

Continuous Improvement Progress Report Template

This template addresses the 2018 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs.

Date: 11/30/2020

Official Name of Institution: University of Wisconsin, Green Bay (UWGB)

Program(s) Under Review:

- | | |
|--------------------------------|-------------------------------------|
| Baccalaureate | <input checked="" type="checkbox"/> |
| Master's | <input type="checkbox"/> |
| Post-Graduate APRN Certificate | <input type="checkbox"/> |
| Doctor of Nursing Practice | <input type="checkbox"/> |



Instructions

Programs Under Review

The Continuous Improvement Progress Report (CIPR) should address only the program(s) under review. However, the Program Information Form should address all operational programs and tracks, including those that are not under review at this time. Tables in the template may be edited to remove program(s) that are not subject to review at this time; however, **the standard, key element, and elaboration statements must not be altered or deleted** by the institution.

Page Limit

The completed CIPR should not exceed seventy (70) pages. The page limit does not include appendices.

Other Considerations

All materials should be uploaded and/or attached with the correct page orientation (portrait or landscape). While the narrative of the CIPR must be presented in portrait orientation, appendices may be presented in landscape orientation if appropriate.

Submission

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the completed report and appendices, if any, as one document in PDF format, to ccnereports@ccneaccreditation.org.

Please do not send hard copies to CCNE.

Program Information Form

Regardless of whether the program is under review, please identify all baccalaureate, master’s, Doctor of Nursing Practice, and post-graduate APRN certificate tracks offered by the nursing unit. For each track, list current enrollment data. For the baccalaureate program, include only nursing students (not pre-nursing students).

The institution may add or delete rows in the following tables as necessary.

Baccalaureate Program

- The institution does not offer a CCNE-accredited baccalaureate degree program in nursing.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Generic/Traditional/Pre-licensure	2019-2020	39	Green Bay, USA
RN-BSN/Post-licensure	1981	218	Green Bay, USA
Second Career/Fast Track/Accelerated	NA		
Other (specify): _____			

Master’s Program

- The institution does not offer a CCNE-accredited master’s degree program in nursing.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name: <u>Leadership & Management</u>	2013	27	Green Bay, WI,

Doctor of Nursing Practice Program

- The institution does not offer a CCNE-accredited Doctor of Nursing Practice program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name: _____			
Track Name: _____			
Track Name: _____			

Post-Graduate APRN Certificate

- The institution does not offer a CCNE-accredited post-graduate APRN certificate program.

Track(s)	Year Track Became Operational	# Students Enrolled	Locations/Campuses Offered
Track Name: _____			
Track Name: _____			
Track Name: _____			

Please provide a brief description of any nursing degree/certificate program that is offered at a campus/site located outside of the United States: NO programs at the University of Wisconsin, Green Bay (UWGB) Nursing and Health Studies Unit (NHSU) are offered at a campus or site outside of the United States.



Standard I

Program Quality: Mission and Governance

Key Element I-A

The mission, goals, and expected program outcomes are:

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

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

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

I-A 1. Affirm that the following documents are written and accessible to all constituents:

Mission

Describe how the mission is accessible to constituents:

The [mission of the University of Wisconsin \(UW\)-Green Bay \(GB\)](https://www.uwgb.edu/chancellor/university-mission/mission-statement/) (<https://www.uwgb.edu/chancellor/university-mission/mission-statement/>) and the vision of the College of Health, Education and Social Welfare (CHESW) (<https://www.uwgb.edu/chesw/>), both of which the Nursing and Health Studies Unit (NHSU) follow, are posted on their websites. The mission and vision are also included in the [Undergraduate RN to BSN Student Handbook](https://www.uwgb.edu/UWGCMS/media/RNtoBSN/files/Final-BSN-Handbook-2020-21_1.pdf) on page 4 (https://www.uwgb.edu/UWGCMS/media/RNtoBSN/files/Final-BSN-Handbook-2020-21_1.pdf). The nursing advisor emails all students each Fall to inform them of any changes made in the handbook from the previous year.

Goals

Describe how the goals are accessible to constituents:

Similar to the above, the goals of the RN to BSN program are also listed in the [RN-BSN Handbook](#) on page 4.

