY09-10**

<b>AY 07-08</b>	<b>Admissions N (%)</b>	<b>Graduated in 4 terms or less N (%)</b>	<b>Graduated in more than 4 terms or still enrolled N (%)</b>	<b>Attrition N (%)</b>
<b>Underrepresented Minority</b>	39(32.5%)	36(92.3%)	1(2.6%)	2(5.1%)
<b>White-Asian</b>	64(53.3%)	62(96.9%)	1(1.6%)	1(1.6%)
<b>Other</b>	17(14.2%)	17(100%)		
<b>Total</b>	120			
<b>AY 08-09</b>	<b>Admissions N (%)</b>	<b>Graduated in 4 terms or less N (%)</b>	<b>Graduated in more than 4 terms or still enrolled N (%)</b>	<b>Attrition N (%)</b>
<b>Underrepresented Minority</b>	57(42.9%)	56(98.2%)	0(0%)	1(1.8%)
<b>White-Asian</b>	65(48.9%)	63(96.9%)	1(1.5%)	1(1.5%)
<b>Other</b>	11(8.3%)	11(100%)		
<b>Total</b>	133			
<b>AY 09-10</b>	<b>Admissions N (%)</b>	<b>Graduated in 4 terms or less N (%)</b>	<b>Graduated in more than 4 terms or still enrolled N (%)</b>	<b>Attrition N (%)</b>
<b>Underrepresented Minority</b>	45(35.2%)	45(100%)		
<b>White-Asian</b>	82(64.1%)	76(92.7%)	2(2.4%)	4(4.9%)
<b>Other</b>	1(0.8%)	1(100%)		
<b>Total</b>	128			

Retention RN-to-BSN AY 08-07 to AY09-10

AY 07-08	Admissions N (%)	Graduated in 10 terms or less N (%)	Graduated in more than 10 terms N (%)	Still Active N (%)	Graduated in more than 10 terms or still enrolled N (%)	Attrition N (%)
<b>Underrepresented Minority</b>	54 (45%)	28 (51.9%)	3 (5.6%)	4 (7.4%)	7 (13%)	19 (35.2%)
<b>White-Asian</b>	58 (48.3%)	25 (43.1%)	2 (3.4%)	5 (8.6%)	7 (12.1%)	26 (44.8%)
<b>Other</b>	8 (6.7%)	5 (62.5%)	0 (0%)	0 (0%)	0 (0%)	3 (37.5%)
<b>Total</b>	120					
AY 08-09	Admissions N (%)	Graduated in 10 terms or less N (%)	Graduated in more than 10 terms N (%)	Still Active N (%)	Graduated in more than 10 terms or still enrolled N (%)	Attrition N (%)
<b>Underrepresented Minority</b>	33 (50.8%)	13 (39.4%)	0 (0%)	5 (15.2%)	5 (15.2%)	15 (45.5%)
<b>White-Asian</b>	30 (46.2%)	11 (36.7%)	0 (0%)	9 (30%)	9 (30%)	10 (33.3%)
<b>Other</b>	2 (3.1%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
<b>Total</b>	65					
AY 09-10	Admissions N (%)	Graduated in 10 terms or less N (%)	Graduated in more than 10 terms N (%)	Still Active N (%)	Graduated in more than 10 terms or still enrolled N (%)	Attrition N (%)
<b>Underrepresented Minority</b>	27 (44.3%)	6 (22.2%)	0 (0%)	10 (37%)	10 (37%)	11 (40.7%)
<b>White-Asian</b>	29 (47.5%)	10 (34.5%)	0 (0%)	12 (41.4%)	12 (41.4%)	7 (24.1%)
<b>Other</b>	5 (8.2%)	1 (20%)	0 (0%)	3 (60%)	3 (60%)	1 (20%)
<b>Total</b>	61					

**Retention MSN AY0708-AY0910**

Year	MSN Concentration	Admissions N (%)	Graduated in X terms or less N (%)	Graduated in more than X terms N (%)	Still Active N (%)	Graduated in more than X terms or still enrolled N (%)	Attrition N (%)
<b>2007-2008</b>							
	<b>ADMIN</b>						
	Underrepresented Minority	3 (20%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (100%)
	White-Asian	12 (80%)	8 (66.7%)	1 (8.3%)	2 (16.7%)	3 (25%)	1 (8.3%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADMIN Total</b>	<b>15</b>					
	<b>COMH</b>						
	Underrepresented Minority	2 (25%)	1 (50%)	0 (0%)	1 (50%)	1 (50%)	0 (0%)
	White-Asian	5 (62.5%)	4 (80%)	0 (0%)	1 (20%)	1 (20%)	0 (0%)
	Other	1 (12.5%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
	<b>COMH Total</b>	<b>8</b>					
	<b>EDUC</b>						
	Underrepresented Minority	6 (27.3%)	0 (0%)	1 (16.7%)	2 (33.3%)	3 (50%)	3 (50%)
	White-Asian	14 (63.6%)	5 (35.7%)	1 (7.1%)	4 (28.6%)	5 (35.7%)	4 (28.6%)
	Other	2 (9.1%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>EDUC Total</b>	<b>22</b>					
	<b>ADMIN_EDUC</b>						
	Underrepresented Minority	11 (24.4%)	1 (9.1%)	1 (9.1%)	3 (27.3%)	4 (36.4%)	6 (54.5%)
	White-Asian	31 (68.9%)	17 (54.8%)	2 (6.5%)	7 (22.6%)	9 (29%)	5 (16.1%)
	Other	3 (6.7%)	2 (66.7%)	0 (0%)	0 (0%)	0 (0%)	1 (33.3%)
	<b>ADMIN-EDUC Total</b>	<b>45</b>					

Year	MSN Concentration	Admissions N (%)	Graduated in X terms or less N (%)	Graduated in more than X terms N (%)	Still Active N (%)	Graduated in more than X terms or still enrolled N (%)	Attrition N (%)
	<b>ACNP</b>						
	Underrepresented Minority	4 (28.6%)	2 (50%)	1 (25%)	1 (25%)	2 (50%)	0 (0%)
	White-Asian	10 (71.4%)	3 (30%)	2 (20%)	0 (0%)	2 (20%)	5 (50%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ACNP Total</b>	<b>14</b>					
	<b>CNM</b>						
	Underrepresented Minority	1 (16.7%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	5 (83.3%)	3 (60%)	0 (0%)	0 (0%)	0 (0%)	2 (40%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>CNM Total</b>	<b>6</b>					
	<b>FNP</b>						
	Underrepresented Minority	4 (44.4%)	3 (75%)	0 (0%)	0 (0%)	0 (0%)	1 (25%)
	White-Asian	5 (55.6%)	4 (80%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>FNP Total</b>	<b>9</b>					
	<b>PNP</b>						
	Underrepresented Minority	2 (40%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (100%)
	White-Asian	3 (60%)	3 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>PNP Total</b>	<b>5</b>					
	<b>ADV_PRAC</b>						
	Underrepresented Minority	11 (32.4%)	6 (54.5%)	1 (9.1%)	1 (9.1%)	2 (18.2%)	3 (27.3%)
	White-Asian	23 (67.6%)	13 (56.5%)	2 (8.7%)	0 (0%)	2 (8.7%)	8 (34.8%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADV_PRAC Total</b>	<b>34</b>					

Year	MSN Concentration	Admissions N (%)	Graduated in X terms or less N (%)	Graduated in more than X terms N (%)	Still Active N (%)	Graduated in more than X terms or still enrolled N (%)	Attrition N (%)
	<b>AY07-08</b>						
	<b>Underrepresented Minority</b>	<b>22 (27.8%)</b>	<b>7 (31.8%)</b>	<b>2 (9.1%)</b>	<b>4 (18.2%)</b>	<b>6 (27.3%)</b>	<b>9 (40.9%)</b>
	<b>White-Asian</b>	<b>54 (68.4%)</b>	<b>30 (55.6%)</b>	<b>4 (7.4%)</b>	<b>7 (13%)</b>	<b>11 (20.4%)</b>	<b>13 (24.1%)</b>
	<b>Other</b>	<b>3 (3.8%)</b>	<b>2 (66.7%)</b>	<b>0 (0%)</b>	<b>0 (0%)</b>	<b>0 (0%)</b>	<b>1 (33.3%)</b>
	<b>AY07-08 Total</b>	<b>79</b>					
<b>2008-2009</b>							
	ADMIN						
	Underrepresented Minority	2 (18.2%)	1 (50%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)
	White-Asian	8 (72.7%)	5 (62.5%)	0 (0%)	2 (25%)	2 (25%)	1 (12.5%)
	Other	1 (9.1%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADMIN Total</b>	<b>11</b>					
	COMH						
	Underrepresented Minority	1 (50%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	1 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>COMH Total</b>	<b>2</b>					
	EDUC						
	Underrepresented Minority	4 (18.2%)	3 (75%)	0 (0%)	1 (25%)	1 (25%)	0 (0%)
	White-Asian	17 (77.3%)	6 (35.3%)	0 (0%)	6 (35.3%)	6 (35.3%)	5 (29.4%)
	Other	1 (4.5%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>EDUC Total</b>	<b>22</b>					



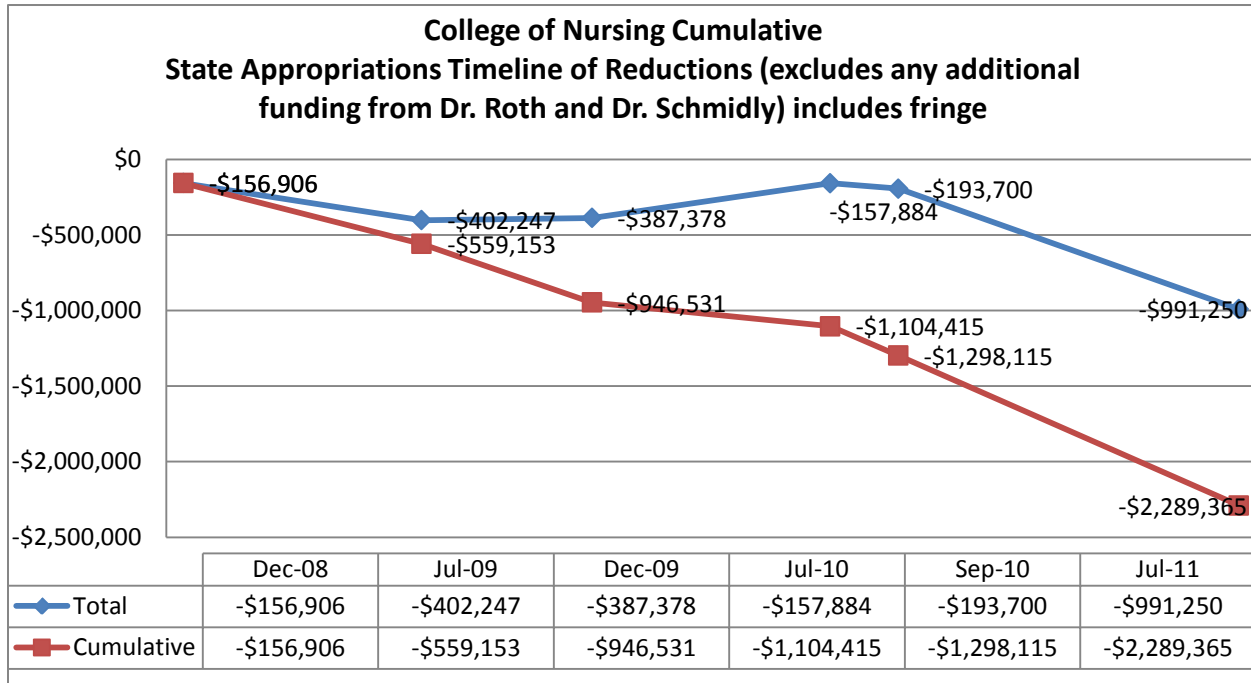
Year	MSN Concentration	Admissions N (%)	Graduated in X terms or less N (%)	Graduated in more than X terms N (%)	Still Active N (%)	Graduated in more than X terms or still enrolled N (%)	Attrition N (%)
	<b>ADMIN_EDUC</b>						
	Underrepresented Minority	7 (20%)	5 (71.4%)	0 (0%)	1 (14.3%)	1 (14.3%)	1 (14.3%)
	White-Asian	26 (74.3%)	11 (42.3%)	0 (0%)	8 (30.8%)	8 (30.8%)	7 (26.9%)
	Other	2 (5.7%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADMIN-EDUC Total</b>	<b>35</b>					
	<b>ACNP</b>						
	Underrepresented Minority	1 (10%)	1 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	9 (90%)	5 (55.6%)	0 (0%)	3 (33.3%)	3 (33.3%)	1 (11.1%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ACNP Total</b>	<b>10</b>					
	<b>CNM</b>						
	Underrepresented Minority	3 (30%)	2 (66.7%)	0 (0%)	0 (0%)	0 (0%)	1 (33.3%)
	White-Asian	7 (70%)	6 (85.7%)	0 (0%)	0 (0%)	0 (0%)	1 (14.3%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>CNM Total</b>	<b>10</b>					
	<b>FNP</b>						
	Underrepresented Minority	2 (20%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	8 (80%)	7 (87.5%)	0 (0%)	0 (0%)	0 (0%)	1 (12.5%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>FNP Total</b>	<b>10</b>					
	<b>ADV_PRAC</b>						
	Underrepresented Minority	6 (20%)	5 (83.3%)	0 (0%)	0 (0%)	0 (0%)	1 (16.7%)
	White-Asian	24 (80%)	18 (75%)	0 (0%)	3 (12.5%)	3 (12.5%)	3 (12.5%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADV_PRAC Total</b>	<b>30</b>					

Year	MSN Concentration	Admissions N (%)	Graduated in X terms or less N (%)	Graduated in more than X terms N (%)	Still Active N (%)	Graduated in more than X terms or still enrolled N (%)	Attrition N (%)
	<b>AY0809</b>						
	<b>Underrepresented Minority</b>	13 (20%)	10 (76.9%)	0 (0%)	1 (7.7%)	1 (7.7%)	2 (15.4%)
	<b>White-Asian</b>	50 (76.9%)	29 (58%)	0 (0%)	11 (22%)	11 (22%)	10 (20%)
	<b>Other</b>	2 (3.1%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>AY08-09 Total</b>	65					
<b>2009-2010</b>							
	<b>ADMIN</b>						
	Underrepresented Minority	9 (47.4%)	0 (0%)	0 (0%)	7 (77.8%)	7 (77.8%)	2 (22.2%)
	White-Asian	10 (52.6%)	4 (40%)	0 (0%)	4 (40%)	4 (40%)	2 (20%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADMIN Total</b>	<b>19</b>					
	<b>COMH</b>						
	Underrepresented Minority	2 (20%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	1 (50%)
	White-Asian	8 (80%)	3 (37.5%)	0 (0%)	3 (37.5%)	3 (37.5%)	2 (25%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>COMH Total</b>	<b>10</b>					
	<b>EDUC</b>						
	Underrepresented Minority	5 (20.8%)	1 (20%)	0 (0%)	2 (40%)	2 (40%)	2 (40%)
	White-Asian	19 (79.2%)	3 (15.8%)	0 (0%)	12 (63.2%)	12 (63.2%)	4 (21.1%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>EDUC Total</b>	<b>24</b>					
	<b>ADMIN_EDUC</b>						
	Underrepresented Minority	16 (30.2%)	1 (6.3%)	0 (0%)	10 (62.5%)	10 (62.5%)	5 (31.3%)
	White-Asian	37 (69.8%)	10 (27%)	0 (0%)	19 (51.4%)	19 (51.4%)	8 (21.6%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADMIN-EDUC Total</b>	<b>53</b>					

Year	MSN Concentration	Admissions N (%)	Graduated in X terms or less N (%)	Graduated in more than X terms N (%)	Still Active N (%)	Graduated in more than X terms or still enrolled N (%)	Attrition N (%)
	<b>ACNP</b>						
	Underrepresented Minority	2 (22.2%)	2 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	7 (77.8%)	6 (85.7%)	0 (0%)	0 (0%)	0 (0%)	1 (14.3%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ACNP Total</b>	<b>9</b>					
	<b>CNM</b>						
	Underrepresented Minority	4 (44.4%)	4 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	5 (55.6%)	5 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>CNM Total</b>	<b>9</b>					
	<b>FNP</b>						
	Underrepresented Minority	6 (50%)	6 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	6 (50%)	5 (83.3%)	0 (0%)	0 (0%)	0 (0%)	1 (16.7%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>FNP Total</b>	<b>12</b>					
	<b>PNP</b>						
	Underrepresented Minority	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>PNP Total</b>	<b>0</b>					
	<b>ADV_PRAC</b>						
	Underrepresented Minority	12 (40%)	12 (100%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	White-Asian	18 (60%)	16 (88.9%)	0 (0%)	0 (0%)	0 (0%)	2 (11.1%)
	Other	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>ADV_PRAC Total</b>	<b>30</b>					

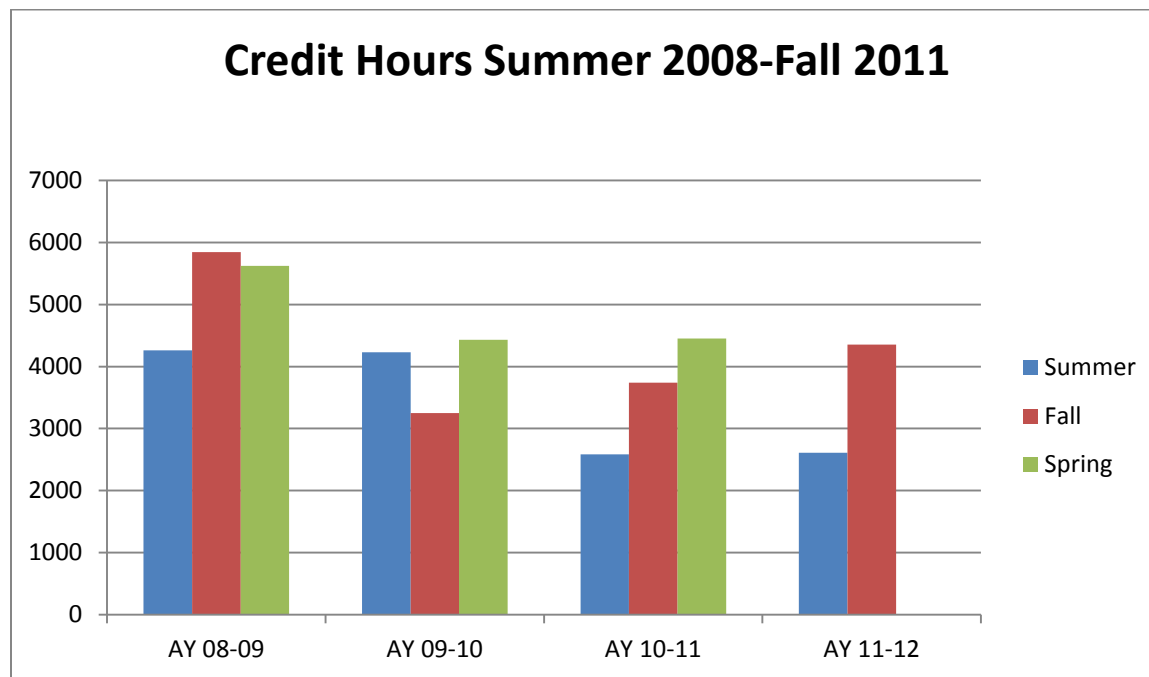
<b>Year</b>	<b>MSN Concentration</b>	<b>Admissions N (%)</b>	<b>Graduated in X terms or less N (%)</b>	<b>Graduated in more than X terms N (%)</b>	<b>Still Active N (%)</b>	<b>Graduated in more than X terms or still enrolled N (%)</b>	<b>Attrition N (%)</b>
	<b>AY0910</b>						
	<b>Underrepresented Minority</b>	28 (33.7%)	13 (46.4%)	0 (0%)	10 (35.7%)	10 (35.7%)	5 (17.9%)
	<b>White-Asian</b>	55 (66.3%)	26 (47.3%)	0 (0%)	19 (34.5%)	19 (34.5%)	10 (18.2%)
	<b>Other</b>	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	<b>AY09-10 Total</b>	83					

Appendix 7

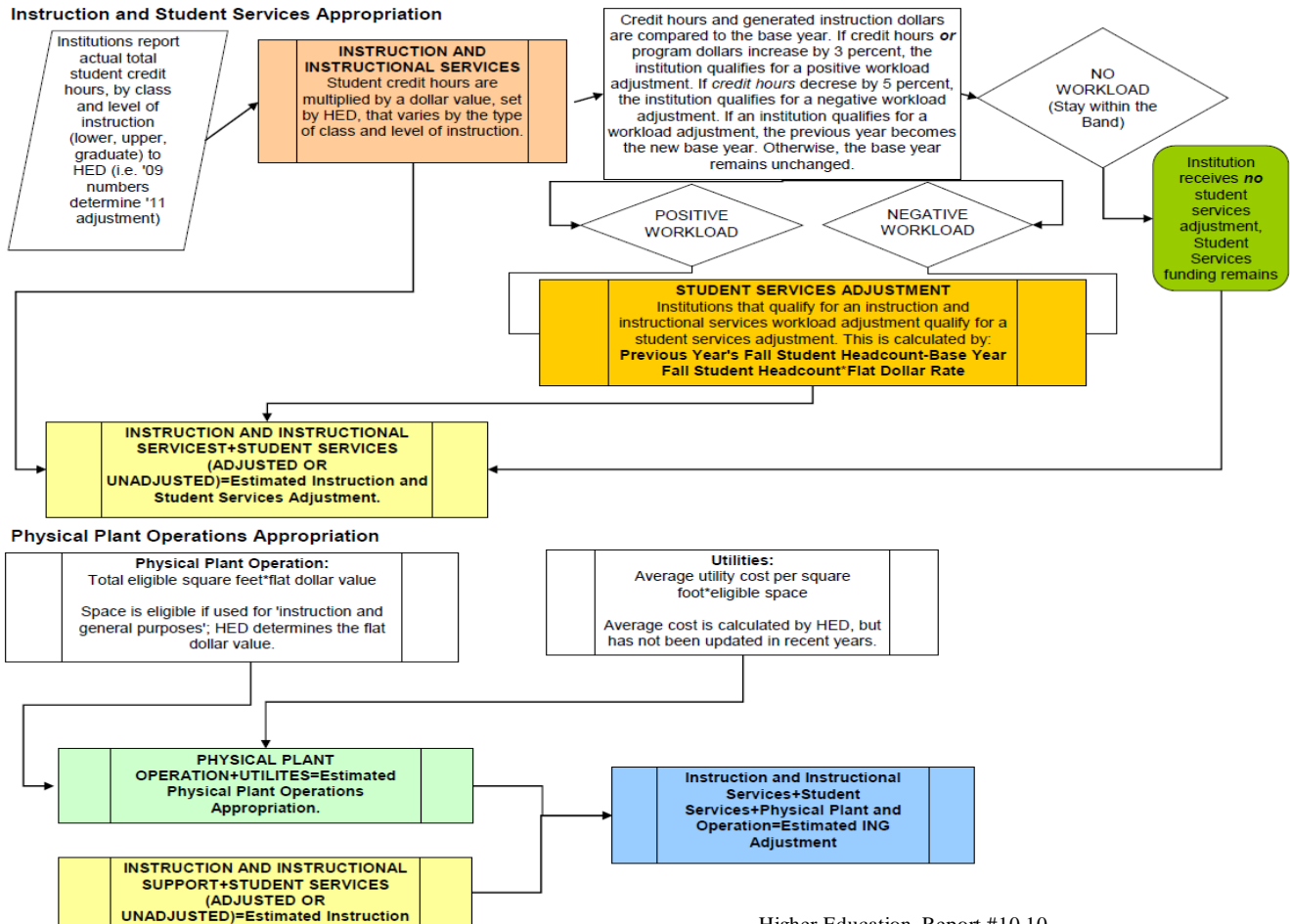


**Credit Hours Summer 2008 – Fall 2011**

AY 2008-09	AY 2009-10	AY 2010-11	AY 2011-12
Summer 08 <b>4262</b>	Summer 09 <b>4228</b>	Summer 10 <b>2586</b>	Summer 11 <b>2611</b>
Fall 08 <b>5843</b>	Fall 09 <b>3249</b>	Fall 10 <b>3741</b>	Fall 11 <b>4353</b>
Spring 09 <b>5624</b>	Spring 10 <b>4433</b>	Spring 11 <b>4453</b>	Spring 12 <b>N/A</b>



### FUNDING FORMULA FLOW CHART



Higher Education, Report #10-10

New Mexico State University, University of New Mexico

August 11, 2010

**Appendix 8**

**College of Nursing**

**Salary Data**

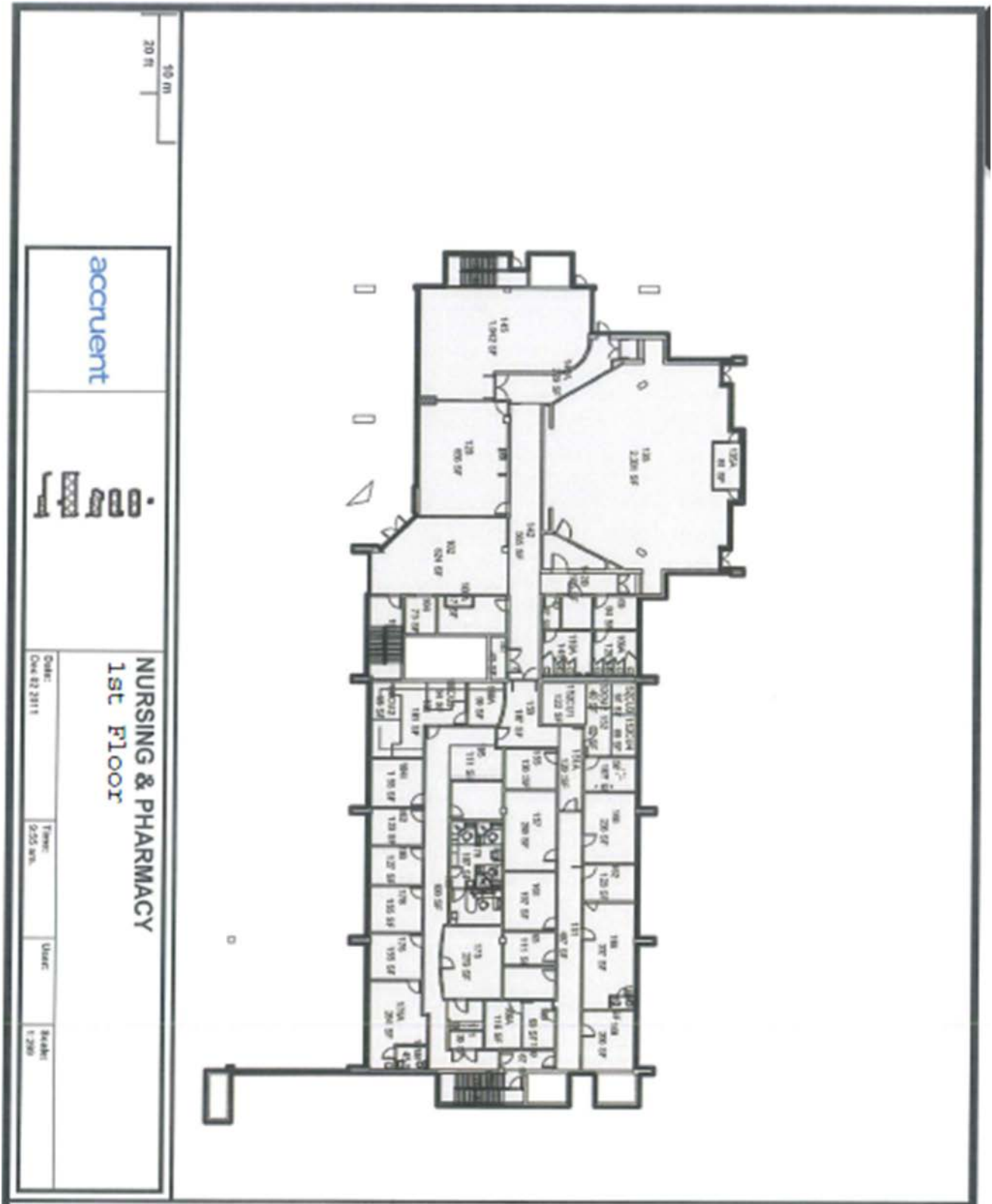
**Excludes Supplementary Administrative Component and Dean’s Salary**

	<b>FY 2009 Avg Salary</b>	<b>FY 2010 Avg Salary</b>	<b>FY 2011 Avg Salary</b>	<b>FY2012 AACN Avg Salary</b>	<b>AACN West Region Mean salary</b>	<b>AACN West Region Mean Salary 2010</b>
<b><u>Clinical Track Instructors</u></b>						
Average Salary – Clinician Ed.	79,633	78,918	82,517	78,600	71,719	74,379
Average Salary- Instructor I	75,068	75,301	76,011	74,886		
Average Salary - Instructor II	84,456	83,213	83,047	83,047		
Average Salary - Instructor III	94,969	94,969	94,969	94,969		
<b><u>Clinical Track Average Salary</u></b>						
Assistant Professor	88,944	88,944	86,477	83,477		
Associate Professor	103,299	108,139	108,139	104,567		
Professor	115,281	115,281	115,281	115,281		
<b><u>Tenure/Tenure Track Avg Salary</u></b>						
Assistant Professor	75,100	87,212	61,841	89,407	85,049	88,372
Associate Professor	105,985	105,985	109,847	109,847	98,004	100,569
Professor	198,159	133,269	133,269	135,269	126,033	124,536

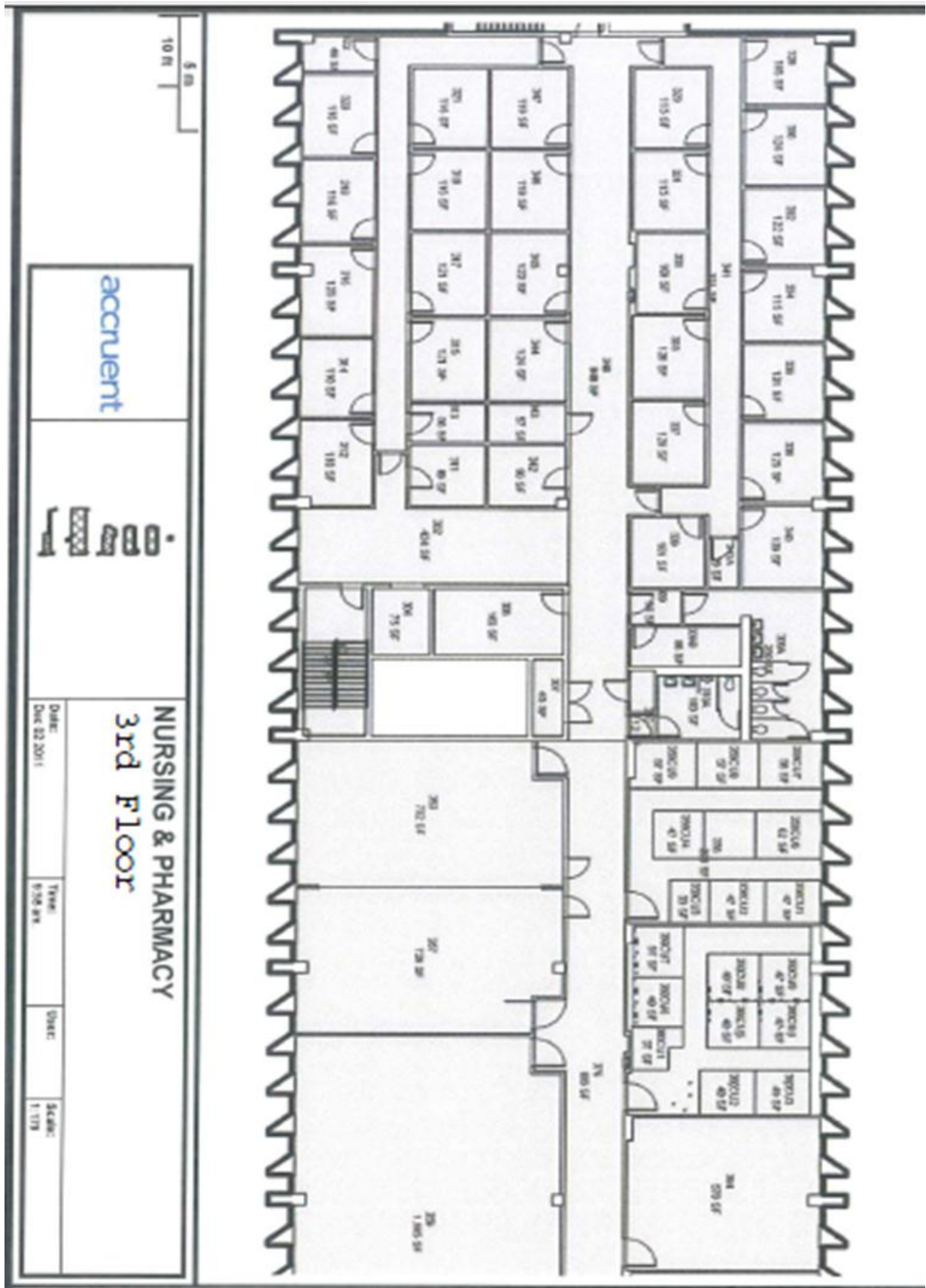
Reference: AACN Salary Data 2010



Appendix 9







## **Appendix 10**

### **Baccalaureate Curriculum Objectives**

The graduates of the baccalaureate in nursing program will:

1. Engage in life-long learning to maximize high-quality nursing care through increased understanding of human responses to health and illness.
2. Apply evidence-based practice in providing nursing care.
3. Provide culturally appropriate, patient-centered nursing care to individuals, families, and communities.
4. Collaborate with interdisciplinary teams to improve the quality of health care.
5. Apply leadership principles in varied professional nursing practice roles.
6. Apply critical thinking in the development, implementation, and evaluation of standards for professional nursing practice.
7. Incorporate appropriate technologic advances into high-quality nursing care.

## Appendix 11

### General Objectives for the MSN Program

At the completion of the master's program in nursing, the graduate is prepared to:

1. Analyze theoretical formulations as a basis for nursing practice, education, and administration.
2. Apply and/or participate in research about the nature of health/illness and the practice of nursing.
3. Utilize advanced clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems.
4. Assume leadership roles in nursing practice, education, or administration.
5. Assume responsibility for developing health care policy relative to social, ethical, legal, economic, and political issues that affect nursing.
6. Organize and develop collaborative relationships for the improvement of health care on an agency, organization, or legislative level.
7. Synthesize knowledge from the biophysical, social, and nursing sciences that affects health/illness behavior or client systems as a basis for nursing practice, education, and administration.

### Nursing Administration

#### Objectives

At the completion of the program, the graduate will be prepared to:

1. Apply research findings and concepts from nursing, social science, and management areas to problem solving in health care delivery systems.
2. Incorporate ethical precepts in leadership and management practices in the achievement of clinical goals of the health care system.
3. Examine goals, structures, and processes that facilitate knowledge of and dedication to patient safety through quality nursing care delivery.
4. Demonstrate leadership skills necessary for creating an organizational environment where personal and professional development is an expectation.
5. Examine personal and professional accountability for actions and outcomes of self and others related to evidence-based clinical and management practice.
6. Identify problem-solving approaches to issues of organizational conflict and change management.
7. Assist in the design of the basic elements of information management and control systems.
8. Apply concepts of human resource management and development to personnel issues in nursing care systems and health care.
9. Demonstrate beginning competency in business skills, the management of resources, and strategic management.
10. Demonstrate competency in communication and relationship skills with internal and external stakeholders utilizing shared decision-making processes necessary in complex health care settings.

### Community Health Nursing

#### Objectives

At the completion of the program, the graduate will be prepared to:

1. Utilize epidemiological methods to analyze systems and communities.
2. Evaluate health care services in the community.
3. Evaluate a community's health needs and resources utilizing theories of planned change and collaboration.
4. Utilize results of nursing research in planning services for individuals, groups, and communities.
5. Implement and evaluate programs based upon a community assessment.
6. Analyze leadership and manage roles in community agencies.

### **Nursing Education**

#### **Objectives**

At the completion of the program, the graduate will be prepared to:

1. Develop, analyze, and evaluate curriculum, clinical teaching, and outcomes of educational programs.
2. Explore and implement a variety of teaching strategies to facilitate student learning.
3. Analyze selected learning theories and their relationship to student outcomes in the classroom and clinical setting.
4. Utilize various tests and measurement methods.
5. Analyze concepts that are physiological and psychosocial components of specialized patient care.
6. Critically review theories from which concepts are drawn that are relevant to the process of providing expert patient care for clients and their families or support networks.
7. Formulate, implement, and evaluate nursing strategies within an individually determined specialized area of nursing practice and in the nursing education setting.
8. Identify and evaluate health care and educational outcomes.
9. Critically utilize research findings that have relevance for intervening with patients and families and that are the basis for the education of nursing students.

### **Acute Care Nurse Practitioner**

#### **Objectives**

At the completion of the program, the graduate will be prepared to:

1. Demonstrate knowledge in pathophysiology related to multiple body systems.
2. Perform complete history and physical examinations.
3. Order and understand the significance of results of laboratory and other diagnostic studies.
4. Perform selected diagnostic and/or therapeutic procedures.
5. Prescribe pharmacotherapeutics appropriate to the practice setting.
6. Monitor and evaluate the results of therapeutic interventions.
7. Take the ACNP certification examination jointly offered by the American Nurses Credentialing Center or the American Association of Critical Care Nurses.
8. Manage complex clients in the acute care setting.

### **Family Nurse Practitioner**

#### **Objectives**

At the completion of the program, the graduate will be prepared to:

1. Facilitate entry of the client into the health care system at the point of first contact.
2. Provide for comprehensive family health care that spans the health continuum and is coordinated and continuous.
3. Assume responsibility for maintaining clinical practice competence.
4. Participate in quality assurance activities in the health care setting.
5. Support the role of the nurse practitioner in health care delivery.
6. Use current research findings as a basis for practice and improve health care through participation in research.
7. Collaborate with other health care providers in assessing, planning, implementing, and evaluating care for individual clients and for target populations.

### **Nurse-Midwifery**

#### **Objectives**

At the completion of the program, the graduate will be prepared to:

1. Analyze theoretical and empirical knowledge from the sciences and humanities, and apply this knowledge to the care of women and their infants within a family and community context.
2. Identify the influence of economic, social, and political trends on the effectiveness of health care delivery to women and infants.

3. Provide safe and satisfying primary health care that supports individual rights and self-determination in a variety of settings, with emphasis on underserved and rural client populations. This includes clinical management of normal labor and delivery, care of the neonate, and well-woman care.
4. Apply skills in health assessment, teaching, and counseling, with emphasis on self-help, wellness, and the prevention of illness and disability.
5. Communicate both verbally and in writing with various members of the health care delivery system, including keeping adequate documentation of nurse-midwifery care.
6. Demonstrate collaborative relationships with other health team members and with community groups for the planning, management, and provision of health care for women and their infants.
7. Demonstrate the socialization and conceptual awareness of the role and responsibilities of the nurse-midwife.
8. Demonstrate a commitment to personal and professional growth and the growth of the profession through participation in professional organizations, community, and scholarly activities, such as research, writing, and teaching.
9. Participate in quality assurance activities in the health care setting.
10. Exemplify the ethical and moral obligations of professional service while interacting with clients and society in general.

### **Pediatric Nurse Practitioner**

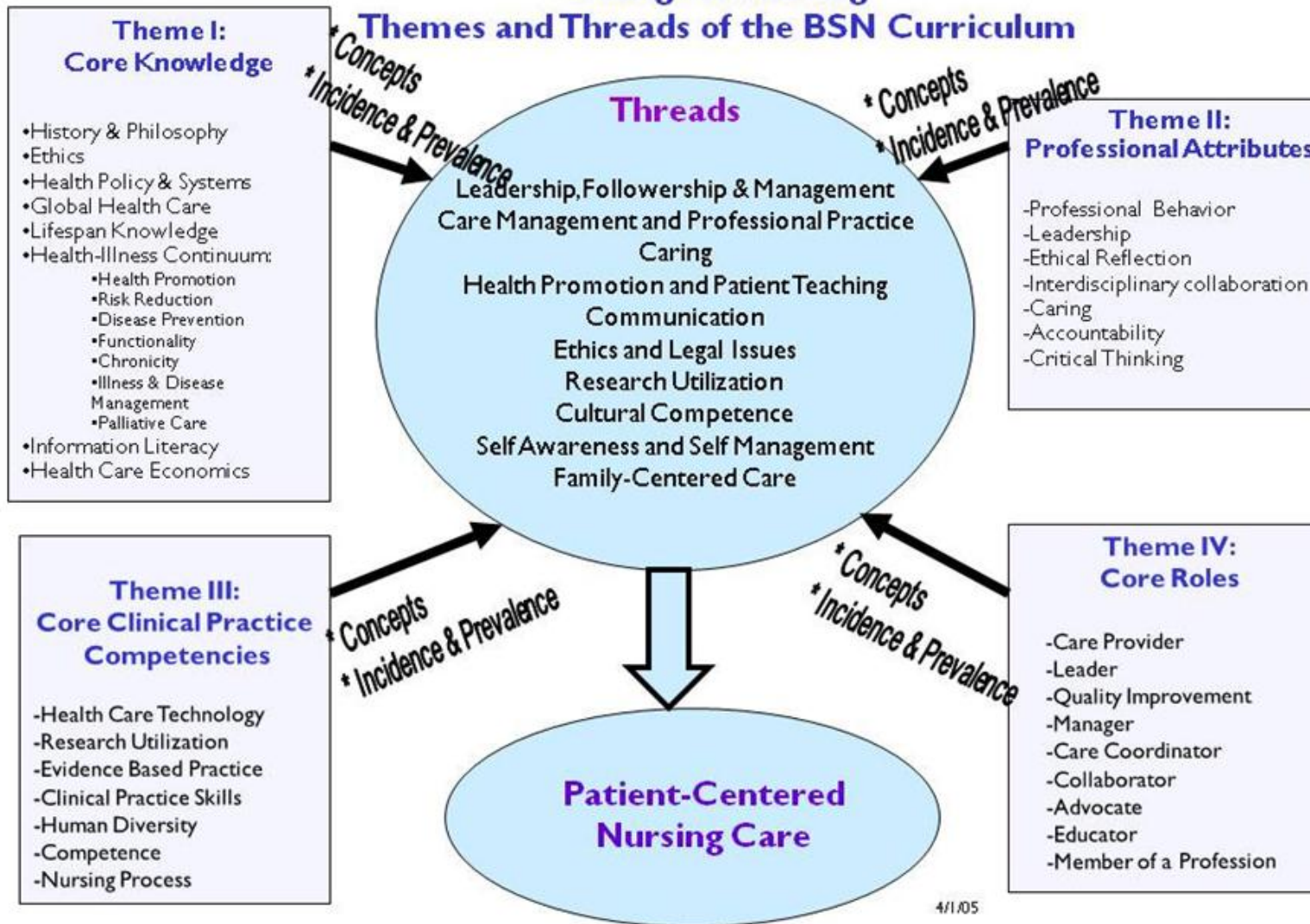
#### **Objectives**

At successful completion of the program, the graduate will be prepared to:

1. Work collaboratively with other health care professionals to provide comprehensive care to children and their families and identify those children who require referrals to other health care providers.
2. Provide well-child care and manage children (of all ages) who have acute and/or chronic illnesses.
3. Use current research findings as a basis for practice and improve health care through participation in research.