Expected program outcomes

Describe how the expected program outcomes are accessible to constituents:

As noted above, the outcomes of the RN to BSN program are listed in numerous places available to students, including the [RN to BSN website](#) and the [RN-BSN Handbook](#) on page 10. The program outcomes are the same as the capstone course outcomes and are also available in the [N490 Synthesis for Nursing Practice course syllabus](#).



I-A 2. Affirm that the mission statement, goals, and expected program outcomes are congruent with those of the parent institution:

- Yes
- No

I-A 3. Have there been any changes in the mission, goals, and/or expected program outcomes since the last on-site evaluation?

- Yes
 - Date changes were implemented: 4/25/19 (UW Board of Regents; 5/14/19 Higher Learning Commission; In addition, a prelicensure program was approved by the UW System Board of Regents. See below for more information.
- No

If yes, include an appendix or link with the new statements of mission, goals, and expected program outcomes, and in the space below, explain how the program remains in compliance with this key element.

The goals, outcomes, vision and mission of the RN to BSN program have not changed and can be viewed at: https://www.uwgb.edu/UWGBCMS/media/RNtoBSN/files/Final-BSN-Handbook-2020-21_1.pdf on page 4. The RN to BSN program is part of the College of Health, Education and Social Welfare (CHESW) and follows its vision: Together we will inspire students and transform communities. A new UWGB Select mission was adopted by the UW Board of Regents and the Higher Learning Commission in Spring 2019. The revised university mission can be reviewed at: <https://www.uwgb.edu/chancellor/university-mission/mission-statement/>.

Subsequently, the Nursing and Health Studies Unit (NHSU) faculty and staff reviewed the [CHESW vision, and NHSU mission and goals](#) (March 2, 2020 NHSU meeting minutes, p. 2) for congruency to the revised university mission. Discussion by the [Mission Review Workgroup](#), a subcommittee of NHSU, suggested keeping the same vision as the CHESW, and adopting values instead of a mission and goals. Proposed values include: health, caring, collaboration, inclusivity and diversity, community engagement and innovation. Discussion of the values and revised nursing mission are still ongoing.

Optional: Key Element I-A

Is there any other information that the program would like to provide related to this key element?

In 2019, NHSU received authorization from the University of Wisconsin System Board of Regents to offer a prelicensure BSN program. Since the approval, the NHSU faculty, staff, and Executive committee have worked diligently to develop an innovative, professional nursing curriculum that addresses today’s healthcare workforce needs. The [Traditional Program Outcomes](#) reflect the AACN Baccalaureate Essentials and the concept-based curriculum. These are linked from the Traditional BSN program website and the 2020-2021 Undergraduate Catalog. The first (sophomore) traditional nursing courses will be offered in spring 2021. A substantive change notification is in process and will be sent to CCNE no later than 90 days after program implementation or occurrence of the change (CCNE Substantive Change Notification Policy).



Key Element I-B

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

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

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

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

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

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

I-B 1. Identify the professional nursing standards/guidelines that are in use by CCNE-accredited programs (note different dates of documents):

The program may delete sections that for programs that are not under review at this time.

Baccalaureate Program:

- Not Applicable (no CCNE-accredited baccalaureate offerings)
- The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)
- Other (please specify below):

I-B 2. Have there been any changes in the professional nursing standards and guidelines used by the program(s) under review in this CIPR since the last on-site evaluation?

Program(s) Under Review:	Yes	No
Baccalaureate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Master’s	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If yes, please describe the changes in the space below and validate that the standards include/continue to include those identified above.

Insert text here.



If yes, and the changes affect the preparation of students for certification, describe in the space below the relevance of the selected professional standards and guidelines for the role/area of education.

The changes do not affect the preparation of students for certification.

Insert text here.

I-B 3. Does the institution offer any APRN program(s) under review in this CIPR?

Yes
 No

Optional: Key Element I-B

Is there any other information that the program would like to provide related to this key element?

In addition to the BSN Essentials, additional nursing standards and guidelines incorporated into various courses in the BSN program include the American Nursing Association (ANA) Scope and Standards, Social Policy Statement, and Code of Ethics, Hartford Institute for Geriatric Nursing guidelines, and the Minnesota Department of Health Public Health Intervention model. Additionally, the nursing programs are driven by the Wisconsin Administrative Code: N 6.03 Standards of Practice for Registered Nurses as well as similar administrative codes in states across the United States.