Appendix 12

University of New Mexico  
College of Nursing  
Themes and Threads of the BSN Curriculum





## Appendix 13

### BSN PROGRAM OF STUDY

There are two different entry options for the BSN program. These are the Basic Entry Option, and RN-BSN Degree Completion option. Both options are based on generally the same program content, although each has different prerequisite criteria. See the following pages for Curriculum Worksheets.

#### **Basic Entry Option**

The total credits required for the basic entry option is a minimum of 128 credits. This option is available for applicants who have completed the Core UNM curriculum requirements and the CON prerequisite courses, and have met all other application criteria.

The Basic Entry option is an accelerated, full time program of study completed in 16 consecutive months. The program of study is divided into four levels. Each level builds on the previous level.

*Level 1:* The focus of Level 1 is learning to participate in health care. Students are introduced to nursing skills and health assessment, as well as understanding self and others. Clinical experiences for students include an introduction to both inpatient and community settings.

*Level 2:* The focus of Level 2 is planning and analyzing health care. Students are introduced to community assessment and research. Clinical experiences continue in both inpatient and community settings.

*Level 3:* The focus of Level 3 is on leadership strategies and nursing roles and behaviors, evaluation of practice environments, and professional nursing practice. Options for clinical experiences include clinical intensive nursing courses in the areas of maternal-newborn care, care of children, gerontology, mental health, nursing specialty focus, or high acuity patients, depending on availability.

*Level 4:* The focus of Level 4 is synthesis and evaluation of professional nursing practice. Options for another clinical experience are the same as the clinical intensive areas listed in Level 3. This is followed by a capstone clinical experience selected by the student, depending on availability.

#### **RN-BSN Degree Completion Option**

This option is available to nurses with a valid RN license and a previous Associate Degree in Nursing. Applicants must meet the UNM core curriculum requirements, but there are a variety of options to meet the core requirements. In addition, students who successfully complete the Acceleration Challenge Exam (ACE) II receive 34 upper-division nursing credits, which apply toward the total of 64 upper-division credits required. Total program of study is a minimum of 128 credits.

**THE UNIVERSITY OF NEW MEXICO COLLEGE OF NURSING**  
**CURRICULUM WORKSHEET – BSN REQUIREMENTS – BASIC ENTRY OPTION**  
**(2<sup>ND</sup> DEGREE ENTRY OPTION STUDENTS: SEE NOTE AT BOTTOM OF SECOND PAGE)**

**FRESHMAN YEAR (32 Credit Hours)**

Semester 1	Grade	Credits	Semester 2	Grade	Credits
English 101 Composition 1		3	English 102 Analysis and Argument		3
Biol 123/124L Biology For Health Sciences **		4	Chem 111L Elements of Gen Chemistry/Lab ** (Pre-Req-Math 120 or test score)		4
Humanities (Core Area 5)		3	Stats 145 Intro to Probability and Stats (Pre-Req-Math 120 or test score)		3
*Social/Behavioral Sciences (Core Area 4)		3	*Social/Behavioral Sciences (Core Area 4)		3
Fine Arts (Core Area 7)		3	Humanities (Core Area 5)		3
<b>Total Credit Hours</b>		<b>16</b>	<b>Total Credit Hours</b>		<b>16</b>

\* It is strongly recommended that students take Sociology, Anthropology, and/or Psychology.

**SOPHOMORE YEAR (33 Credit Hours)**

Semester 1	Grade	Credits	Semester 2	Grade	Credits
Biol 239L Health Sciences Microbiology/lab**		4	Nurs 238 Principles of Pharmacology**		3
Biol 237 Anatomy and Physiology** (Lab recommended, not required)		3	Biol 238 Anatomy and Physiology** (Lab recommended, not required)		3
Nurs 239 Pathophysiology I**		3	Nurs 240 Pathophysiology II**		3
Writing/Speaking (Core Area 1)		3	Nurs 224 Growth & Development		3
Nutr 244 Human Nutrition		3	Foreign Language (Core Area 6)		3
			Elective		2
<b>Total Credit Hours</b>		<b>16</b>	<b>Total Credit Hours</b>		<b>17</b>

*Minimum requirements to be considered by the College of Nursing for Admission.*

*All classes must be completed with a grade of C or better.*

- *Completion of all freshman and sophomore classes (as listed) by the beginning of Level 1 classes*
- *A cumulative and science grade point average of at least a 3.0 with at least sixteen hours of sciences(\*\*) completed before applying*
- *If accepted to Nursing, Nurs 223L Basic Nursing Skills (2 credits) must be completed if the student does not have the skills  
(details will be provided when accepted)*

*Apply February 15 for the fall term (and summer term, as space available)*

*September 15 for the spring term (and summer term, as space available)*

THE PROVISIONS OF THIS DOCUMENT DO NOT CONSTITUTE A CONTRACT BETWEEN THE STUDENT AND THE COLLEGE OF NURSING. THE COLLEGE OF NURSING RESERVES THE RIGHT TO MAKE REASONABLE CHANGES AS NECESSARY. CHECK WITH COLLEGE OF NURSING ADVISEMENT OFFICE FOR UPDATES.

May 2010

**CURRICULUM WORKSHEET – BSN REQUIREMENTS – BASIC ENTRY OPTION  
(2<sup>ND</sup> DEGREE ENTRY OPTION STUDENTS: SEE NOTE BELOW)  
JUNIOR YEAR (31 Credit Hours)**

<b>Level 1</b>	<b>Grade</b>	<b>Credits</b>	<b>Level 2</b>	<b>Grade</b>	<b>Credits</b>
Nurs 311L Nursing Skills and Assessment		5	Nurs 314L Core Nursing Practicum II		4
Nurs 312L Core Nursing Practicum I		4	Nurs 315L Core Nursing Practicum III		3
Nurs 313 Nursing Practicum II		1	Nurs 331L Principles and Application, Community Assessment		2
Nurs 351 Health & Illness Concepts I		3	Nurs 332 Intro to Nursing Research and Evidence Based Practice		3
Nurs 390 Professional Nursing Concepts 1		3	Nurs 352 Health & Illness Concepts II		3
<b>Total Credit Hours</b>		<b>16</b>	<b>Total Credit Hours</b>		<b>15</b>

**SENIOR YEAR (32-33 Credit Hours)**

<b>Level 3</b>	<b>Grade</b>	<b>Credits</b>	<b>Level 4</b>	<b>Grade</b>	<b>Credits</b>
Nurs 411L-416L Clinical Intensive I w/seminar		4	Nurs 411L-416L Clinical Intensive III w/seminar		4
Nurs 411L-416L Clinical Intensive II w/seminar		4	Nurs 419L Capstone Clinical		3
Nurs 453 Health & Illness Concepts III		3	Nurs 454L Nursing Synthesis		3
Nurs 491 Professional Concepts II		3	Nurs 492 Professional Nursing Concepts III		3
Elective or Nurs 498 (If eligible and seek departmental honors)		3	Elective (2) or Nurs 499 (if eligible)		2-3
<b>Total Credit Hours</b>		<b>17</b>	<b>Total Credit Hours</b>		<b>15-16</b>

*Note: Minimum requirements to apply to the College of Nursing 2<sup>nd</sup> Degree Entry option – Completion of baccalaureate degree, at least a 3.0 cumulative and science grade point average, and at least nine credit hours of science courses (three different courses) from Anat & Phys 1, Anat & Phys 2, Patho 1, Patho 2, and Pharm taken in the last ten years. Completion of Patho 1, Patho 2, and Pharm before the start of Level 1. Students admitted under the 2<sup>nd</sup> Degree Entry option will follow the same curriculum for Levels 1-4; however, they will not be required to take electives or honors courses (unless so desired). See note on first page regarding basic skills. Last screening for 2<sup>nd</sup> degree option will be Sept 15, 2011 for Spring 2012.*

*The grade of C or better is required in all courses.*

**THE UNIVERSITY OF NEW MEXICO COLLEGE OF NURSING  
CURRICULUM WORKSHEET FOR RN/BSN COMPLETION PROGRAM**

**NAME** \_\_\_\_\_ **SS#** \_\_\_\_\_

**PREREQUISITES**

English 102 Analytic Writing 3 \_\_\_\_\_

**REQUIRED**

Math 145 Intro to Probability & Statistics 3 \_\_\_\_\_

Nurs 239 Pathophysiology I 3 \_\_\_\_\_

Nurs 240 Pathophysiology II 3 \_\_\_\_\_

Total 12

Core Curriculum Hours \_\_\_\_\_  
Lower Division Electives \_\_\_\_\_  
Upper Division Electives \_\_\_\_\_

**BSN COMPLETION TRACK**

Nurs 340 Advancement of Professional Nursing\* 3 \_\_\_\_\_

\*(Pre or Co-requisite to all Upper Division Nursing Courses)

Nurs 441 Evidence Based App of Hlth Assessment 4 \_\_\_\_\_

Nurs 442 Nrsng Leadership/ Hlth Policy Systems 3 \_\_\_\_\_

Nurs 447L Family & Comm Hlth Practicum 4 \_\_\_\_\_

Nurs 431L Community Assessment 3 \_\_\_\_\_

Nurs 332 Intro to Nrsng Research & Evidence  
Based Practice (Or Nurs 503) 3 \_\_\_\_\_

Nurs 448 Application of Health & Illness Concepts 4 \_\_\_\_\_

Total 24

**NLN ACE II (Mobility Profile II) Exams**

Nursing Process 2 \_\_\_\_\_

Nursing Skills 4 \_\_\_\_\_

Medical-Surgical I, II 10 \_\_\_\_\_

Maternal Newborn 6 \_\_\_\_\_

Pediatrics 6 \_\_\_\_\_

Psychiatric-Mental Health 6 \_\_\_\_\_

Total 34

**CORE CURRICULUM**

31 Hours

Writing/Speaking: (6hrs)

-English 101 \_\_\_\_\_

-Additional Writing \_\_\_\_\_

Physical/Natural Sciences: (7 hrs)

- \_\_\_\_\_

- \_\_\_\_\_

Social/Behavioral Sciences: (6 hrs)

- \_\_\_\_\_

- \_\_\_\_\_

Humanities: (6 hrs)

- \_\_\_\_\_

- \_\_\_\_\_

Foreign Language: (3 hrs)

- \_\_\_\_\_

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Fine Arts: (3 hrs)

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**Total Hours (128)** \_\_\_\_\_  
**UNM Hours (30)** \_\_\_\_\_  
**Upper Division Hours (64)** \_\_\_\_\_  
**Core Curriculum Hours (31)** \_\_\_\_\_

GRADUATE LEVEL SUBSTITUTION COURSES (GRADE OF "B" OR BETTER IS REQUIRED) \_\_\_\_\_ (DATE APPROVED)

A MINIMUM GRADE OF "C" OR BETTER IS REQUIRED ON ALL COURSES INCLUDING THE CORE CURRICULUM.

## Appendix 14



## Family Nurse Practitioner Curriculum

Since graduate education in nursing builds on the baccalaureate curriculum, students are expected to enter the program with prerequisite coursework and clinical nursing competence. Specific areas that will be built upon, but not repeated at the graduate level include: basic anatomy, physiology and pathophysiology; introductory pharmacology; basic growth and development; basic physical and psychosocial assessment; basic statistics; interviewing and development of therapeutic relationships; and community health nursing. Students who seek admission without some of these competencies will need to take personal responsibility for acquiring them. The College of Nursing and the University of New Mexico have coursework, clinical opportunities and faculty available to assist students, if necessary, prior to entering the program.

The total program consists of 52 credits and requires six terms of full time study. Over 800 hours of clinical experience are included in the program. The curriculum consists of general core courses required of all graduate students and specialty courses.

### Three Term Schedule (Revised February 2009)

#### SUMMER – TERM I

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N501 Theoretical Foundations of Advance Nursing Practice	3	3		
N503 Research in Nursing I	3	3		
N526 Pathophysiology for Advanced Nursing Practice	3	3		
TOTAL	9	9		

#### FALL – TERM II

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N504 Evidence Based Practice in Nsg & HI Care	3	3		
N505 Health Care Policy, Systems & Financing for Advanced Practice	3	3		
N540 Advanced Health Assessment and Diagnostic Reasoning	4	2	2	96
TOTAL	10	8	2	96

#### SPRING – TERM III

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N543 Pharmacological Principles of Clinical Therapeutics	3	3		
N548 Women's Health	3	1.5	1.5	72
N541 Antepartum	2	1	1	48
TOTAL	8	5.5	2.5	120

**SUMMER – TERM IV**

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N542 Ambulatory Pediatrics I	4	2.5		
N535 Adult Health I	3	2	1.5	72
OPTIONAL Elective N593 Diagnostic Reasoning & Case Studies	1 – 2	1 – 2	1	48
TOTAL	7 – 9	5.5 – 6.5	2.5	120

**FALL – TERM V**

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N546 Ambulatory Pediatrics II	4	2	2	96
N536 Adult Health II	5	3	2	96
TOTAL	9	5	4	192

**SPRING – TERM VI**

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N596 Professional Paper or N597 Exam	1			
N595 Fieldwork	7		7	336
N594 Advanced Practice Seminar	1			
TOTAL	9			336

In Term III, the clinical courses (N544/N541 and N548) are common to both FNP and Nurse-Midwifery specialties. In the second half of the semester, however, each group will concentrate on its own specialty content. Classes in Terms III through VI are taught in consecutive concentrated days in two or three-week periods throughout the semester. Clinicals are arranged in two blocks between the didactic sessions. Clinicals may require travel to rural facilities in New Mexico or neighboring states; this will have additional financial implications. Semester VI is almost exclusively clinical practicum, with seminars arranged as needed.

The Primary Care concentration requires a full time commitment since the specialty courses are offered sequentially and only once per year. The core curriculum is offered each semester, and sometimes during the summer session. Students who seek admission with existing graduate degrees in Nursing (Master's or Doctorate) will be able to pursue the FNP curriculum as a Post-Master's certificate. However, their applications are considered along with all other applications.



## Acute Care Nurse Practitioner Curriculum

The ACNP curriculum includes courses in advanced health assessment, advanced pathophysiology, pharmacology, and advanced practice clinical courses in acute care nursing. At least 2 years of postbaccalaureate experience in acute care settings is recommended. A minimum of 500 hours of clinical practice will be required to prepare graduates to manage acute health problems for adult patients.

### General Core Course

N501: Theoretical Foundations of Advanced Nursing	3
N503: Research in Nursing	3
N504: Evidence Based Practice in Nursing and Health Care	3
N505: Health Care Policy, Systems and Financing for Advanced Practice Roles	3

### Advanced Practice Clinical Core

N526: Pathophysiology in Advanced Practice Nursing	3
N540: Advanced Health Assessment and Diagnostic Reasoning (ACNP, FNP, NM)	4
N543: Pharmacological Principles of Clinical Therapeutics	3

### Acute Care Nurse Practitioner Concentration

N560: Differential Diagnosis for Advanced Practice	3
N561: ACNP Applications to Practice I	5
N562: Complex Patient Analysis and Treatment	3
N563: ACNP Applications to Practice II	5
N566: Advanced Diagnostic and Therapeutic Skills	3
N567: Health Promotion, Disease Prevention, and Ethical Considerations	1
N568: ACNP Clinical Topics I	3
N569: ACNP Clinical Topics II	3
N594: Advanced Practice Seminar	1
N595: Advanced Nursing Fieldwork	4–7
N596: Professional Paper – or – N597: Applied Examination	<u>1</u>

**Total for Acute Care Nurse Practitioner Concentration** 54–57

**Total Clinical Hours for Acute Care Nurse Practitioner Concentration** 744



### Pediatric Nurse Practitioner Curriculum

Since graduate education in nursing builds on the baccalaureate curriculum, students are expected to enter the program with prerequisite coursework and clinical nursing competence. Specific areas that will be built upon, but not repeated at the graduate level include: basic anatomy, physiology and pathophysiology; introductory pharmacology; basic growth and development; basic physical and psychosocial assessment; basic statistics; interviewing and development of therapeutic relationships; and community health nursing. Students who seek admission without some of these competencies will need to take personal responsibility for acquiring them. The College of Nursing and the University of New Mexico have coursework, clinical opportunities and faculty available to assist students, if necessary, prior to entering the program.

The total program consists of 47 credits and requires four semesters of full time study. Over 700 hours of clinical experience are included in the program. The curriculum consists of general core courses required of all graduate students, primary care concentration core courses, and specialty courses.

#### CURRICULUM REVISIONS PNP CONCENTRATION THREE TERM SCHEDULE 2011

##### FALL 2011 – TERM I

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N501 Theoretical Foundations of Advance Nursing Practice	3	3		
N503 Research in Nursing I	3	3		
N526 Pathophysiology for Advanced Nursing Practice	3	3		
<b>TOTAL</b>	<b>9</b>			

##### SPRING 2012 – TERM II

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N504 Evidence Based Practice in Nsg & HI Care	3	3		
N505 Health Care Policy, Systems & Financing for Advanced Practice	3	3		
N539 Advanced Pediatric Health and Developmental Assessment	4 (1 hour of lab credit)	2	1	48
<b>TOTAL</b>	<b>10</b>			<b>48</b>

##### SUMMER 2012 - TERM III

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL CREDITS	CLINICAL HOURS
N542 Ambulatory Pediatrics I	4	2.5	1.5	72
N543 Pharmacological Principles of Clinical Therapeutics	3	3		
OPTIONAL ELECTIVE N593 Diagnostic Reasoning & Case Studies	1-2	1-2		
<b>TOTAL</b>	<b>7-9</b>			<b>72</b>



**FALL 2012 - TERM IV**

<b>COURSE</b>	<b>CREDIT HOURS</b>	<b>DIDACTIC CREDITS</b>	<b>CLINICAL CREDITS</b>	<b>CLINICAL HOURS</b>
N546 Ambulatory Pediatrics II	4	2	2	96
N547 Pediatric Chronic Illness/Special Needs	5	3	2	96
<b>TOTAL</b>	9			192

**SPRING 2013 - TERM V**

<b>COURSE</b>	<b>CREDIT HOURS</b>	<b>DIDACTIC CREDITS</b>	<b>CLINICAL CREDITS</b>	<b>CLINICAL HOURS</b>
N549 Adolescent Health	3	1.5	1.5	72
N594 Advanced Practice Seminar	1			
N595 Fieldwork	4		4	192
<b>TOTAL</b>	8			264

**SUMMER 2013 - TERM VI**

<b>COURSE</b>	<b>CREDIT HOURS</b>	<b>DIDACTIC CREDITS</b>	<b>CLINICAL CREDITS</b>	<b>CLINICAL HOURS</b>
N596 Professional Paper or N597 Exam	1			
N595 Fieldwork	3		3	144
Elective	3-5 credits			
<b>TOTAL</b>	4-9			144

**TOTAL CREDIT HOURS = 47****TOTAL CLINICAL HOURS = 720**

Clinical courses in Terms III through VI are in consecutive concentrated days in two or three week periods throughout the semester. Clinicals are arranged in the two blocks (usually 5 or 6 week periods) between the didactic sessions. Clinicals may require travel to rural facilities in New Mexico; this will have additional financial implications.

The PNP concentration requires a full time commitment since the specialty courses are offered sequentially and only once per year. Students who seek admission with existing graduate degrees in Nursing (Master's or Doctorate) will be able to pursue the PNP curriculum as a Post Master's certificate. However, their applications are considered along with all other applications.