Key Element I-C

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

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

I-C 1. Indicate the date the mission, goals, and expected program outcomes were last reviewed, and the frequency with which they are reviewed for the program(s) under review in this CIPR.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	<u>3/02/2020</u>	<u>Every 4 years or as needed if changes to the university mission.</u>
Master's	—	—
Post-Graduate APRN Certificate	—	—
Doctor of Nursing Practice	—	—

Describe the outcome of those reviews:

As stated above, the university mission was revised in 2019. A subcommittee of the NHSU Committee reviewed the university mission and the NHSU mission, vision, and goals. The committee recommended we retain the NHSU vision statement and replaced the unit mission



with a set of values. The NHSU committee approved these at their [March 2, 2020 meeting](#). These values are represented and more clearly align with the UWGB select mission. The values were also felt to be more actionable.

I-C 2. Define the nursing unit’s community of interest.

The community of interest includes groups and individuals with a vested interest in the UW-Green Bay undergraduate and graduate nursing programs and/or nursing education in general. These include prospective students, students, alumni, mentors, employers, faculty & staff, the UWGB Nursing Advisory Committee, the BSN@Home Steering Committee, and the Greater Green Bay Healthcare Alliance (GGBHA).

Have there been any changes to the program’s community of interest since the last on-site evaluation?

- Yes
- No

If yes, describe the changes:

Insert text here.

Optional: Key Element I-C

Is there any other information that the program would like to provide related to this key element?

Insert text here.

Key Element I-D

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

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

I-D 1. Identify the expected faculty outcomes in the space below:

The UWGB select institutional mission includes “commitment to excellence in teaching, scholarship and research, and service to the community”. [Faculty expectations](#) for full time-equivalent (FTE) tenure and tenure-track nursing professors include teaching (24 credits per year, as of 2018 congruent with an institutional and system-wide change from 21 credits), active scholarship (involved in at least one creative or scholarly project or its dissemination each year), and participation in service (service on at least one department, university or nursing committee).

Nursing lecturers have teaching expectations of 27 credits per year, while associate lecturers (adjunct faculty), teach courses as needed. Lecturers and associate lecturers are not required to engage in service or scholarship, however many do.



Expectations of all faculty (tenured or tenure-track, lecturers, or associate lecturers [adjunct faculty]) are written and communicated to them through the [UWGB Faculty Handbook](#) on pages 90-91 and the [NHSU Faculty & Staff Handbook](#) on page 22-23. These expectations are also communicated to faculty upon hire and before annual faculty reviews.

All BSN faculty, except associate lecturers, report their activities related to teaching; scholarship, and service in the previous year on a Professional Activities Report (PAR), requested each fall by the Secretary of the Faculty and Staff (SOFAS). PARs are used for periodic faculty peer-review, including annual, merit, post-tenure, or promotion and tenure. Steps in the promotion and tenure process are written in the [UWGB Faculty Handbook](#) (pages 35-39; 94-98).

I-D 2. Have there been any changes in expected faculty outcomes, institutional expectations, and/or the way they are communicated since the last on-site evaluation?

- Yes
- No

If yes, attach appendices as necessary, and describe how the expected faculty outcomes remain congruent with those of the parent institution.

In 2018, the UW System revised and mandated the expectations for tenured faculty at comprehensive UW institutions to include teaching 24 credits a year, with required annual faculty member review. Under this workload policy, faculty who are actively engaged in scholarship receive a 3 credit release each year.

Recently the UWGB Provost shared Draft Guidelines for Faculty on Student Evaluations for Fall 2020 and Spring 2021. This draft outlines the process for use of student evaluations during the COVID-19 pandemic. See pages 5-6; 8-11 in the [October Faculty Senate Meeting Minutes](#).

In addition, the Provost shared a [memo](#) regarding faculty reviews during the COVID-19 pandemic. She suggested that during the annual faculty evaluations, each unit’s decision-making consider the current situation. “The pandemic has disrupted people’s ability to engage in scholarship and creative activities, perform service, and has upended many of our traditional teaching practices resulting in significant course revision.” She advised units to consider this in the evaluation of faculty teaching, scholarship, and service.