## Nurse-Midwifery Curriculum

The curriculum consists of general core courses required for all graduate students and specialty courses as delineated below:

Since graduate education in nursing builds on the baccalaureate curriculum, nurse-midwifery students are expected to enter the program with prerequisite course work. Specific areas that will be built upon, but not repeated at the graduate level include: basic anatomy, physiology and pathophysiology; introductory pharmacology; basic growth and development; basic physical and psychosocial assessment; basic statistics; interviewing and development of therapeutic relationships; and community health nursing. Students who seek admission without some of these competencies must take personal responsibility for their acquisition. If this is necessary, the College of Nursing and the University of New Mexico have course work, clinical opportunities and faculty available to assist students in this process prior to entering the program.

### Advanced Clinical Nursing Practice Nurse-Midwifery Concentration Curriculum Plan

#### SUMMER – TERM I

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N501 Theoretical Foundations of Advance Nursing Practice	3	3	
N503 Research in Nursing I	3	3	
N526 Pathophysiology for Advanced Nursing Practice	3	3	
TOTAL	9	9	

#### FALL – TERM II

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N504 Evidence Based Practice in Nsg & HI Care	3	3	
N505 Health Care Policy, Systems & Financing for Advanced Practice	3	3	
N540 Advanced Health Assessment and Diagnostic Reasoning	4	2	96
TOTAL	10	8	96

#### SPRING – TERM III

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N543 Pharmacological Principles of Clinical Therapeutics	3	3	
N548 Women's Health	3	2	48
N544 Antepartum/Postpartum	6	3	144
TOTAL	12	8	192

**SUMMER - TERM IV**

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N544: Antepartum/Postpartum (continued)	1		48
N548: Women's Health (continued)	1		48
N550: Intrapartum	3	2	48
N552: Evidenced-Based Care in Nurse-Midwifery	1	1	
TOTAL	6	3	144

**FALL - TERM V**

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N550: Intrapartum (continued)	6	1	240
N551: Newborn	3	2	48
TOTAL	9	3	288

**SPRING - TERM VI**

COURSE	CREDIT HOURS	DIDACTIC CREDITS	CLINICAL HOURS
N595: Advanced Fieldwork in Nursing	7		336
N597: Professional Examination	1		
N553: Nurse-Midwifery Professional Practice	1		
TOTAL	9		336

**Total Credit Hours: 55**  
**Total Clinical Hours: 1056**



### **Nursing Administration Curriculum – Part Time Study**

#### **Spring Term (year 1)\* Credits**

NURS 501: Theoretical Foundations of Advanced Nursing Practice	(3)
NURS 503: Research in Nursing	(3)

#### **Summer Term (year 1)\*\***

NURS 504: Evidence-Based Practice in Nursing and Health Care	(3)
NURS 505: Health Care Policy, Systems and Financing for Advanced Practice Roles	(3)

#### **Fall Term (year 1)**

NURS 514: Nursing Administration in Health in Health Institutions and Agencies	(3)
NURS 512: Resource Management in Nursing Administration	(3)

#### **Spring Term (year 2)**

NURS 513: Administration to Facilitate Quality Clinical Care	(3)
Elective***	(3)

#### **Summer Term (year 2)**

NURS 595: Advanced Nursing Fieldwork	(2)
Elective*** N593 Special Topics/Effective Human Resource Management	(3)

#### **Fall Term (year 2)\*\*\*\***

NURS 595: Advanced Nursing Fieldwork and NURS 596: Professional Paper	(2)
-or-	
NURS 597: Applied Examination	(1)

**Total Credits for Administration Concentration\* 32\*\*\*\***

\*Note: NURS 501 and NURS 503 must be taken the first spring term after admission.

\*\*Note: NURS 504 and NURS 505 must be taken the first summer term after admission.

\*\*\*About electives:

- Spring Term: Students may take NURS 510: Educational Program Development and Evaluation or NURS 559: Physiologic Concepts in Health and Illness in the spring as an elective based on availability of space. Alternative elective(3 cr) may be taken with advisor's permission
- Summer Term: Students must take N593 Special Topics Effective Human Resource Management. An alternative elective (3 cr) may be taken with faculty advisor permission.

\*\*\*\*Note: Students interested in selecting the Plan I option (thesis) complete 6 credits of N599 (thesis) instead of 596 or 597.



### Nursing Administration Curriculum – Full Time Study

Spring Term (year 1)	Credits
NURS 501: Theoretical Foundations of Advanced Nursing Practice*	(3)
NURS 503: Research in Nursing*	(3)
NURS 513: Administration to Facilitate Quality Clinical Care	(3)
Summer Term (year 1)	
NURS 504: Evidence-Based Practice in Nursing and Health Care* *	(3)
NURS 505: Health Care Policy, Systems and Financing for Advanced Practice Roles**	(3)
Elective (NURS 593 Special Topics/Effective Human Resources Management)***	(3)
Fall Term (year 1)	
NURS 514: Nursing Administration in Health in Health Institutions and Agencies	(3)
NURS 512: Resource Management in Nursing Administration	(3)
Elective***	(3)
Spring Term (year 2)****	
NURS 595: Advanced Nursing Fieldwork and NURS 596: Professional Paper -or- NURS 597: Applied Examination 1	(4)    (1)
<b>Total Credits for Nursing Administration Concentration</b>	<b>32****</b>

\*Note: NURS 501 and NURS 503 must be taken the first spring term after admission.

\*\*Note: NURS 504 and NURS 505 must be taken the first summer term after admission.

\*\*\* About Electives:

- Summer Term: Students must take NURS 593 Special Topics/Effective Human Resources Management (3 cr) in the summer based on availability of space. An alternative elective (3 cr) may be taken with faculty advisor permission.

- Fall Term: Students may take NURS 509: Teaching in Nursing (3 cr) or NURS 558: Brain and Behavioral Correlates of Health and Illness (3 cr) in Fall as an elective based on availability of space. An alternative elective (3 cr) may be taken with faculty advisor permission.

\*\*\*\* Note: Students interested in selecting the Plan I option (thesis) complete 6 credits of N599 (thesis) instead of 596 or 597.



## Nursing Education Curriculum – Part Time Study

### Spring Term (year 1)\* Credits

NURS 501: Theoretical Foundations of Advanced Nursing Practice (3)

NURS 503: Research in Nursing (3)

### Summer Term (year 1)\*\*

NURS 504: Evidence-Based Practice in Nursing and Health Care (3)

NURS 505: Health Care Policy, Systems and Financing for Advanced Practice Roles (3)

### Fall Term (year 1)

NURS 509: Teaching in Nursing (3)

NURS 558: Brain and Behavioral Correlates of Health and Illness (3)

### Spring Term (year 2)

NURS 510: Educational Program Development and Evaluation (3)

NURS 559: Physiologic Concepts in Health and Illness (3)

### Summer Term (year 2)

NURS 515: Faculty Roles and Professional Issues (3)

NURS 595: Advanced Nursing Fieldwork (2)

### Fall Term (year 2)\*\*\*

NURS 595: Advanced Nursing Fieldwork (2)  
and

NURS 596: Professional Paper

-or-

NURS 597: Applied Examination (1)

### Total Credits for Nursing Education Concentration

32\*\*\*

\*Note: NURS 501 and NURS 503 must be taken the first spring term after admission.

\*\*Note: NURS 504 and NURS 505 must be taken the first summer term after admission.

\*\*\*Note: Students interested in selecting the Plan I option (thesis) complete 6 credits of N599 (thesis) instead of 596 or 597.



## Nursing Education Curriculum – Full Time Study

	<b>Credits</b>
<b>Spring Term (year 1)</b>	
NURS 501: Theoretical Foundations of Advanced Nursing Practice*	(3)
NURS 503: Research in Nursing*	(3)
NURS 559: Physiologic Concepts in Health and Illness	(3)
<b>Summer Term (year 1)</b>	
NURS 504: Evidence-Based Practice in Nursing and Health Care**	(3)
NURS 505: Health Care Policy, Systems and Financing for Advanced Practice Roles**	(3)
NURS 515: Faculty Roles and Professional Issues	(3)
<b>Fall Term (year 1)</b>	
NURS 509: Teaching in Nursing	(3)
NURS 558: Brain and Behavioral Correlates of Health and Illness	(3)
NURS 595: Advanced Nursing Fieldwork	(2)
<b>Spring Term (year 2)***</b>	
NURS 510: Educational Program Development and Evaluation	(3)
NURS 595: Advanced Nursing Fieldwork	(2)
and	
NURS 596: Professional Paper	
-or-	
NURS 597: Applied Examination 1	(1)
<b>Total Credits for Nursing Education Concentration</b>	<b>32***</b>

\*Note: NURS 501 and NURS 503 must be taken the first spring term after admission.

\*\*Note: NURS 504 and NURS 505 must be taken the first summer term after admission.

\*\*\* Note: Students interested in selecting the Plan I option (thesis) complete 6 credits of N599 (thesis) instead of 596 or 597.

## Appendix 15

<b>UNM CORE CURRICULUM WORKSHEET</b>		
All UNM Students are required to complete the Core Curriculum as part of their baccalaureate (Bachelor's) degree program. There are VERY limited, specific exceptions allowed, and only for certain specific colleges or majors. All Courses are one semester in length. Unless noted, all courses are offered for 3 credit hours		
<b>A GRADE OF C (NOT C-) IS NEEDED FOR ALL COURSES TO SATISFY THE CORE REQUIREMENTS</b>		
<b>AREA 1: WRITING AND SPEAKING - 9 credit hours required, including English 101, English 102 and 1 additional course</b>		
<input type="checkbox"/> ENGL 101: Composition 1	<input type="checkbox"/> ENGL 102: Composition 2	
All Students are required to demonstrate competency in ENGL 101 & 102 and complete one additional course from the following:		
<input type="checkbox"/> ENGL 219: Technical Writing	<input type="checkbox"/> ENGL 220: Expository Writing	<input type="checkbox"/> CJ 130: Public Speaking
		<input type="checkbox"/> PHIL 156: Reasoning & Critical Thinking
<b>AREA 2: MATHEMATICS - 3 credit hours required. Choose one course from the following:</b>		
3 credits of required hours does not include any pre-requisite Math courses required by placement (IS Math 100 or MATH 120).		
<input type="checkbox"/> MATH 121: College Algebra	<input type="checkbox"/> MATH 160: Pre-Calculus	<input type="checkbox"/> MATH 180: Elem. Of Calculus
<input type="checkbox"/> MATH 128: Surv of Mathematics	<input type="checkbox"/> MATH 182: Calculus 1 (4cr)	<input type="checkbox"/> MATH 181: Elem. Of Calculus 2
<input type="checkbox"/> MATH 216: Math for Elementary Teachers 3	<input type="checkbox"/> MATH 183: Calculus 2 (4cr)	<input type="checkbox"/> STAT 145: Intro to Statistics
<b>AREA 3: PHYSICAL AND NATURAL SCIENCES - 7 credit hours required.</b>		
Choose two courses from the following. One must include a one credit lab.		
<input type="checkbox"/> ANTH 121L: Arch. Method & Theory (4cr)	<input type="checkbox"/> CHEM 111L: Elem of General Chemistry (4cr)	<input type="checkbox"/> PHYC 102: Introduction to Physics
<input type="checkbox"/> ANTH 160: Evol & Human Emergence	<input type="checkbox"/> CHEM 131L: (Honors) Gen. Chemistry I (4cr)	<input type="checkbox"/> PHYC 102L: Opt. Lab for PHYC 102 (1cr)
<input type="checkbox"/> ANTH 161L: Opt. Lab for ANTH 160 (1cr)	<input type="checkbox"/> CHEM 132L: (Honors) Gen. Chemistry II (4cr)	<input type="checkbox"/> PHYC 106: Physics and Society
<input type="checkbox"/> ANTH 180: Human Life Course	<input type="checkbox"/> CHEM 121: General Chemistry I	<input type="checkbox"/> PHYC 161: General Physics
<input type="checkbox"/> ANTH 181L: Opt/Lab for ANTH 160 (1cr)	<input type="checkbox"/> CHEM 123L: Req Lab for Chem 121 (1cr)	<input type="checkbox"/> PHYC 161L: Opt. Lab for PHYC 161 (1cr)
<input type="checkbox"/> ASTR 101: Intro to Astronomy	<input type="checkbox"/> CHEM 122: General Chemistry II	<input type="checkbox"/> PHYC 162: General Physics
<input type="checkbox"/> ASTR 101L: Opt. Lab for ASTR 101 (1cr)	<input type="checkbox"/> CHEM 124L: Req Lab for Chem 122 (1cr)	<input type="checkbox"/> PHYC 162L: Opt Lab for PHYC 162 (1cr)
<input type="checkbox"/> BIOL 110: Biology for Non-Majors	<input type="checkbox"/> EP8 101: Intro to Geology	<input type="checkbox"/> PHYC 180: General Physics
<input type="checkbox"/> BIOL 112: Opt. Lab for BIOL 110 (1cr)	<input type="checkbox"/> EP8 106L: Opt. Lab for EP8 101 (1cr)	<input type="checkbox"/> PHYC 180L: Opt. Lab for PHYC 180 (1cr)
<input type="checkbox"/> BIOL 121L: Principles of Biology (4cr)	<input type="checkbox"/> EP8 201L: Earth History (4cr)	<input type="checkbox"/> PHYC 181: General Physics
<input type="checkbox"/> BIOL 122L: Principles of Biology (4cr)	<input type="checkbox"/> ENV8 101: The Blue Planet	<input type="checkbox"/> PHYC 181L: Opt. Lab for PHYC 181 (1cr)
<input type="checkbox"/> BIOL 123: Bio for Health-Related Sciences	<input type="checkbox"/> ENV8 102L: Lab for ENV8 101	<input type="checkbox"/> *NTSC 281L: Physical Science (4cr)
<input type="checkbox"/> BIOL 124L: Opt. Lab for BIOL 123 (1cr)	<input type="checkbox"/> GEOG 101: Physical Geography	<input type="checkbox"/> *NTSC 282L: Life Science (4cr)
	<input type="checkbox"/> GEOG 106L: Req Lab for GEOG 101 (1cr)	<input type="checkbox"/> *NTSC 283L: Environmental Science (4cr)
* Natural Science (NTSC) 201L, 202L, and 203L are for pre-service K-8 teachers only		
<b>AREA 4: SOCIAL AND BEHAVIORAL SCIENCES - 6 credit hours required. Choose two course from the following:</b>		
<input type="checkbox"/> AMST 182: Intro to Env. Sci. & Technology	<input type="checkbox"/> CRP 181: Intro to Environmental Problems	<input type="checkbox"/> POL8 110: The Political World
<input type="checkbox"/> AMST 186: Race, Class & Ethnicity	<input type="checkbox"/> ENGF 200: Technology in Society	<input type="checkbox"/> POL8 200: American Politics
<input type="checkbox"/> ANTH 101: Intro to Anthropology	<input type="checkbox"/> GEOG 102: Human Geography	<input type="checkbox"/> POL8 220: Comparative Politics
<input type="checkbox"/> ANTH 130: Cultures of the World	<input type="checkbox"/> LING 101: Intro to Linguistics	<input type="checkbox"/> POL8 240: International Politics
<input type="checkbox"/> ECON 106: Intro to Macroeconomics	<input type="checkbox"/> PSY 106: General Psychology	<input type="checkbox"/> SOC 101: Intro to Sociology
<input type="checkbox"/> ECON 108: Intro to Microeconomics		
<b>AREA 5: HUMANITIES - 6 credit hours required. Choose two courses from the following:</b>		
<input type="checkbox"/> AMST 188: Intro to Southwest Studies	<input type="checkbox"/> ENGL 292/293: World Literatures	<input type="checkbox"/> PHIL 101: Intro to Philosophical Problems
<input type="checkbox"/> CLST 107: Greek Mythology	<input type="checkbox"/> MLNG 101: Languages and Cultures	<input type="checkbox"/> PHIL 201: Greek Thought
<input type="checkbox"/> CLST 204: Greek Civilization	<input type="checkbox"/> HIST 101L: Western Civilization (to 1648)	<input type="checkbox"/> PHIL 202: From Descartes to Kant
<input type="checkbox"/> CLST 206: Roman Civilization	<input type="checkbox"/> HIST 102L: Western Civilization (from 1648)	<input type="checkbox"/> RELG 107: Living World Religions
<input type="checkbox"/> CLCS 223/224: Literary Questions	<input type="checkbox"/> HIST 181L: History of the US to 1877	<input type="checkbox"/> RELG 283: Eastern Religions
<input type="checkbox"/> COMP 222: Fairy and Folk Tales	<input type="checkbox"/> HIST 182: History of the US since 1877	<input type="checkbox"/> RELG 284: Western Religions
<input type="checkbox"/> COMP 224: Literary Questions	<input type="checkbox"/> HIST 181: History of Early Latin America	<input type="checkbox"/> UHON - Honors Legacy Sem, 100-200 level
<input type="checkbox"/> ENGL 160: Study of Literature	<input type="checkbox"/> HIST 182: Modern Latin American History	
<b>AREA 6: FOREIGN LANGUAGE - 3 credit hours required.</b>		
One Course chosen from any lower-division non-English language offerings from the Dept of Linguistics (including Sign Language), Spanish and Portuguese, Foreign Languages and Literatures, and foreign languages in other depts and programs (except Latin 105). Foreign Language Course: _____		
<b>AREA 7: FINE ARTS - 3 credit hours required. Choose one course from the following:</b>		
<input type="checkbox"/> ARTH 101: Intro to Art	<input type="checkbox"/> DANC 106: Dance Appreciation	<input type="checkbox"/> Pre-Fall 2010 THEA 122: Theatre Appreciation
<input type="checkbox"/> ARTH 201: History of Art 1	<input type="checkbox"/> MA 210: Intro to Film and Study	<input type="checkbox"/> THEA 106: Intro to Theatre Appreciation
<input type="checkbox"/> ARTH 202: History of Art 2	<input type="checkbox"/> FA 284: Experiencing the Arts	<input type="checkbox"/> ARCH 121: Intro to Architecture
<input type="checkbox"/> MUS 138: Music Appreciation		<input type="checkbox"/> Pre-Fall 2010 Arch 101: Intro to Architecture
		<input type="checkbox"/> MUS 142: Rock Music Appreciation
Any 3 credit hour studio or performance course offered by the Department of Art and Art History, Music, Theatre and Dance, or Media Arts		
Course is no longer offered but will be accepted.		



Appendix 16

University of New Mexico College of Nursing  
Undergraduate Curriculum (Basic and Second Degree)

**LEVEL OBJECTIVES BY THREADS**

**Leadership, Followership, & Management**

<p>Overall Level Objectives ↓ Threads →</p>	<p>Prerequisites Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1 Participate In Health Care</p>	<p>Level 2 Plan/Analyze Health Care</p>	<p>Level 3 Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4 Synthesize And Evaluate Professional Nursing Practice</p>
<p><u>Core Knowledge:</u> <i>History And Philosophy, Health Policy &amp; Systems, Global Health Care, Health Care Economic, Information Literacy</i></p> <p><u>Professional Attributes</u> <i>Leadership, Accountability, Critical Thinking</i></p> <p><u>Core Clinical Practice</u> <u>Competencies:</u> <i>Evidence Based Practice, Human Diversity Competence</i></p> <p><u>Core Roles:</u> <i>Leader, Quality Improvement Manager</i></p>		<ol style="list-style-type: none"> <li>1. Describes the development of nursing as a profession. (N390)</li> <li>2. Identifies historical events contributing to the evolution of the current US health care system. (N390)</li> <li>3. Describes the organization of care delivery by work teams within various health care settings. (N312, N313)</li> <li>4. Participates as a team member in providing health care. (N312, 313)</li> </ol>	<ol style="list-style-type: none"> <li>1. Begins demonstrating leadership skills in the contexts of working groups and care management for individual patients, families, and communities. (N314, N315, N331)</li> </ol>	<ol style="list-style-type: none"> <li>1. Analyzes various leadership styles and behaviors observed in the clinical setting. (N491)</li> <li>2. Displays leadership skills in the contexts of working groups and care management for assigned patient/client loads. (N41x, N491)</li> </ol>	<ol style="list-style-type: none"> <li>1. Analyzes policy, political forces, and economics that influence health care systems and nursing practice. (N492)</li> <li>2. Analyzes the organization of care systems within various health care settings. (N492)</li> <li>3. Consistently exhibits effective leadership skills in the context of patient care management and working groups. (N41</li> </ol>

Care Management And Professional Practice

<p>Overall Level Objectives</p> <p>↓</p> <p>→</p> <p>Threads</p>	<p>Prerequisites</p> <p>Develop A Foundation For Professional Nursing Practice</p>	<p>Level 1</p> <p>Participate In Health Care</p>	<p>Level 2</p> <p>Plan/Analyze Health Care</p>	<p>Level 3</p> <p>Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4</p> <p>Synthesize And Evaluate Professional Nursing Practice</p>
<p><u>Core Knowledge:</u> History And Philosophy, Health Policy &amp; Systems, Global Health Care, Health Care Economic, Information Literacy</p> <p><u>Professional Attributes</u> Leadership, Accountability, Critical Thinking</p> <p><u>Core Clinical Practice Competencies:</u> Evidence Based Practice, Human Diversity Competence</p> <p><u>Core Roles:</u> Leader, Quality Improvement Manager</p>	<ol style="list-style-type: none"> <li>1. Applies knowledge of human anatomy &amp; physiology to the comprehension of pathophysiology &amp; clinical findings in common disease states. (N239, N240)</li> <li>2. Describes mechanism of action, therapeutic effects, and side effects of common drug classes. (N238)</li> <li>3. Describes concepts and principles from basic sciences as it relates to growth and development. (N224)</li> </ol>	<ol style="list-style-type: none"> <li>5. Describes the steps of the nursing process. (N311, N312, N313, N390)</li> <li>6. Utilizes elements of professional practice into theoretical and clinical applications. (N311, N312, N313, N390)</li> <li>7. Demonstrates beginning level care management skills by participating in patient care activities using nursing process in within various health care settings. (N312, N313, N351)</li> <li>8. Develops an awareness of the coordination and roles of health care disciplines across various health care settings. (N312, N313)</li> </ol>	<ol style="list-style-type: none"> <li>2. Utilizes care management skills by planning and implementing patient care using nursing process within various health care settings. (N314, N315, N352)</li> <li>3. Plans and implements palliative and end-of-life care based on current theory. (N314, N315)</li> <li>4. Articulates the unique contribution of nursing in an interdisciplinary health care environment. (N314, N315, N331)</li> <li>5. Partners with a community to complete a needs assessment and to develop, plan and implement an evidence based intervention (N331)</li> </ol>	<ol style="list-style-type: none"> <li>3. Plans, implements, and evaluates care using nursing process within various health care settings. (41X)</li> <li>4. Participates in interdisciplinary patient care as a member of the health care team. (N41x)</li> <li>5. Discusses the coordination and roles of health care disciplines across various health care settings. (N491)</li> </ol>	<ol style="list-style-type: none"> <li>4. Manages health care delivery for groups of patients in various populations and settings. (N41x, N419, N454)</li> <li>5. Compares and contrasts the effectiveness of different patient care delivery systems. (N492)</li> <li>6. Analyzes effectiveness of patient care delivery systems. (N492)</li> <li>7. Participates in interdisciplinary patient care as a member of the health care team. (N41x, N419, N454).</li> </ol>

Caring

<p>Overall Level Objectives ↓ Threads →</p>	<p>Prerequisites Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1 Participate In Health Care</p>	<p>Level 2 Plan/Analyze Health Care</p>	<p>Level 3 Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4 Synthesize And Evaluate Professional Nursing Practice</p>
<p><u>Core Knowledge:</u> Lifespan Knowledge</p> <p><u>Professional Attributes:</u> Caring, Professional Behavior, Critical Thinking</p> <p><u>Core Clinical Practice Competencies:</u> Human Diversity Competence, Evidence Based Practice, Clinical Practice Skills</p> <p><u>Core Roles:</u> Advocate, Care Provider</p>		<p>9. Describes origins of caring as a component of professional practice. (N390)</p> <p>10. Articulates an awareness of the significance of spirituality to the patient or family. (N311, N312, N313, N390)</p> <p>11. Focuses on the patients' priorities and meanings in order to help them participate more actively in their healing process. N312, N313)</p>	<p>6. Develops and implements caring practices in a skilled and intentional manner by providing compassion to ease suffering, supporting dignity and instilling hope. (N314, N315)</p> <p>7. Develops and sustains a helping, trusting, authentic caring relationship with a patient, family, or community. (N314, N315)</p>	<p>6. Creates a supportive, protective, and/or corrective mental, physical, societal, and/or spiritual healing environment. (N41x)</p> <p>7. Exhibits creative and authentic use of self as part of the caring process. (41X)</p>	<p>8. Provides care that focuses on the promotion of health, restoration of health and prevention of illness through providing care with honesty, respect, dignity, and humanity. (N41x, N 419)</p>

**Health Promotion and Patient Teaching**

<p>Overall Level Objectives ↓ Threads →</p>	<p>Prerequisites Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1 Participate In Health Care</p>	<p>Level 2 Plan/Analyze Health Care</p>	<p>Level 3 Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4 Synthesize And Evaluate Professional Nursing Practice</p>
<p><i>Core Knowledge: Lifespan Knowledge, Health-Illness Continuum</i></p> <p><i>Professional Attributes: Critical Thinking</i></p> <p><i>Core Roles: Quality Improvement Manager, Care Provider, Educator</i></p> <p><i>Core Clinical Practice Competencies: Evidence Based Practice, Human Diversity Competence, Nursing Process</i></p>	<p>4. Describes growth and development concepts and principles. (N224)</p> <p>5. Identifies patient education needed for medication management. (N238)</p> <p>6. Identifies principles of health promotion as it relates to nutrition and dietary teaching across the life span. (N224)</p>	<p>12. Participates in and/or implements health promotion activities with individuals and/or groups. (N312, N313)</p>	<p>8. Utilizes epidemiology and demographic data to understand community needs and resources. (N331)</p> <p>9. Incorporates health promotion activities within patient care. (N314, N315, N352)</p>	<p>8. Evaluates appropriate health promotion strategies for groups of patients. (N41x, N453)</p> <p>9. Develops/ implements a patient/family teaching plan for a selected health or illness condition. (N491, N41x)</p> <p>10. Incorporates patient/family teaching into care planning and patient management. (N41x, N453, N491)</p>	<p>9. Critiques effectiveness of population focused health promotion activities. (N41x, N419)</p> <p>10. Incorporates patient teaching into care planning and patient management for individual patients, families, or groups/ communities. (N41x, N419)</p>

Communication

<p>Overall Level Objectives ↓</p> <p>Threads →</p>	<p>Prerequisites Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1 Participate In Health Care</p>	<p>Level 2 Plan/Analyze Health Care</p>	<p>Level 3 Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4 Synthesize And Evaluate Professional Nursing Practice</p>
<p><u>Core Knowledge:</u> Lifespan Knowledge, Information Literacy</p> <p><u>Professional Attributes:</u> Professional Behavior, Critical Thinking</p> <p><u>Core Clinical Practice Competencies:</u> Evidence Based Practice, Human Diversity Competence</p> <p><u>Core Roles:</u> Educator, Advocate, Member of a Profession</p>	<p>7. Writes legibly, using correct grammar, spelling, and punctuation in English to express thoughts in an organized manner. (N224)</p>	<p>13. Describes concepts and principles of verbal and nonverbal communication. (N390)</p> <p>14. Utilizes beginning level communication skills with patients, families, and other health care professionals. (N312, N313, N390)</p> <p>15. In an assigned format, clearly expresses complete thoughts and ideas both orally and in standard written English. (N312, N313, N332, N351, N390)</p>	<p>10. Exhibits advanced communication skills with patients, families, and other health care professionals. (N314, N315)</p> <p>11. Integrates the relevant ideas of others into written work and oral communications, giving appropriate credit to sources. (N314, N315, N331, N332, N352)</p>	<p>11. Consistently demonstrates appropriate communication skills in all professional interactions. (N41x, N491)</p> <p>12. Demonstrates clarity of oral and written expression by the structured, logical, and persuasive development of a thought, idea, or argument. N41x, N453, N491)</p>	<p>11. Analyzes interpersonal interactions in professional settings in order to formulate appropriate responses. (N41x, N419, N454, N492)</p> <p>12. Develops and supports a concept in a variety of written formats used in nursing and related literature. (N454, N492)</p>

Ethics and Legal Issues

<p>Overall Level Objectives</p> <p>↓</p> <p>Threads →</p>	<p>Prerequisites</p> <p>Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1</p> <p>Participate In Health Care</p>	<p>Level 2</p> <p>Plan/Analyze Health Care</p>	<p>Level 3</p> <p>Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4</p> <p>Synthesize And Evaluate Professional Nursing Practice</p>
<p><u>Core Knowledge:</u> Ethics, Health Policy &amp; Systems</p> <p><u>Professional Attributes:</u> Ethical Reflection, Accountability, Critical Thinking</p> <p><u>Core Clinical Practice Competencies:</u> Evidence Based Practice, Human Diversity Competence</p> <p><u>Core Roles:</u> Member of a Profession</p>		<p>16. Discusses relevant ethical and legal principles in various health care settings and documentation of care processes. (N311, N312, N313, N351, N390)</p>	<p>12. Demonstrates an awareness of the influence of personal beliefs and professional orientation in ethical decision making in various health care settings. (N314, N315, N331, N352)</p> <p>13. Identifies legal principles related to nursing practice &amp; documentation of care processes. (N314, N315, N352)</p>	<p>13. Analyzes multiple variables that form the context for complex ethicolegal problems in health care. (N41x, N453, N491)</p>	<p>13. Analyzes legal principles related to nursing practice. (N492)</p> <p>14. Utilizes ethical reflection to cope with and process difficult situations. (N41x, N419, N454, N492)</p> <p>15. Synthesizes legal and ethical principles to derive a personal standard for nursing care. (N41x, N419, N454, N492)</p>

Research Utilization

<p>Overall Level Objectives</p> <p>↓</p> <p>Threads →</p>	<p>Prerequisites</p> <p>Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1</p> <p>Participate In Health Care</p>	<p>Level 2</p> <p>Plan/Analyze Health Care</p>	<p>Level 3</p> <p>Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4</p> <p>Synthesize And Evaluate Professional Nursing Practice</p>
<p><u>Core Knowledge:</u> Information Literacy</p> <p><u>Professional Attributes:</u> Accountability, Critical Thinking</p> <p><u>Core Roles:</u> Member of a Profession, Quality Improvement Manager, Advocate</p> <p><u>Core Clinical Practice Competencies:</u> Evidence Based Practice, Research Utilization</p>	<p>8. Demonstrates basic computer skills including use of windows-based software, use of web browsers, simple word processing, and file management.</p>	<p>17. Demonstrates basic library skills for identifying and finding information sources. (N390)</p> <p>18. Locates research findings as part of evidence based practice as a basis for nursing practice. (N312, N313, N351)</p>	<p>14. Demonstrates beginning competence in accessing current literature in health science research, and analyzing relevance to application of nursing practice. (N314, N315, N332, N352)</p> <p>15. Uses statistical information to accurately interpret and evaluate reports of research findings. (N332)</p>	<p>14. Accesses and utilizes available research to determine appropriate and effective interventions for groups of patients within various health care settings. (N41x, N453)</p>	<p>16. Promotes change in practice by accessing and utilizing research findings. (N41x, N492)</p>

**Cultural Competence**

<p>Overall Level Objectives</p> <p>↓</p> <p>→</p> <p>Threads</p>	<p>Prerequisites*</p> <p>Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1</p> <p>Participate In Health Care</p>	<p>Level 2</p> <p>Plan/Analyze Health Care</p>	<p>Level 3</p> <p>Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4</p> <p>Synthesize And Evaluate Professional Nursing Practice</p>
<p><i>Core Knowledge:</i> <i>Lifespan Knowledge</i></p> <p><i>Professional Attributes:</i> <i>Caring, Critical Thinking</i></p> <p><i>Core Clinical Practice Competencies:</i> <i>Evidence Based Practice, Human Diversity Competence</i></p> <p><i>Core Roles:</i> <i>Care Provider, Advocate</i></p>	<p>9. Identifies cultural and ethnic variations in growth and development, pathophysiology and pharmacology. (N224, N238, N239, N240)</p>	<p>19. Demonstrates an awareness of personal and cultural values. (N311, N312, N313, N390)</p>	<p>16. Articulates an awareness of cultural values among other individuals. (N314, N315, N331, N352)</p>	<p>15. Consistently incorporates cultural assessment findings into planning patient care and professional activities. (N41x, N453)</p>	<p>17. Demonstrates advanced cultural competence in the planning and implementation of patient care. (N41x, N419, N454)</p>



Self Awareness and Self Management

<p>Overall Level Objectives ↓</p> <p>Threads →</p>	<p>Prerequisites* Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1 Participate In Health Care</p>	<p>Level 2 Plan/Analyze Health Care</p>	<p>Level 3 Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4 Synthesize And Evaluate Professional Nursing Practice</p>
<p><i>Core Knowledge:</i> <i>Health-Illness Continuum</i></p> <p><i>Professional Attributes:</i> <i>Professional Behavior, Accountability, Critical Thinking</i></p> <p><i>Core Roles: Member of a Profession</i></p>		<p>20. Describes desired behavioral attributes of the professional nurse. (N390)</p>	<p>17. Incorporates self-management strategies into personal routines. (N314, N315)</p>	<p>16. Evaluates own nursing practice and develops appropriate plans for further development. (N41X, N491)</p>	<p>18. Demonstrates a commitment to professional development and learning as a life-long process. (N419, N454)</p>

Family Centered Care

<p>Overall Level Objectives ↓ Threads →</p>	<p>Prerequisites* Develop A Foundation For Professional Nursing Practice.</p>	<p>Level 1 Participate In Health Care</p>	<p>Level 2 Plan/Analyze Health Care</p>	<p>Level 3 Analyze Health Care Systems Professional Nursing Practice</p>	<p>Level 4 Synthesize And Evaluate Professional Nursing Practice</p>
<p><u>Core Knowledge:</u> Lifespan Knowledge, Health-Illness Continuum</p> <p><u>Professional Attributes:</u> Caring, Critical Thinking</p> <p><u>Core Clinical Practice Competencies:</u> Evidence Based Practice, Human Diversity Competence, Nursing Process</p> <p><u>Core Roles:</u> Care Provider, Educator; Advocate</p>	<p>10. Describes growth and development concepts and principles. (N224)</p>	<p>21. Develops growth and development principles in interactions with patients and their families. (N311, N312, N313, N351)</p> <p>22. Identifies impact of a patient's illness on the family. (N312, N313, N351)</p>	<p>18. Analyzes family dynamics to develop a plan supporting wellness and illness management within family groups (N314, N315, N352)</p>	<p>17. Participates with a family to develop the capacity to manage complex health issues. (N41x)</p>	<p>19. Assists families to become self-advocates. (N41x, N419, N454)</p>

## Appendix 17

### Concept-Based Curriculum

Concepts provide the foundation and structure the undergraduate curriculum. Two general groups of concepts have been developed: **professional nursing concepts** and the **health and illness concepts**. All concepts are taught throughout the curriculum; the context of application, however, may vary. Below is a list of the concepts developed and approved by undergraduate curriculum committee.

#### Professional Nursing Concepts

Understanding Oneself & Others	Nursing Roles & Behaviors	Working within Teams, Organizations & Systems	Regulatory Mechanisms
Culture	Educator	Organizations	Health Policy
Human Diversity	Research Consumer	Health Care Systems	Ethics
Motivation	Advocate	Health Care Economics	Healthcare Legal Issues
Critical Thinking	Collaborator	Health Care Quality	
Caring	Change	Leadership	
Power	Accountability		
Communication	Nursing		
	Professionalism		

#### Health and Illness Concepts

Biophysical Concepts		Psychosocial Concepts	
Nutrition	Mobility	Self	Interpersonal Violence
Health Promotion	Immunity	Family Dynamics	Moods & Affect
Fluid & Electrolyte Balance	Inflammation	Developmental	Anxiety
Acid Base Balance	Infection	Delay	Cognitive Impairment
Cellular Regulation	Tissue Integrity	Coping	Altered Thought Process
Intracranial Regulation	Comfort	Stress	
Perfusion	Elimination	Addiction	
Oxygenation	Sensory/Perceptual	Harm Reduction	
Clotting	Reproduction		
Sexuality			
Metabolism			

## Appendix 18

### PROFESSIONAL NURSING CONCEPT DEFINITIONS

Category	Concept	Definition
Understanding Oneself and Others	Culture	A pattern of beliefs, behaviors, and attitudes that develops over time as a result of the confluence of social, religious, intellectual, and artistic structures and influences.
	Human Diversity	Refers to the heterogeneity of persons that is a result of variation in both innate and acquired characteristics such as race, culture, gender, spirituality, and individual life experiences.
	Motivation	The factors that initiate and direct behavior which may be internal or external.
	Critical Thinking	Purposeful, self-regulatory judgment which is reflective and based on sound reasoning. (Facione, Facione, & Giancarlo, 1996, p.3)
	Caring	Caring centers on preserving dignity and humanity, while attempting to alleviate another's vulnerabilities by providing attention and concern for each human life. (Watson, 2002)
	Power	The ability or potential to accomplish tasks, mobilize and focus energy and resources, or influence others to change or achieve goals.
	Communication	A complex, ongoing, interactive process that forms the basis for building interpersonal relationships and resolving conflict.
Regulatory Mechanisms	Health Policy	Decisions by governmental bodies and private organizations aimed at directing and influencing actions and decisions of organizations and individuals in the health care system.
	Ethics	A specialized area of philosophy that helps us to examine and understand the moral life. As a body of knowledge, nursing ethics constitutes the values, virtues, and principles that guide the moral behavior of nurses.
	Healthcare Legal Issues	Matters or disputes of importance pertaining to the law as applied to health care and practice.
Nursing Roles	Educator	The nurse, as educator, promotes learning for clients, families, nurses, students, fellow health care professionals, and others.
	Research Consumer	User of knowledge generated through research to affect or change existing practices in the health care system.
	Advocate	As an advocate, the nurse is responsible for safeguarding, promoting and supporting the client's way of life, values, and decisions.
	Collaborator	Develops partnerships to achieve best possible outcomes that reflect the particular needs of the client, family, or community, requiring an understanding of what others have to offer.
	Change	The process of making something different from what it was. The change process follows the nursing process. (Sullivan & Decker, 2005)
	Accountability	Responsibility for the actions and judgments involved in patient care and professional practice.
	Nursing Professionalism	In the practice of nursing, utilizes a well-defined and organized body of knowledge that describes its phenomena of concern and is guided by a code of ethics. Nursing functions autonomously in the formation of professional policy and in the monitoring of its practice and practitioners.

Working Within Teams and Organizations, Systems	Organizations	The way in which a group is formed, its lines of communication, and its means for channeling authority and making decisions.
	Health Care Systems	Organizations involved with the delivery of health care.
	Health Care Economics	Refers to the understanding of how health delivery systems, specifically payment systems, impact the ability to deliver equitable, continuous care. (American Nurses Association, 2003, p.3)
	Health Care Quality	"The degree to which services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge." (IOM, 1994, p.3)
	Leadership	A collaborative relationship between leaders and followers which moves individuals, groups and organizations toward a goal or vision.

## PROFESSIONAL NURSING CONEPTS and EXEMPLARS by COURSE

NURS 390 Professional Nursing Concepts I	NURS 491 Professional Nursing Concepts II	NURS 492 Professional Nursing Concepts III
<p><b>Culture</b></p> <ul style="list-style-type: none"> <li>○ Cultural competence in context of patient care*</li> <li>○ Organizational culture and climate*</li> <li>○ Culture of professional nursing practice*</li> </ul> <p><b>Human Diversity</b></p> <ul style="list-style-type: none"> <li>○ Behaviors, health beliefs/values*</li> <li>○ Professional workforce diversity</li> <li>○ Health disparities</li> </ul> <p><b>Motivation</b></p> <ul style="list-style-type: none"> <li>○ Personal/Self-motivation*</li> <li>○ Professional motivation*</li> <li>○ Motivating patients/families - Patient preferences*</li> </ul> <p><b>Nursing Professionalism</b></p> <ul style="list-style-type: none"> <li>○ Professional nursing behaviors*</li> <li>○ Individual ethics related to self, patients, and families*</li> <li>○ Professional organizations</li> <li>○ Professional standards of practice</li> <li>○ Selected historical nursing figures</li> </ul> <p><b>Caring</b></p> <ul style="list-style-type: none"> <li>○ Caring for self; self-management, time management*</li> <li>○ Caring for patients and families*</li> <li>○ Caring for colleagues in workplace*</li> </ul> <p><b>Communication</b></p> <ul style="list-style-type: none"> <li>○ Therapeutic communication with patients/families*</li> <li>○ Professional communication with other health care professionals</li> <li>○ Communication in the leadership role*</li> <li>○ Documentation*</li> <li>○ SBAR</li> <li>○ Health literacy</li> </ul> <p><b>Change</b></p> <ul style="list-style-type: none"> <li>○ Facilitating change with patients/families</li> <li>○ Promoting practice change on unit level*</li> <li>○ Promoting change within organizations/systems</li> <li>○ Transtheoretical model of change</li> </ul>	<p><b>Educator</b></p> <ul style="list-style-type: none"> <li>○ Nurse as educator - patient education*</li> <li>○ Nurse as educator - unit-based educator/staff development/preceptor*</li> <li>○ Nurse as educator in academic settings</li> </ul> <p><b>Power</b></p> <ul style="list-style-type: none"> <li>○ Self-empowerment*</li> <li>○ Empowering patients/families*</li> <li>○ Use of power in leadership role*</li> <li>○ Influence with legislature, political action, healthcare reform</li> </ul> <p><b>Advocate</b></p> <ul style="list-style-type: none"> <li>○ Patient and family advocate*</li> <li>○ Boundary issues</li> <li>○ Group advocate</li> </ul> <p><b>Collaborator</b></p> <ul style="list-style-type: none"> <li>○ Collaborating on unit level (within a team)*</li> <li>○ Collaboration in a leadership Role*</li> <li>○ Collaboration on an Organizational level*</li> <li>○ Conflict management</li> <li>○ Interdisciplinary collaboration</li> </ul> <p><b>Accountability</b></p> <ul style="list-style-type: none"> <li>○ Professional/self-accountability *</li> <li>○ Accountability to patient in context of care delivery*</li> <li>○ Accountability to the organization*</li> <li>○ Delegation and assignment</li> </ul> <p><b>Leadership</b></p> <ul style="list-style-type: none"> <li>○ Leadership on the unit level*</li> <li>○ Leadership on the organizational level*</li> <li>○ Leadership within the profession</li> <li>○ Management</li> <li>○ Followership</li> </ul>	<p><b>Organizations</b></p> <ul style="list-style-type: none"> <li>○ Magnet systems</li> <li>○ Health care system: HMOs, PPOs, IPAs</li> <li>○ Government health programs: HIS, VA, FQHCs</li> <li>○ Vertical and virtual integration of healthcare</li> </ul> <p><b>Health Care Systems</b></p> <ul style="list-style-type: none"> <li>○ Universal health care</li> <li>○ Indemnity, HMOs &amp; PPOs</li> </ul> <p><b>Health Care Economics</b></p> <ul style="list-style-type: none"> <li>○ Health care payment Mechanisms* (Medicaid, Medicare, private health insurance)</li> <li>○ Economics of health care *</li> </ul> <p><b>Health Care Quality</b></p> <ul style="list-style-type: none"> <li>○ Culture of safety</li> <li>○ Quality/risk management programs*</li> <li>○ Policies impacting health care quality</li> <li>○ Tools for health care quality/root cause analysis</li> </ul> <p><b>Health Policy</b></p> <ul style="list-style-type: none"> <li>○ Policy on organizational level*</li> <li>○ Policy on state and national levels</li> </ul> <p><b>Ethics</b></p> <ul style="list-style-type: none"> <li>○ Ethical dilemmas* (unit/organization)</li> <li>○ Ethical decision making &amp; clinical judgment of the nurse*</li> <li>○ Ethical dilemmas impacting patients/organizations</li> <li>○ Ethical comportment</li> </ul> <p><b>Health Care Legal Issues</b></p> <ul style="list-style-type: none"> <li>○ HIPPA*</li> <li>○ Nursing negligence</li> <li>○ Nursing malpractice</li> <li>○ Nurse Practice Act*</li> <li>○ Impaired practice</li> </ul>

NURS 390 Professional Nursing Concepts I	NURS 491 Professional Nursing Concepts II	NURS 492 Professional Nursing Concepts III
<b>Critical Thinking</b> <ul style="list-style-type: none"> <li>○ Novice to expert</li> <li>○ Application of critical thinking and clinical judgment in delivery of patient care</li> </ul>		

Note: Asterisk (\*) indicates link to The Neighborhood.