As a result, the NHS Executive committee considered this when completing the UWGB [annual faculty evaluations](#) and the [NHS Faculty Evaluation form](#) (see p. 22-23) in fall 2020.

Optional: Key Element I-D

Is there any other information that the program would like to provide related to this key element?

Insert text here.

Key Element I-E

Faculty and students participate in program governance.



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

I-E 1. Has there been a change in faculty and/or student participation in program governance since the last on-site evaluation?

- Yes
- No

If yes, attach appendices as necessary (highlighting or citing the relevant changes), and in the space below describe how the program remains in compliance with this key element.

Optional: Key Element I-E

Is there any other information that the program would like to provide related to this key element?

Some RN to BSN students participate in governance committees, such as the UWGB Distance Education Advisory Board. To encourage student participation, virtual options to provide input are used by NHSU. All RN to BSN students are invited to complete an annual, anonymous Qualtrics® survey, which asks questions garnering input to program governance and curriculum.

All faculty members are members of the NHSU committee and all tenured faculty are members of the NHSU Executive Committee. These committees are charged with the comprehensive oversight of the BSN programs including curriculum, academic policies, student progression, and program evaluation. The Nursing and Health Studies organizational chart found in the UWGB [NHSU Faculty Handbook \(p. 12\)](#) and [RN-BSN handbook](#) demonstrates the governance structure (Figure 1, page 6). Tenure-track faculty also participate in university governance committees (such as Faculty Senate, Academic Affairs Counsel, Institutional Review Board) as part of their faculty expectations.

Key Element I-F

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

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

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



I-F 1. Have there been any changes in the academic policies of the parent institution and/or the nursing program since the last on-site evaluation?

- Yes
- No

If yes, attach appendices as necessary, and describe how the program remains in compliance with this key element.

Optional: Key Element I-F

Is there any other information that the program would like to provide related to this key element?

Academic policies are reviewed as part of the Quality Improvement Plan and published in the RN-BSN handbook. Any changes to these are communicated to students via email or other means at the beginning of the academic year.

Key Element I-G

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

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

I-G 1. Identify the URL (citing a page number if appropriate) where the program defines what constitutes a formal complaint, or provide the definition below:

The RN to BSN program defines and reviews formal complaints according to established and published policies found on the [UWGB Dean of Students website](https://www.uwgb.edu/dean-of-students/policies-procedures/students/#complaints-grievances) under Policies & Procedures and Students (<https://www.uwgb.edu/dean-of-students/policies-procedures/students/#complaints-grievances>). Per these policies, any RN to BSN student with an academic complaint that cannot be resolved with the faculty member is encouraged to report and work to resolve the issue with the NHSU chair. If resolution with the chair is not possible, the academic dean is involved. The Dean of Students handles non-academic student complaints, per university policy. A spreadsheet completed annually by the NHSU Chair tracks the number, date, and types of student complaints with resolutions or outcomes.

I-G 2. Have there been any changes to the complaint definition and/or process since the last on-site evaluation?

- Yes
- No

If yes, provide details below.

Insert text here.

Optional: Key Element I-G



Is there any other information that the program would like to provide related to this key element?

Insert text here.

Key Element I-H

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

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

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

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

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

I-H 1. Please affirm that program’s documents and publications have remained accurate since the last on-site evaluation, and that a process is in place to notify constituents about changes.

- Documents are accurate
 - Date of last review to confirm accuracy: January 2020
- Constituents have been notified of any changes

I-H 2. Does the program publish disclosure of its CCNE accreditation?

- Yes
- No

If yes, provide the URL (citing a page number if appropriate) where the disclosure statement is presented:

<https://www.uwgb.edu/rn-bsn/accreditation/>

Optional: Key Element I-H

Is there any other information that the program would like to provide related to this key element?



The Nursing & Health Studies program websites, Information (“Tell”) sheets, and other materials are reviewed each January and any changes are communicated to NHSU staff, faculty, and students via meetings (faculty/staff) or email or newsletters (students).