NURS 332 Nursing Research
<b>Research Consumer</b> <ul style="list-style-type: none"> <li>○ Standards of practice and practice guidelines</li> <li>○ Incorporating research findings in practice setting</li> </ul>

## Appendix 19

### Aggregate CARC Results

AY 09-10 and AY 10-11

### Annual Progress Report on Program Assessment of Student Learning College of Nursing

#### -----BSN Program-----

Academic year: AY 2009-10 (Summer 09, Fall, 09, Spring, 10)

Department/Program: College of Nursing

Degree program(s): BSN

Person(s) preparing report: Jean Giddens

Date submitted: Sept 30, 2010

1. **List the student learning outcomes (SLOs) that were assessed during the academic year, including those for which data were gathered as well as those for which developmental work was done, such as the creation or piloting of assessment measures.**
  - A.1 Apply critical thinking in the development, implementation, and evaluation of standards for professional nursing practice.
  - A.2. Incorporate appropriate technologic advances into high-quality nursing care.
  - C.1. Collaborate with interdisciplinary teams to improve the quality of health care.
  - C.2. Apply leadership principles in varied professional nursing practice roles.
2. **For each learning outcome, describe a) the measures used (at least one-half of the measures used are to be direct measures, and at least one direct measure must be used for each SLO), b) the sample of students from whom data were collected, c) the timetable for the collection, and d) the setting in which the measures were administered. (Find examples of direct measures at <http://www.unm.edu/~assess/ToolsAndTemplates.html>).**

<b>A.1 Apply critical thinking in the development, implementation, and evaluation of standards for professional nursing practice.</b>	
Measures Used for Assessment	NURS 332 research paper NURS 419 clinical grading rubric
Sample of Students	All 1 <sup>st</sup> level pre-licensure BSN Students (NURS 312); All 2 <sup>nd</sup> level pre-licensure BSN Students and enrolled RN-BSN students ( NURS 332); all 4 <sup>th</sup> level pre-licensure BSN students (NURS 419).
Timetable for Data Collection	Data were collected in the Spring 2010 term.
Setting Measures were Administered	Classroom, Web-based and Clinical course.



<b>A.2 Incorporate appropriate technologic advances into high-quality nursing care.</b>	
Measures Used for Assessment	NURS 312 clinical grading rubric NURS 332 research paper NURS 419 clinical grading rubric
Sample of Students	All 1 <sup>st</sup> level pre-licensure BSN Students (NURS 312); All 2 <sup>nd</sup> level pre-licensure BSN Students and enrolled RN-BSN students ( NURS 332); and all 4 <sup>th</sup> level pre-licensure BSN students (NURS 419).
Timetable for Data Collection	Data were collected in the Spring 2010 term.
Setting Measures were Administered	Classroom, Web-based and Clinical course.

<b>C.1. Collaborate with interdisciplinary teams to improve the quality of health care.</b>	
Measures Used for Assessment	NURS 312 clinical grading rubric NURS 419 clinical grading rubric NURS 442 Conducting Interviews
Sample of Students	All 1 <sup>st</sup> level pre-licensure BSN Students (NURS 312); all 4 <sup>th</sup> level pre-licensure BSN students (NURS 419); and all enrolled RN-BSN students ( NURS 442).
Timetable for Data Collection	Data were collected in the Spring 2010 term.
Setting Measures were Administered	Classroom, Web-based and Clinical course.

<b>C.2. Apply leadership principles in varied professional nursing practice roles.</b>	
Measures Used for Assessment	NURS 332 research paper NURS 419 clinical grading rubric NURS 442 Personal Plan Proposal
Sample of Students	All 2 <sup>nd</sup> level pre-licensure BSN Students and enrolled RN-BSN students ( NURS 332); all 4 <sup>th</sup> level pre-licensure BSN students (NURS 419); and all enrolled RN-BSN students ( NURS 442).
Timetable for Data Collection	Data were collected in the Spring 2010 term.
Setting Measures were Administered	Classroom, Web-based and Clinical course.

3. Describe the results of the assessment. (What do they tell you about student learning in general and mastery of measured SLOs in particular? What did you learn about strengths and weaknesses of your program?) If specific results are not available, describe the progress that has been made on the initiatives included in the approved assessment plan.

SLO	COURSES	Percent of Students at 80% proficiency <sup>a</sup> Rubric category 2 or 3 <sup>b</sup>	Percent of Students Below 80% proficiency <sup>a</sup> Rubric category 2 or 3 <sup>b</sup>
A1	332	Unable to report	Unable to report
	419	90% (n=40) <sup>b</sup>	10% (n=4) <sup>b</sup>
A2	312	98% (n=47) <sup>b</sup>	2% (n=1) <sup>b</sup>
	332	Unable to report	Unable to report
	419	92.5% (n=37) <sup>b</sup>	7.5% (n=3) <sup>b</sup>
C1	312	98% (n=47) <sup>b</sup>	2% (n=1) <sup>b</sup>
	419	97.5% (n=39) <sup>b</sup>	2.5% (n=1) <sup>b</sup>
	442	86% (n=19) <sup>a</sup>	14% (n=3) <sup>a</sup>
C2	332	Unable to report	Unable to report
	419	90% (n=40) <sup>b</sup>	10% (n=4) <sup>b</sup>
	442	77% (n=17) <sup>a</sup>	23% (n=5) <sup>a</sup>

The table presents the results of the data collection efforts AY 09-10 for the BSN program. As can be seen, all areas of assessment were above the desired target (80% students at either 80% proficiency, or 2/3 rubric) target for the year with the exception of NURS 442, C2, which fell slightly below the target at 77%.

Data were collected for NURS 332, but were unusable due to confusion regarding to the process. Faculty in the course have been asked to reevaluate how the data are collected to distinguish A1, A2 and C2 SLO.

**4. Describe the departmental process by which faculty reviewed the assessment procedures and results and decided on the actions and/or revisions that were indicated by them.**

The CARC committee reviewed results and also shared with the undergraduate committee. No changes were recommended to the curriculum based on these data. The major recommended changes were in the data collection tools being used.

**5. Describe the actions and/or revisions that were implemented in response to the assessment processes and results.**

Data collection will occur in both fall and spring for AY 2010-11. During this academic year, the B level outcomes will be assessed. The EBI data were not available until September (Indirect measure); these will be discussed at length in the future.

**6. Given the assessment activities and results to date, describe your assessment plans for the next academic year. If significant changes have been made to degree program SLOs or to the general assessment strategy, please clearly describe. (Remember that half of all assessment measures must be direct measures of student learning (see link in #2 above)).**

## -----MSN Program-----

Academic year: AY 2009-10 (Summer 09, Fall, 09, Spring, 10)

Department/Program: College of Nursing

Degree program(s): MSN

Person(s) preparing report: Jean Giddens

Date submitted: Sept 30, 2010

- 1. List the student learning outcomes (SLOs) that were assessed during the academic year, including those for which data were gathered as well as those for which developmental work was done, such as the creation or piloting of assessment measures.**
  - A.1. Analyze theoretical formulations as a basis for nursing practice, education, and administration.
  - A.2. Apply and/or participate in research about health/illness and the practice of nursing.
  - C.1. Utilize advanced clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems.
  - C.2. Synthesize knowledge from the biophysical, social, and nursing sciences which affects health/illness behavior or client systems as a basis for nursing practice, education, and administration.
- 2. For each learning outcome, describe a) the measures used (at least one-half of the measures used are to be direct measures, and at least one direct measure must be used for each SLO), b) the sample of students from whom data were collected, c) the timetable for the collection, and d) the setting in which the measures were administered. (Find examples of direct measures at <http://www.unm.edu/~assess/ToolsAndTemplates.html>).**

<b>A.1 Analyze theoretical formulations as a basis for nursing practice, education, and administration.</b>	
Measures Used for Assessment	NURS 501 Theory Application Paper assignment with grading rubric. NURS 596 Plan II Paper with grading rubric NURS 597 Plan II Exam, select multiple choice items.
Sample of Students	All MSN Students enrolled in core course (NURS 501) or during final semester of (NURS 596/597).
Timetable for Data Collection	Data were collected in the Summer, Fall, and Spring terms during this academic year.
Setting Measures were Administered	Data were collected from NURS 501, NURS 596, and NURS 597. NURS 596 and 597 are MSN Plan II exam and are done independently as opposed to a class project.

<b>A.2 Apply and/or participate in research about health/illness and the practice of nursing.</b>	
Measures Used for	NURS 503 Review of the Literature section of research paper with grading

Assessment	rubric. NURS 596 Plan II Paper with grading rubric NURS 597 Plan II Exam, select multiple choice items.
Sample of Students	All MSN Students enrolled in core course (NURS 503) or during final semester of (NURS 596/597).
Timetable for Data Collection	Data were collected in the Summer, Fall, and Spring terms during this academic year.
Setting Measures were Administered	Data were collected from NURS 503, NURS 596, and NURS 597. NURS 596 and 597 are MSN Plan II exam and are done independently as opposed to a class project.

**C.1. Utilize advanced clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems.**

Measures Used for Assessment	Plans finalized for collecting NURS 595 Fieldwork data in future. No data collected for C1 in AY 09-10  Fieldwork is different for each concentration in the MSN program, so the data collection process will vary, but will focus on the same SLOs. Forms have been developed for FNP, PNP, ACNP, Nurse Midwifery, Nurse Administration, and Nurse Education concentrations.
Sample of Students	N/A
Timetable for Data Collection	In FY 10-11 in 595 each term.
Setting Measures were Administered	All students completing fieldwork will have NURS 595 data.

**C.2. Synthesize knowledge from the biophysical, social, and nursing sciences which affects health/illness behavior or client systems as a basis for nursing practice, education, and administration.**

Measures Used for Assessment	NURS 595 Fieldwork rubrics (just developed in FY 09-10) NURS 596 Plan II Paper with grading rubric NURS 597 Plan II Exam, select multiple choice items.
Sample of Students	All MSN Students enrolled in final semester of MSN program. (All complete either NURS 596 or NURS 597.
Timetable for Data Collection	Data were collected in the Summer, Fall, and Spring terms during this academic year.
Setting Measures were Administered	Data were collected from NURS 596 and NURS 597. NURS 596 and 597 are MSN Plan II exam and are done independently as opposed to a class project.

- 3. Describe the results of the assessment. (What do they tell you about student learning in general and mastery of measured SLOs in particular? What did you learn about strengths and weaknesses of your program?) If specific results are not available, describe the progress that has been made on the initiatives included in the approved assessment plan.**

SLO	COURSES	Percent of Students at 80% proficiency	Percent of Students Below 80% proficiency
A1	NURS 501	98% (n=61)	2% (n=1)
	NURS 596	90% (n=10)	10% (n=1)
	NURS 597	100% (n=34)	0% (n=0)
A2	NURS 503	100% (n=69)	0% (n=0)
	NURS 596	100% (n=11)	0% (n=0)
	NURS 597	85% (n=29)	15% (n=5)
C1	NURS 595	N/A	N/A
C2	NURS 596	100% (n=11)	0% (n=0)
	NURS 597	82% (n=28)	18% (n=6)

The table presents the results of the data collection efforts AY 09-10 for the MSN program. As can be seen, all areas of assessment were above the desired 80% proficiency target for the year. Because of the large number of 100% for the SLOs the CARC reevaluated the data collection tool and realized the need for modification of the tool in order to achieve a more reliable measure. It is not known that the results are not reliable, but flaws in the tool were identified. New tools to capture data will be implemented in AY 2010-11. These are all direct measures of student learning. Indirect measures not included in this plan.

**4. Describe the departmental process by which faculty reviewed the assessment procedures and results and decided on the actions and/or revisions that were indicated by them.**

The CARC committee reviewed results and also shared these with the Graduate Committee and chairs for the education concentrations. No changes were recommended to the curriculum. The major recommended changes were in the data collection tools being used.

**5. Describe the actions and/or revisions that were implemented in response to the assessment processes and results.**

New data collection tools developed for NURS 501, 503, 504, 505, 595 and 596. These will be used in AY 2010-11.

**6. Given the assessment activities and results to date, describe your assessment plans for the next academic year. If significant changes have been made to degree program SLOs or to the general assessment strategy, please clearly describe. (Remember that half of all assessment measures must be direct measures of student learning (see link in #2 above).**

**Evaluative Rubric for Annual Progress Reports on Assessment of Student Learning**

<b>Report Elements</b>	<b>Exemplary 3</b>	<b>Acceptable 2</b>	<b>Unacceptable 1</b>	<b>Score for each Element</b>
<i>Degree program student learning outcomes (SLOs) that were assessed during the year</i>	SLOs were stated in terms of measurable knowledge, behavior, value, or disposition.	Not all of the SLOs were stated in measurable terms.	No SLOs were listed.	3
<i>Assessment method/measure for each SLO</i>	Two or more appropriate measures were used for each SLO.	At least one measure was used or developed for each SLO.	Measures were not used or developed or were inadequate or were not discussed.	3
<i>Direct measures (at least 1/2 of the measures used are to be direct measures, and at least one direct measure is to be applied to each SLO.)</i>	At least 1/2 of assessment measures were direct, and there was at least one direct measure for each SLO.	No direct measures were used during the reporting year, but direct measures are part of the plan for next year.	No direct measures were implemented or planned for the next year.	3
<i>Participants (students or alumni involved for each measure)</i>	Participants were identified for each SLO, and valid sample selection described.	Participants were identified for some SLOs, but there was some lack of clarity.	Participants were not identified.	3
<i>Timeframe in which measures were administered or data collected</i>	The timeframe for administration of measures or collection of data was specified.	The timeframe was specified for some SLOs, but not for others or there was some lack of clarity.	The timeframe was not specified.	3
<i>Setting/forum in which measures were administered or data collected</i>	The setting or forum in which each of the measures were administered or data collected was specified.	The setting or forum was specified for some measures, but not for all, or there was lack of clarity.	The setting or forum was not specified.	3
<i>Results</i>	Results were described for each SLO that was assessed.	Results were described for a sub-set of the SLOs and/or there was some lack of clarity.	Results were not described for the SLOs that were to be assessed.	3
<i>Process for data presentation to and discussion by faculty</i>	The process that was used for the interpretation, review, and discussion of the data by the faculty was described.	The process was described for a sub-set of the SLOs and/or there was some lack of clarity.	The process was not described. It is not clear whether the faculty considered the results of the assessment.	3

<b>Report Elements</b>	<b>Exemplary 3</b>	<b>Acceptable 2</b>	<b>Unacceptable 1</b>	<b>Score for each Element</b>
<i>Actions or revisions implemented based on assessment results</i>	Specific actions or revisions have been or will be implemented based on assessment results.	Specific actions or revisions were described but the report of or plan for implementation was unclear or incomplete in some aspects.	There were no specific actions or revisions described.	3
<i>Description of plans for the coming academic year, including any significant changes to degree program SLOs or to the general assessment strategy</i>	Plans for the coming year and any significant changes in SLOs or the overall assessment strategy are clearly described.	Plans and any significant changes were described but in some aspects the description was unclear or incomplete.	There was no description of plans for the coming year nor were any significant changes in SLOs or assessment strategy described.	3

**Feedback on Annual Progress Report from the College Assessment Review Committee**

Degree Program:   BSN and MSN   Date:   11/18/10  

Department:   Nursing   College:   College of Nursing  

**Report (AY 2009-2010)/plan (AY 2010-11) status:   approved   X     revise and resubmit**

Strengths of report and progress on assessment "loop":

Identified minor process problems

The College of Nursing has developed functioning CARC evaluation plans for BSN and MSN programs  
Students are meeting the SLOs at benchmark.

Concerns/Questions:

Continue to analyze and evaluate the CARC data and results for usefulness and meaning for any needed curriculum changes.

Suggestions for future reports or assessment approaches:

For MSN program: Implement N595 fieldwork data collection plan for C.1. (utilize advanced clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems). Have teams and curriculum committee review N596 to realign assignment guidelines to SLOs. Otherwise, continue our current plan.

For BSN program: Replace N332 with N491 to evaluate SLO C.2. (apply leadership principles in varied professional nursing practice roles). Continue current plan.

For PhD program: Develop strategies for PhD CARC plan.

Other comments: Plans to invite Tom Root to brief CARC workshop for new program committee members



**Annual Progress Report on  
Program Assessment of Student Learning  
College of Nursing**

-----**BSN Program**-----

Academic year: AY 2010 (,Fall, 10, Spring, 11)

Department/Program: College of Nursing

Degree program(s): BSN

Person(s) preparing report: Judy Liesveld

Date submitted: October 31, 2011

- 6. List the student learning outcomes (SLOs) that were assessed during the academic year, including those for which data were gathered as well as those for which developmental work was done, such as the creation or piloting of assessment measures.**

B1 Engages in life-long learning to maximize high-quality nursing care through increased understanding of human responses to health and illness

B2 Apply evidence-based practice in providing nursing care

B3 Provide culturally appropriate, patient-centered nursing care to individuals, families, and communities

- 7. For each learning outcome, describe a) the measures used (at least one-half of the measures used are to be direct measures, and at least one direct measure must be used for each SLO), b) the sample of students from whom data were collected, c) the timetable for the collection, and d) the setting in which the measures were administered. (Find examples of direct measures at <http://www.unm.edu/~assess/ToolsAndTemplates.html>).**

<b>B1 Engages in life-long learning to maximize high-quality nursing care through increased understanding of human responses to health and illness</b>	
Measures Used for Assessment	NURS 314 Clinical rubric: self-directed, self-reflection, and enthusiasm item NURS 419 clinical grading rubric EBI exit survey: Graduate school plans
Sample of Students	pre-licensure BSN Students.
Timetable for Data Collection	Data were collected in the Fall and Spring 2010-11 term.
Setting Measures were Administered	Classroom, Web-based and Clinical course.

<b>B2 Apply evidence based practice in providing nursing care</b>	
Measures Used for Assessment	NURS 419 clinical grading rubric; Item in EBP EBI exit survey: Core competency of apply research based knowledge
Sample of Students	pre-licensure BSN Students
Timetable for Data Collection	Data were collected in the Fall and Spring 2010-11 terms.
Setting Measures were Administered	Classroom, Web-based and Clinical course.

<b>B3 Provide culturally appropriate, patient-centered nursing care to individuals, families, and communities</b>	
Measures Used for Assessment	NURS 431 Community assessment paper NURS 419 clinical grading rubric EBI Exit survey: Professional Values
Sample of Students	pre-licensure BSN Students and RN-BSN students
Timetable for Data Collection	Data were collected in the Spring 2010 term.
Setting Measures were Administered	Classroom, Web-based and Clinical course.

- 8. Describe the results of the assessment. (What do they tell you about student learning in general and mastery of measured SLOs in particular? What did you learn about strengths and weaknesses of your program?) If specific results are not available, describe the progress that has been made on the initiatives included in the approved assessment plan.**

<b>SLO</b>	<b>COURSES</b>	<b>Criteria for Success</b>	<b>Percent met Criteria</b>	<b>Percent Did not Meet Criteria</b>	<b>EBI result</b>
B1	N314	Percent of students at 80% proficiency	100%	0%	n/a
	EBI survey Planning to attend graduate school	At or above Benchmark for EBI	n/a	n/a	45% of UNM students compared to 47% of comparison schools within 3 years and 22% of UNM students within 4 years compared to 23% of comparison schools
B2	EBI survey Apply evidence based practice	At or above Benchmark for EBI	n/a	n/a	N=121, Mean=5.5(SD=1.3) Weighted Mean=6.05 (SD=1.1) Rank 7/7 with comparison schools
	N419	Percent of students at 80% proficiency	93%	7%	n/a

SLO	COURSES	Criteria for Success	Percent met Criteria	Percent Did not Meet Criteria	EBI result
B3	N314	Percent of students at 80% proficiency	100%	0%	n/a
	N419	Percent of students at 80% proficiency	96%	4%	n/a
	N431	Percent of students at 80% proficiency	85%	15%	n/a
	EBI survey Provide Culturally Appropriate Care	At or above Benchmark for EBI	n/a	n/a	N=122 Mean=5.60(SD=1.12) Weighted Mean=6.0 (SD=1.01) Rank 7/7 with comparison schools

The table presents the results of the data collection efforts AY 10-11 for the BSN program. As can be seen, areas for course assessment were above the desired target, 80 % proficiency. For EBI results, UNM was slightly lower than comparison schools for percentage of students planning to attend graduate school in 3 years, 45% compared to 47% and slightly lower for ability to apply evidence based practice and provide culturally appropriate care. However standard deviations of both of these items show very little variance, SD=1.1 and SD=1.01 respectively.

**9. Describe the departmental process by which faculty reviewed the assessment procedures and results and decided on the actions and/or revisions that were indicated by them.**

The results were reviewed by the CoN Program Evaluation Committee and then presented at each team meeting: Education team, Practice team, and Research team

**10. Describe the actions and/or revisions that were implemented in response to the assessment processes and results.**

We will continue to monitor the courses identified for CARC data collection to assure that designated assignments appropriately measure SLOs to be addressed. Rubrics will be modified if needed. The undergraduate committee has initiated a task force addressing professional concepts courses, including the concept of culture. Specifically, an assignment in N419 will address use of evidence base practice and culture concepts. We will monitor these items as changes in the courses occur.

**11. Given the assessment activities and results to date, describe your assessment plans for the next academic year. If significant changes have been made to degree program SLOs or to the general assessment strategy, please clearly describe. (Remember that half of all assessment measures must be direct measures of student learning (see link in #2 above).**

Data collection will occur in both fall and spring for AY 2011-12. During this academic year, the A and C level outcomes will be assessed.

-----MSN Program-----

Academic year: AY 2010-2011 (Summer, 10, Fall, 10, Spring, 11)

Department/Program: College of Nursing

Degree program(s): MSN

Person(s) preparing report: Judy Liesveld, PhD, CPNP

Date submitted: November 30, 2011

**12. List the student learning outcomes (SLOs) that were assessed during the academic year, including those for which data were gathered as well as those for which developmental work was done, such as the creation or piloting of assessment measures.**

A.1. Analyze theoretical formulations as a basis for nursing practice, education, and administration.

A.2. Apply and/or participate in research about health/illness and the practice of nursing.

C.1. Utilize advanced clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems.

C.2. Synthesize knowledge from the biophysical, social, and nursing sciences which affects health/illness behavior or client systems as a basis for nursing practice, education, and administration.

**13. For each learning outcome, describe a) the measures used (at least one-half of the measures used are to be direct measures, and at least one direct measure must be used for each SLO), b) the sample of students from whom data were collected, c) the timetable for the collection, and d) the setting in which the measures were administered. (Find examples of direct measures at <http://www.unm.edu/~assess/ToolsAndTemplates.html>).**

<b>A.1 Analyze theoretical formulations as a basis for nursing practice, education, and administration.</b>	
Measures Used for Assessment	NURS 596 Plan II Paper with grading rubric NURS 597 Plan II Exam, select multiple choice items.
Sample of Students	All MSN Students enrolled during final semester of (NURS 596/597).
Timetable for Data Collection	Data were collected in the Summer, Fall, and Spring terms during this academic year.
Setting Measures were Administered	Data were collected from NURS 596 and NURS 597. NURS 596 and 597 are MSN Plan II exam and are done independently as opposed to a class project.

<b>A.2 Apply and/or participate in research about health/illness and the practice of nursing.</b>	
Measures Used for Assessment	NURS 504 Evidence Based Practice research paper NURS 596 Plan II Paper with grading rubric NURS 597 Plan II Exam, select multiple choice items.
Sample of Students	All MSN Students enrolled in NURS 504 and during final semester of (NURS 596/597).
Timetable for Data Collection	Data were collected in the Summer, Fall, and Spring terms during this academic year.
Setting Measures were Administered	Data were collected from NURS 504, NURS 596 and NURS 597. NURS 596 and 597 are MSN Plan II exam and are done independently as opposed to a class project.

<b>C.1. Utilize advanced clinical knowledge and skill to promote, maintain, and/or restore optimum wellness to client systems.</b>	
Measures Used for Assessment	NURS 595 Fieldwork rubrics  Fieldwork is different for each concentration in the MSN program, so the data collection process varies but focuses on the same SLOs.
Sample of Students	All MSN students enrolled in fieldwork: NUR 595 from FNP, ACNP, Nursing Education, and Nursing Administration concentrations
Timetable for Data Collection	Data were collected in the Summer, Fall, and Spring terms during this academic year.
Setting Measures were Administered	Data were collected from NUR595 fieldwork projects

<b>C.2. Synthesize knowledge from the biophysical, social, and nursing sciences which affects health/illness behavior or client systems as a basis for nursing practice, education, and administration.</b>	
Measures Used for Assessment	NURS 595 Fieldwork rubrics NURS 596 Plan II Paper with grading rubric NURS 597 Plan II Exam, select multiple choice items.
Sample of Students	All MSN Students enrolled in final semester of MSN program. (All complete either NURS 596 or NURS 597.
Timetable for Data Collection	Data were collected in the Summer, Fall, and Spring terms during this academic year.
Setting Measures were Administered	Data were collected from NURS 596 and NURS 597. NURS 596 and 597 are MSN Plan II exam and are done independently as opposed to a class project.

14. Describe the results of the assessment. (What do they tell you about student learning in general and mastery of measured SLOs in particular? What did you learn about strengths and weaknesses of your program?) If specific results are not available, describe the progress that has been made on the initiatives included in the approved assessment plan.

SLO	COURSES	Percent of Students at 80% proficiency	Percent of Students Below 80% proficiency
A1	NURS 596	95% (n=19)	5% (n=1)
	NURS 597	99% (n=34)	1% (n=0)
A2	NURS 504	100% (n=24)	0% (n=0)
	NURS 596	90% (n=18)	10% (n=2)
	NURS 597	84% (n=37)	16% (n=7)
C1	NURS 595	100% (n=37)	0% (n=0)
	NUR 595	100% (n=42)	0% (n=0)
C2	NURS 596	90% (n=18)	10% (n=2)
	NURS 597	75% (n=33)	25% (n=11)

The table presents the results of the data collection efforts AY 10-11 for the MSN program. As can be seen, all areas of assessment were above the desired 80% proficiency target for the year except for NURS 597. The question used for assessment is a policy question. This question is a rotating question from so trends with this question will be monitored. NURS 599, the master's thesis, is included in SLOs C1 and C2. A rubric needs to be developed as we did have one student this past year that did complete a thesis rather than completing NURS 597 or 596.

15. Describe the departmental process by which faculty reviewed the assessment procedures and results and decided on the actions and/or revisions that were indicated by them.

Report to be reviewed by the Program Evaluation Committee and then be presented at each CoN team meeting: education, research, and practice teams.

16. Describe the actions and/or revisions that were implemented in response to the assessment processes and results.

17. Given the assessment activities and results to date, describe your assessment plans for the next academic year. If significant changes have been made to degree program SLOs or to the general assessment strategy, please clearly describe. (Remember that half of all assessment measures must be direct measures of student learning (see link in #2 above).

Data will be collected during summer, spring, and fall terms. The A and C level outcomes will be measured.

**Evaluative Rubric for Annual Progress Reports on Assessment of Student Learning**

<b>Report Elements</b>	<b>Exemplary 3</b>	<b>Acceptable 2</b>	<b>Unacceptable 1</b>	<b>Score for each Element</b>
<i>Degree program student learning outcomes (SLOs) that were assessed during the year</i>	SLOs were stated in terms of measurable knowledge, behavior, value, or disposition.	Not all of the SLOs were stated in measurable terms.	No SLOs were listed.	3
<i>Assessment method/measure for each SLO</i>	Two or more appropriate measures were used for each SLO.	At least one measure was used or developed for each SLO.	Measures were not used or developed or were inadequate or were not discussed.	3
<i>Direct measures (at least 1/2 of the measures used are to be direct measures, and at least one direct measure is to be applied to each SLO.)</i>	At least 1/2 of assessment measures were direct, and there was at least one direct measure for each SLO.	No direct measures were used during the reporting year, but direct measures are part of the plan for next year.	No direct measures were implemented or planned for the next year.	3
<i>Participants (students or alumni involved for each measure)</i>	Participants were identified for each SLO, and valid sample selection described.	Participants were identified for some SLOs, but there was some lack of clarity.	Participants were not identified.	3
<i>Timeframe in which measures were administered or data collected</i>	The timeframe for administration of measures or collection of data was specified.	The timeframe was specified for some SLOs, but not for others or there was some lack of clarity.	The timeframe was not specified.	3
<i>Setting/forum in which measures were administered or data collected</i>	The setting or forum in which each of the measures were administered or data collected was specified.	The setting or forum was specified for some measures, but not for all, or there was lack of clarity.	The setting or forum was not specified.	3
<i>Results</i>	Results were described for each SLO that was assessed.	Results were described for a sub-set of the SLOs and/or there was some lack of clarity.	Results were not described for the SLOs that were to be assessed.	3
<i>Process for data presentation to and discussion by faculty</i>	The process that was used for the interpretation, review, and discussion of the data by the faculty was described.	The process was described for a sub-set of the SLOs and/or there was some lack of clarity.	The process was not described. It is not clear whether the faculty considered the results of the assessment.	3

<i>Actions or revisions implemented based on assessment results</i>	Specific actions or revisions have been or will be implemented based on assessment results.	Specific actions or revisions were described but the report of or plan for implementation was unclear or incomplete in some aspects.	There were no specific actions or revisions described.	3
<i>Description of plans for the coming academic year, including any significant changes to degree program SLOs or to the general assessment strategy</i>	Plans for the coming year and any significant changes in SLOs or the overall assessment strategy are clearly described.	Plans and any significant changes were described but in some aspects the description was unclear or incomplete.	There was no description of plans for the coming year nor were any significant changes in SLOs or assessment strategy described.	3





## Appendix 20

### 2007-2008 EBI Alumni Survey Report Summary

#### **Baccalaureate Data**

UNM CON chose six schools as the comparison group – University of Tennessee HSC, University of Colorado HSC, University of North Carolina Chapel Hill, University of Kansas, University of Wisconsin-Madison, and Oregon Health Sciences University.

**Five hundred alumni surveys were attempted, and 75 responded (15%).** For the comparison aggregate group, 477 surveys were returned (no percentage available).

In Comparison with Select 6 Group, **UNM CON received the lowest score for Factor 15, Overall Program Effectiveness**, and came in 6 out of 7 and **below the mean for Factor 9, Importance of Professional Relationships; Factor 8, Enhanced Community Health Care, Factor 6, Enhanced Problem Solving, Factor 14, Enhanced Management Skills, Factor 12, Enhanced Professional Skills, and Factor 4, Enhanced Patient Relationships and Care.**

UNM CON's **highest score and ranking (2/6)** was for **Factor 13, Importance of Management Skills and Factor 11, Importance of Professional Skills (2/6).**

Within the Carnegie Class Comparison, our highest ranking was 7/17 for Factor 11, Importance of Professional Skills. We were at the mean for Factor 5, Importance of Problem Solving, and below the mean for all the other Factors, ranging in rank from 8/17 to 15/17.

In the All Institution comparison, UNM CON was above the mean for Factor 1, Nursing Program Promoted Successful Career, and below the mean for the other 14 Factors, ranging from 45/84 to 77/84 for the 84 comparison institutions.

Since 2008 is the first year in this EBI Survey, there was no data to compare for the Five-Year Longitudinal Comparison.

**The highest mean responses to questions for UNM were primarily related to preparation for working as a nurse - items included concepts such as functioning as a member of a team of health care providers, career options expanded, increased earning potential, access to employers, and knowledge necessary to succeed.** Applying research-based knowledge as a basis for practice, honoring the rights of patients to make decisions about their health care, making effective presentations, and providing culturally competent care were also in this category.

**The lowest mean responses to questions for UNM were primarily related to networking and maintaining contact with alumni, student organization, volunteer activities, network of nursing contacts. Understanding the global health care environment, how health care delivery systems are organized, coordinating care across all environments, assisting patients to achieve a peaceful end to life, supervising nursing care given by others, and understanding the effects of health policies on diverse populations were also in this group.**

In the Question Competitive Analysis with the Select 6 Comparison, the **greatest positive difference** between UNM data and the Select 6 tended to be **related to employment – increased earning potential, access to employers, field projects, and internship. Student organization participation** was in this group, as was **making effective presentations and developing strategies to promote healthy communities.** Results were similar for the All Institution Comparison data.

The **greatest negative difference** was found in **overall satisfaction with the Degree program** (“overall, how good a job did the Nursing program do in **preparing you for success** in your first position after graduation” and “in your current position”), **incorporating knowledge of cost factors** when delivering care; **coordinate care across all environments;**” and “ **how inclined are you to recommend your Nursing program to a close friend?**” Results were similar for the All Institution Comparison data.

### **Recommendations to the Undergraduate Committee Based on Survey Results:**

1. Student /Alumni Services: This is already being addressed with the reorganization of the CON and a stronger focus on student services and maintenance of contact with alumni.
2. We should examine how we present information about the global health care environment and health care delivery systems and cost factors, identify gaps in these areas, and work to incorporate them more fully into the curriculum.
3. Coordination of care across all environments – we may need to develop ways to assist students with discharge planning and referral to care after hospital discharge. While we have attempted this in the past with home visiting patients after discharge, this is no longer an explicit part of our program.
4. End of Life is currently an elective offered once (?) annually. We may need to increase content in the core curriculum and/or provide other clinical options.
5. Supervision of care given by others – we may need to increase content related to delegation and supervision of other care providers in the clinical setting.
6. Understanding the effects of health policies on diverse populations has been added to the community assessment course, and may need to be integrated into the clinical intensive courses more explicitly. The Health Policy course should be assessed for this content.
7. Maintain our support of the internship courses and nursing residency, and SNA.

### **Undergraduate EBI Nursing Alumni Survey Results for 2008 Analysis of Six Chosen Comparison Schools, Carnegie Class Data and All Institution Data**

<b>Factor Evaluated</b>	<b>UNM Data – Mean and (SD)</b>	<b>Select Six Data- Mean and (SD)</b>	<b>Carnegie Class Data Mean and (SD)</b>	<b>All Institution Data Mean and (SD)</b>
Nursing Program Promoted Successful Career	5.75 (+.97)	5.69 (+1.13)	5.77 (+1.08)	5.70 (+1.18)
School Activities Contributed to Success	4.40 (1.40)	4.38 (+1.41)	4.64 (1.37)	4.54 (+1.45)
Importance of Patient Relationships and Care	6.44 (+.58)	6.41 (+.65)	6.46 (+ .65)	6.48 (+.69)
Enhanced Patient Relationships and Care	5.22 (1.18)	5.51 (+1.05)	5.67 (+1.06)	5.72 (+1.09)
Importance of Problem-Solving	6.15 (+.81)	6.00 (+.82)	6.15 (+.82)	6.24 (+.81)
Enhanced Problem-Solving	5.38 (1.22)	5.59 (+1.01)	5.72 (+1.02)	5.75 (+1.05)

Importance of Community Health Care	5.80 (1.09)	5.65 (+1.06)	5.85 (+1.03)	5.97 (+1.00)
Enhanced Community Health Care	4.99 (1.17)	5.18 (+1.15)	5.37 (+1.16)	5.41 (+1.21)
Importance of Professional Relationships	6.22 (+.84)	6.26 (+.82)	6.34 (+.76)	6.37 (+.79)
Enhanced Professional Relationships	4.85 (1.34)	5.13 (+1.30)	5.34 (+1.25)	5.45 (+1.28)
Importance of Professional Skills	6.35 (+.63)	6.20 (+.71)	6.32 (+.71)	6.37 (+.72)
Enhanced Professional Skills	5.24 (1.17)	5.50 (+1.06)	5.65 (+1.07)	5.71 (+1.09)
Importance of Management Skills	5.38 (1.34)	5.20 (+1.19)	5.47 (+1.15)	5.64 (+1.14)
Enhanced Management Skills	4.67(1.25)	4.88 (+1.23)	5.09 (+1.23)	5.16 (+1.30)
Overall Program Effectiveness	4.90 (1.26)	5.35 (+1.26)	5.39 (+1.23)	5.41 (+1.24)

All data are within .5 SD of the comparison means. The benchmark is within 1 SD above or below the comparison means.

### **Master's Data**

At the 2010 Graduate Retreat findings from the EBI 2008 Alumni data were discussed; the survey is being repeated again in 2011. Once a Program Committee was established (in Summer 2010 they will now be responsible for analyzing and reporting the aggregate data<sup>0</sup>. Means scores and comparisons are outlined on the form. The survey was not answered by a lot of people which affects the scoring. The piece of data that warrants some attention and monitoring was the APN issues with pharmacology. Some of this matches qualitative data and some doesn't.

**Graduate EBI Nursing Alumni Survey Results for 2008 Analysis of Six Chosen Comparison Schools, Carnegie Class Data and All Institution Data**

<b>Factor Evaluated</b>	<b>UNM Data – Mean and (SD)</b>	<b>Select Six Data- Mean and (SD)</b>	<b>Carnegie Class Data Mean and (SD)</b>	<b>All Institution Data Mean and (SD)</b>
Nursing Program Promoted Successful Career	5.55 (.99)	5.52 (1.11)	5.76 (1.16)	5.67 (1.19)
School Activities Contributed to Success	4.22 (1.43)	4.30 (1.36)	4.26 (1.46)	4.47 (1.46)
Importance of Basic Learning Outcomes	6.54 (.58)	6.67 (.59)	6.66 (.59)	6.64 (.64)
Enhanced Basic Learning Outcomes	5.21	5.41 (1.28)	5.52 (1.23)	5.54 (1.26)
Importance of Core Knowledge	5.97 (.78)	5.98 (.88)	6.05 (.89)	6.09 (.84)
Enhanced Core Knowledge	5.23 (1.20)	5.29 (1.13)	5.35 (1.15)	5.42 (1.16)
Importance of Research Skills	5.62 (1.18)	5.42 (1.28)	5.66 (1.24)	5.64 (1.23)
Enhanced Research Skills	5.19 (1.48)	5.29 (1.30)	5.13 (1.39)	5.31 (1.34)
Importance of Understanding Health Care Management	5.48 (1.15)	5.53 (1.20)	5.69 (1.18)	5.73 (1.15)
Enhanced Understanding of Health Care Management	4.57 (1.35)	4.69 (1.37)	4.77 (1.40)	4.90 (1.40)
APN: Importance of Advanced Health Assessment	6.85 (.30)	6.70 (.63)	6.75 (.51)	6.75 (.52)
APN: Enhanced Advanced Health Assessment	6.00 (.75)	5.62 (1.18)	5.80 (1.22)	5.82 (1.19)
APN: Importance of Prescription Drugs	6.69 (.47)	6.69 (.65)	6.72 (.57)	6.74 (.60)
APN: Enhanced Prescription Drugs	4.98 (1.50)	5.25 (1.47)	5.51 (1.49)	5.40 (1.53)
APN: Importance of Patient Care	6.53 (.53)	6.23 (.88)	6.26 (.88)	6.32 (.81)

<b>Factor Evaluated</b>	<b>UNM Data – Mean and (SD)</b>	<b>Select Six Data- Mean and (SD)</b>	<b>Carnegie Class Data Mean and (SD)</b>	<b>All Institution Data Mean and (SD)</b>
APN: Enhanced Patient Care	5.58 (.85)	5.26 (1.23)	5.28 (1.28)	5.41 (1.27)
APN: Importance of Course Work	5.82 (.93)	5.68 (1.09)	5.84 (1.08)	5.81 (1.03)
APN: Enhanced Course Work	4.34 (1.10)	4.25 (1.38)	4.57 (1.48)	4.51 (1.48)
APN: Importance of Clinical Laboratory Procedures	6.34 (.81)	6.16 (1.02)	6.14 (.99)	6.14 (.98)
APN: Enhanced Clinical Laboratory Procedures	4.31 (.96)	4.00 (1.42)	4.40 (1.58)	4.34 (1.59)
Overall Program Effectiveness	5.69 (1.20)	5.03 (1.39)	5.13 (1.41)	5.24 (1.35)

All data are within .5 SD of the comparison means. The benchmark is within 1 SD above or below the comparison means.

## Appendix 21

## Extramural Multi-Disciplinary Grants with CON Faculty as Key Personnel

Name of Grant	Award	Funding Agency	Key Personnel from CON	Type of Grant
<b>FY 10</b>				
Eliminating Health Inequities Through Research Education and Mentorship	\$1,177,192 PI – UNM RWJF Center for Health Policy	NIH (P20)	Faculty Fellow (.085%) each for 2 faculty members	Grant/Research
University of New Mexico Pediatric Pulmonary Center	\$1,700,000		Research Mentor (14%)	Grant/Training
NM Center for Advancement of Research, Engagement & Science on Health Disparities	\$5,000,000 PI- UNM Family and Community Medicine	NIH (P20)	Research Core Faculty (10%)	Grant/Research
National Children's Study – UNM Study Center	\$12.3 million PI- UNM Department of Pediatrics	NIH/NIDDK/NICH D	Co-investigator (30%)	Grant/Research
<b>FY 11</b>				
NM LEND	\$702,560 PI – Pediatrics Center for Development	HRSA	Faculty member (15%)	Grant/Research
NM Center for Advancement of Research, Engagement & Science of Health Disparities	\$254,047 (5/1/10-1/31/11) \$370,179 (2/1/11-6/30/11) PI – Research Initiatives	NIH/National Center on Minority Health and Health Disparities	Faculty member (10%)	Grant/Research
UNM Pediatric Pulmonary Center	\$340,000 PI- Pediatrics Pulmonary	HRSA (P-20)	Research Mentor (14%)	Grant/Research
Clinical Translational Science Center	\$319,043 (7/1/10-3/31/11) \$302,744 (4/1/11-3/31/12) PI – CTSC	CTSC	Faculty member (2.5%)	Grant/Research

<b>Name of Grant</b>	<b>Award</b>	<b>Funding Agency</b>	<b>Key Personnel from CON</b>	<b>Type of Grant</b>
National Children's Study – UNM Study Center	\$3,003,870 PI- UNM Department of Pediatrics	NIH/NIDDK/NICH D	Co-investigator (30%) (7/1/10-1/31/11) Co-investigator (40%) (2/1/11-5/25/11)	Grant/Research
CTSC – Tracking and Evaluation	\$87,526 (7/1/10-3/31/11) \$80,337 (4/1/11-3/31/12) PI – CTSC	NIH/ National Center for Research Resources	Faculty member (20%)	Grant/Research
Clinical Translational Science Center	\$319,043 (7/1/10-3/31/11) PI – CTSC	NIH/ National Center for Research Resources	Faculty member (5%)	Grant/Research
Clinical Translational Science Center	\$139,334 (7/1/10-3/30/11) \$211,105 (4/1/11-6/30/11) PI – CTSC	NIH/ National Center for Research Resources	Faculty member (5%)	Grant/Research



## Appendix 22

## Select Faculty Service Contributions by Rank

<b>Lecturer I</b>	<p><b>HSC:</b> Member HIPPA Oversight Committee; Area Health Education Center Advisory Board; HSC Health Reform Think Tank; HSC IPE Committee; HSC Credentialing Committee; HSC-UNMH Ethics Committee; HSC Nurses Research Council</p> <p><b>Local:</b> Martin Luther King Multicultural Council: Gamma Sigma Chapter of STTI; Board Member Local American Association of Pain Management Nurses; Member New Horizons Counseling Board of Directors</p> <p><b>State:</b> NMNEC; NM Nurse Practitioner Council;</p> <p><b>National:</b> NLN; ANA; National Hispanic Nurses Association; Member, Midwives of Color Subcommittee of ACNM; Oncology Nursing Society; American Association of Pain Management Nurses; American Psychiatric Nurses Association</p>
<b>Lecturer II</b>	<p><b>HSC:</b> HSC Steering Committee Rural Health Interdisciplinary Program; HSC NLA;</p> <p><b>UNM:</b> UNM Faculty Senate Budget Committee</p> <p><b>Local:</b> Board Member Cancer Services of NM; Gamma Sigma Chapter of STTI;</p> <p><b>State:</b> NM Nurse Practitioner Council; NM Higher Education Department Loan for Service Committee:</p> <p><b>National:</b> National Rural Health Association: AANP: American Association of Critical Care Nurses; NAPNAP; ACNM</p>
<b>Lecturer III</b>	<p><b>Local:</b> Gamma Sigma Chapter of STTI;</p> <p><b>State:</b> NMNEC Co-chair; NM Teen Pregnancy Coalition; Commission on Higher Education Health Professionals Advisory Committee; Board member NM Nurse Practitioners Council; NM Immunization Coalition</p> <p><b>National:</b> National SNA; Association of Women's Health, Obstetrics and Neonatal Nurses; NIH Consensus Development Panel for hydroxyurea; President of NAPNAP; AANP President and Past President</p>

<p><b>Assistant Professor</b></p>	<p><b>HSC:</b> HSC SOM Professionalism Task Force; HSC Faculty Senate;</p> <p><b>UNM:</b> UNM faculty Senate; UNM Faculty-Staff Benefits Committee; UNMH Advanced Practice Council; Faculty Senate Undergraduate Committee; Faculty and Staff Employee Assistance Advisory Board;</p> <p><b>Local:</b> La Madrugadas Early Head Start Health Services Advisory Commission; President of Gamma Sigma chapter of STTI; NM Nurse Practitioners Council;</p> <p><b>State:</b> NM-BON Education Advisory Task Force; NMCNE Leadership positions; NM Health Education Department Task force for Implementation of Health Care Reform 2010; Emergency Nurses Association; Society of Trauma Nurses; American Association of Critical Care Nurses; Air Surface Transport Nurses Association; NM-BON Practice Oversight Committee; NM Nurses Association; Chair, NM Board of Monitored Treatment Programs</p> <p><b>Regional:</b> WIN,</p> <p><b>National:</b> ANA; AANP; Affiliate Member American College of Chest Physicians; ACNP – Track Chair, Acute Care Cardiology; NIH National advisory Council on Diabetes; Native Research Network Member; Oncology Nursing Society;</p> <p><b>International:</b> STTI: Korean Nurses Association Member;</p>
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<p><b>Associate Professor</b></p>	<p><b>HSC:</b> HSC Comparative Effectiveness Research Task Force; CTSC Community Engagement Core, CTSC Pilot Research Awards Program; CON-COP Research Allocations Award Peer Review Committee; HSC Research Strategic Planning Committee; Faculty Senate HSC Council; Medical Staff Bylaws Revision Workgroup; HSC Community-Based Participatory Research Consortium; KMIT Committee; CTSC Multidisciplinary Advisory Committee; HSC- Health Sciences Operations Committee; Director, CTSC Tracking and Evaluation</p> <p><b>UNM:</b> UNM Faculty Senate; Faculty Senate Libraries Committee; CON Liaison for Web-Based Courses to Extended University; UNM Faculty Senate Graduate Curriculum Committee</p> <p><b>State:</b> NM Nurse Practitioners Council; CON representative Women’s Health Policy Forum: NM Commission on the Status of Women; Faculty and co-facilitator: mentorship pathway for Native Nurse Support; NM Indian Nurses Association; Board Member Navajoland Nurses United for Research, Service and Education; NM Cancer Council; State Board member Lupus foundation of American, NM Chapter; NMONE, President NMONE</p> <p><b>Regional:</b> WIN; Chair WIN NEXus Qualitative Methods Cluster; Western Nursing Research Society;</p> <p><b>National:</b> ANA; CANS; NIH Women’s Health Special Interest Group; NIH Prevention Research Coordinating Committee; NIH Bioethics Committee; NIH Genome-Wide Association Studies Policy Development Team; AANP; APHA; Association of Community Health Nurse Educators; Sigma XI – the Scientific Research Society; ACNM Legislative Committee; National Rural Health Association; Faculty of the American Academy of Nursing; American Cancer Society; American Psychological Association; Oncology Nursing Society; Executive Committee of the American Association of Rheumatology Health Professionals; American Heart Association (Writers group for Clinical Statement “Acute Heart Failure Syndrome – Emergency Department Presentation, Treatment and Disposition); ATS (Dyspnea Consensus Statement Revision ad hoc committee);</p> <p><b>International:</b> STTI; Member Board of Directors, STTI; Chair International Governance Committee, STTI; International Society for Nurses in Genetics; International Delphi Panel to develop the World Health Organization (International Classification of Functioning, Disability, and Health) Core Set for systematic lupus erythematosus</p>
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<b>Professor</b>	<p><b>HSC:</b> Domenici Center Space Committee;</p> <p><b>UNM:</b> UNM Faculty Senate Graduate and Professional Committee, Provosts Committee on Assessment, Athletic Council</p> <p><b>State:</b> NM Geriatric Certificate Program;</p> <p><b>Regional:</b> WIN NEXus Cluster Leader, Chronic and Disabling Conditions, WIN Governing Board, WIN Membership Committee</p> <p><b>National:</b> Faculty of the American Academy of Nursing; NLN, National Gerontological Nurses Association; Society of Gastroenterological Nurses and Associates</p> <p><b>International:</b> Board of Directors, STTI; International Bylaws Committee Chair Two Terms, STTI</p>
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## Appendix 23

## Funded Nursing Practice Activities with CoN Faculty &amp; Students

Name of Nurse-Managed Clinical Activity	Population Focus	Contract Agency	Key Personnel from CoN Faculty
GEHM (Geriatric Education & Health Maintenance)	Geriatric Residents in Albuquerque	City of Albuquerque	Dedicated RN Staff plus multiple faculty members and UG students. Interdisciplinary with Nursing management.
Early Head Start Health Services	Early Childhood and families in the ABQ community	City of Albuquerque	Full time FNP plus 2 RN Staff and assistants. Multiple faculty and UG & APN students.
Family Health Partnerships	Perinatal families in the Sandoval County community	HRSA-funded grant CON management	Partial assignment of faculty FNPs and CNMs plus Community Health Workers and faculty & staff administrators. Small number of UG & APN students in nascent practice
Jemez Valley SBHC	School-Aged Children in Jemez Pueblo & Vicinity	CREC (Central Regional Educational Cooperative)	Partial assignment of faculty FNP & small number of UG & APN students
Mustang Valley SBHC	School-Aged Children in East Mountain Vicinity	CREC (Central Regional Educational Cooperative)	Partial assignment of faculty FNP & small number of UG & APN students
ACEL SBHC (Architecture, Construction & Engineering)	High School-aged children in ABQ Charter School	ACEL Charter School	Partial assignment of Faculty FNP & some UG & APN Students
University Hospitals Urgent Care	Adults in community	UNMH	Partial assignment of faculty FNP & APN students
UNMH Internal Medicine Service	Adults with Diabetes in hospital	UNMH	Partial assignment of faculty ACNP & APN students
Turquoise Lodge Treatment Unit	Adults with Substance Abuse problems in treatment facility	NM Department of Health	Partial assignment of faculty FNP & APN students
Renal Medicine Associates	Adults on Dialysis Treatment	RMA	Partial assignment of faculty ACNP & APN students
Young Children's' Health Care Center	Young Children in ABQ and their families	YCHCH	Partial assignment of faculty FNP & APN students
Inner wellness Center	Primary Care with perinatal, GYN, & pediatric patients in ABQ & East Mtn	NM Inner wellness Center	Partial assignment of faculty FNP/CNM & APN students
UNMH Dept. of Pediatrics	Newborns	No contract; unfunded agreement	Service assignment of FNP faculty & ANP students

## Appendix 24

## Various Issues Managed by the Executive Dean

<u>Case #</u>	<u>Undergrad/Grad</u>	<u>Type of issue</u>	<u>Type of Action Taken</u>	<u>Conclusion</u>
1	Undergrad	Academic Dishonesty	Student caught collaborating on online quiz with other students. Collaboration not allowed in this situation	Student given grade of zero for assignment, disciplinary letter placed in student's academic file.
2	Undergrad	Academic dishonesty	Student caught cheating on quiz.	Student assigned grade of zero in quiz number 1 and asked to read the university's policy on academic dishonesty. Disciplinary letter placed in student's academic file.
3	Undergrad	Academic dishonesty	Student caught cheating on quiz.	Student assigned grade of zero in quiz number 1 and asked to read the university's policy on academic dishonesty. Disciplinary letter placed in student's academic file.
4	Undergrad	Academic dishonesty	Student caught cheating on quiz.	Student assigned grade of zero in quiz number 1 and asked to read the university's policy on academic dishonesty. Disciplinary letter placed in student's academic file.
5	Undergrad	Academic dishonesty	Student collaborated with another student on an individual assignment.	Student given grade of zero for assignment, disciplinary letter placed in student's academic file.
6	Undergrad	Academic Dishonesty	Student caught cheating on quiz.	Student assigned grade of zero in quiz number 1 and asked to read the university's policy on academic dishonesty. Disciplinary letter placed in student's academic file.
7	Undergrad	Academic dishonesty	Student attempted to take credit for clinical hours not completed. Student did not receive a passing grade for course.	Student did not appeal decision in timely manner.

<u>Case #</u>	<u>Undergrad/Grad</u>	<u>Type of issue</u>	<u>Type of Action Taken</u>	<u>Conclusion</u>
8	Undergrad	Academic Dishonesty	Student did not turn in assignment within guidelines. Student was instructed to re-do assignment.	Student re-did assignment as instructed. Written warning was placed in student's permanent file.
9	Undergrad	Academic Dishonesty		Student assigned grade of zero in quiz number 1 and asked to read the university's policy on academic dishonesty. Disciplinary letter placed in student's academic file.
10	Undergrad	Academic Dishonesty		Student assigned grade of zero in quiz number 1 and asked to read the university's policy on academic dishonesty. Disciplinary letter placed in student's academic file.
11	Undergrad	Academic Dishonesty	Student worked with another student to complete that assignment. Collaboration with another student was not allowed for this assignment.	Student given grade of zero for assignment, disciplinary letter placed in student's academic file.
12	Grad	Academic Dishonesty	Student plagiarized work in numerous assignments.	Student given a zero for case study which resulted in a failing grade for course. Student will need to repeat the course. Disciplinary letter was placed in student's academic file.
13	Undergrad	Academic Dishonesty	Student did not turn in assignment within guidelines. Student was instructed to re-do assignment.	Student met with Executive Dean to explain her side of situation. Written warning was placed in student's permanent file.
14	Undergrad	Academic dishonesty-plagiarism	Faculty adjudication form	student will be given the opportunity to rewrite the paper with highest possible score being 50%
15	Grad	academic issue	Course work not complete, student will retake course and work with committee to complete work.	Committee will work with Sharon on outline and plan for Option A Problem Solving Paper

<u>Case #</u>	<u>Undergrad/Grad</u>	<u>Type of issue</u>	<u>Type of Action Taken</u>	<u>Conclusion</u>
16	Undergrad	Academic issue	Remarkable Observation.	Terminated from position in MBU unit for failure to complete required modules.
17	Undergrad	Academic issue	Student must meet physical requirements of substitute clinical intensive assigned to. Need doctors records/notes	
18	Grad	Academic issue	Graduate Petition- student request to be allowed to graduate at Spring ceremony.	Letter sent to Dean of Graduate Studies from Professor asking that the student be able to graduate in the Spring (2008)
19	Undergrad	Academic issue	Student had concerns on how an assignment was graded (N413).	No formal grievance was filed by student.
20	Undergrad	Academic Issue	Student was not meeting course objectives (N416) and was dismissed from the Nursing program at UNM.	Student took this to grievance committee. Grievance committee upheld instructor decision, student received a failing grade for N416 which resulted in student being dismissed from the College of Nursing program.
21	Undergrad	Academic issue	Student had question on final grade in Nursing course. Student was unhappy with explanation from instructor, stated he would take his question to department head.	No resolution in file
22	Undergrad	Academic issue	Student requested extension of probation.	Request for probation granted.
23	Undergrad	Academic issue	Student informed Executive Dean of intention to change concentrations and requested to stay in Nursing concentration for remainder of semester.	Request granted
24	PhD	Academic issue	Student if withdrawing from PhD program, requested that stipend not be disbursed.	Student request accepted.
25	Undergrad	Academic issue	Student failed to pass Part I exam on third attempt, also did not pass Part II exam. Student will not be able to graduate.	Student advised to continue with program and to talk with advisors about next steps



<b><u>Case #</u></b>	<b><u>Undergrad/Grad</u></b>	<b><u>Type of issue</u></b>	<b><u>Type of Action Taken</u></b>	<b><u>Conclusion</u></b>
26	Undergrad	Academic issue	Students application did not meet minimum requirements and was not accepted into program.	Student filed a discrimination complaint. Case is in mediation at this time.
27	Undergrad	Academic issue	Student requested an incomplete in course N429.	Student directed to student advisement office to discuss options.
28	Undergrad	Academic issue	Student had a grievance with student advisor and transfer of credits from out of state school.	resolution unknown
29	Undergrad	Academic issue	Student failed in Level 3, Clinical Intensive N416 course- which occurred in the first 7 weeks of course. Student petitioned to continue to Level 4	Executive Dean did not override clinical failure and did not honor students petition to continue to Level 4. Student will retake course in summer semester.
30	Undergrad	Academic issue	Student did not pass N606 because work was not turned in/complete. Student requested an incomplete in course and not a failing grade.	Student Request denied.
31	Undergrad	Academic issue	Student expressed issues with student advisement but wanted to remain anonymous.	Student correspondence was responded to and her anonymity was respected.
32	Undergrad	Academic issue	Student requested that clinical evaluation be examined and appealed grade in course. Student would like to re-enroll in class. Student followed University grievance procedures.	Student was instructed to take a clinical course in Fall in Level 3, if completed successfully, will continue as a level 4 in Fall.
33	Undergrad	Academic issue	Student as a part of group requested an additional section of N416 be made available to group for spring semester	Requested was honored.
34	Undergrad	Academic issue	Student requested to get back into Nursing program after illness. Felt she was not getting clear direction on how to proceed.	Recommendation: student writes a formal letter to UG committee.

<u>Case #</u>	<u>Undergrad/Grad</u>	<u>Type of issue</u>	<u>Type of Action Taken</u>	<u>Conclusion</u>
35	Undergrad	Academic issue	Concern was raised about student postings on facebook about patient care outside of clinical practice and impact on nursing program	After discussion with student it was found that all patient care was managed appropriately and no further action was necessary.
36	Grad	Academic issue	Student failed in N595 clinical. Student requested information on reapplying to program.	Student given letter stating that she could reapply to program after one year
37	Undergrad	Academic issue	Student requested a waiver for Chemistry.	Waiver granted
38	Grad	Academic issue	Student failed to meet requirements for assignment. Student failed course N567.	Student must retake course. Strong recommendation for student to take a writing course was included in official letter.
39	Undergrad	Academic issue	Student request to withdraw from nursing course Patho 1 after deadline.	Student issued a W for class.
40	Grad	Application Issue	Student's online application was not received or processed properly. Student requested a refund on application fee.	Refund was provided to student
41	Undergrad	Behavior issues	Remarkable Observation. Student must complete self-eval, apologize to clinical group, meet with advisor.	
42	Undergrad	Behavior issue	Student exhibited erratic and strange behavior during clinical experience. Alcohol was detected on student's breath by instructor. Student was instructed that she needed to have a drug screen before she would be able to return to clinical.	Student's behavior will be monitored on a weekly basis. If there are concerns about student's behavior, student will be asked to leave the clinical setting.

<u>Case #</u>	<u>Undergrad/Grad</u>	<u>Type of issue</u>	<u>Type of Action Taken</u>	<u>Conclusion</u>
43	Undergrad	Behavior issue	Student posted threatening and violent statements on Facebook page related to the recent purchase of a firearm.	Executive team convened to discuss potential threat by student and steps to take to prevent potential violence during scheduled classes and upcoming convocation event. Class was canceled and notice sent out to students about heightened security at all graduation events.
44	Undergrad	Behavior issues	During Pediatric clinical alcohol was detected on student's breath by two people	Student agreed to get assistance from medical provider for sleep/substance issues.
45	Undergrad	Clinical incident	Student in a clinical care situation caused patient to be burned by hot water. An incident report was filed.	File does not indicate any further instruction.
46	Undergrad	Comment	Student is unhappy with change in venue of Convocation ceremony from Kiva to Johnson Center	
47	Undergrad	Notice of Incident	Student received a needle stick during flu shot clinic. Student did not report incident until after patient had left the area.	Student was instructed to complete Donor blood borne exposure form with client information.

## Appendix 25

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