Standard II

Program Quality: Institutional Commitment and Resources

Key Element II-A

Fiscal 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 outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

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

II-A 1. Affirm that fiscal resources are sufficient to enable the program(s) under review in this CIPR to achieve their mission, goals, and expected outcomes:

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master’s	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no to any program, identify any deficiencies, the reason(s) these resources have not been provided, and the plan to provide needed resources if one exists.

Insert text here.

II-A 2. Have any of the program(s) under review in this CIPR experienced an increase in enrollment that has resulted in the need for additional resources?

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master’s	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If yes for any program, has a substantive change notification been submitted to CCNE related to either an increase in enrollment or the development of a new track or program?

- Yes
- No

If yes for any program, provide documentation of the resources to support the expansion.

A substantive change notification is being completed for the addition of a prelicensure BSN program that resulted in the need to hire additional faculty. The authorization documents include a [budget worksheet](#) to include personnel and other resource needs. For example, in



spring 2020, two nursing academic instructional staff (Lecturers) were hired. Also, the Nursing [Skills/Simulation Learning Center](#) was created to support clinical nursing skills and clinical simulation needs for the prelicensure program. During the 2019-2020 academic year, under the leadership of the NHSU chair, the BSN Team developed the curriculum and identified additional resources needed to support the program. A [laboratory modernization grant](#) was obtained to [purchase hospital beds, headwalls, and other supplies](#). This grant opportunity is available each year to support acquisition of nursing models and supplies.

II-A 3. Have there been any changes in the review process to evaluate the adequacy of the program’s fiscal resources since the last on-site evaluation?

- Yes
- No

If yes, describe the change in the process and the outcomes.

Insert text here.

Indicate the date that each program was last evaluated for adequacy of fiscal resources, and the frequency with each program is evaluated.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	<u>10/25/2020</u>	<u>Annual</u>
Master’s	—	—
Post-Graduate APRN Certificate	—	—
Doctor of Nursing Practice	—	—

Optional: Key Element II-A

Is there any other information that the program would like to provide related to this key element?

The Dean of the College of Health, Education, and Social Welfare has overall responsibility for the preparation and administration of the College budget. The Nursing & Health Studies chair has responsibility for the annual nursing department budget including identification of department needs, and the preparation and oversight of the nursing budget. Each fall, NHSU faculty are asked to provide input for the NHSU [budget questionnaire](#), including anticipated changes to personnel needs, capital projects, supplies, and other identifiable budgeted items. The Nursing Department Chair solicits input from faculty about needs of the programs and foreseeable changes to programs and program budget. Once complete, the questionnaire is submitted to the Dean. The Dean meets with the NHSU chair to conduct an extensive review of the budget questionnaire, program needs, and strategic spending initiatives.

Key Element II-B

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



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

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

II-B 1. Describe how physical resources are sufficient to enable the program(s) under review in this CIPR to achieve the mission, goals, and expected outcomes:

Nursing offices are located in Rose Hall Suite 325. The reception area in the nursing suites is welcoming, spacious, and has a historic wall showing significant points in the program's development and growth. The nursing suite reception area has adequate seating, informational materials, and a toy bin for students who come in with young children. There is a breastfeeding friendly space available in the woman's bathroom adjacent to the nursing suite.

The nursing suite contains 14 offices which are up-to-date, well-equipped, and provide for privacy and productivity. Each office includes appropriate office furniture, a computer (laptop with docking station), two monitor screens, and web camera with microphone for virtual meetings. Additional technology is made available for faculty and staff as requested to accomplish their work (e.g., stand up desks, Dragon voice activated software). Ergonomic evaluation of work stations is available and has been used, as needed. Additionally, the nursing suite contains a work room (e.g., copier/scanner, supply cabinet, file storage) and area with a desk and computer for student workers or associate lecturers, as needed.

Given that many nursing courses are online, adequate office and computer work spaces are necessary. The university replaces computers every three to four years. Regular software and computer virus protection upgrades are standard operating procedure.

Classrooms are virtual, on campus, and at off-campus locations. The majority of RN-BSN courses are delivered online via Canvas. When a course is offered on campus, there are sufficient classroom spaces to accommodate students. There is a Nursing Lab in MAC 117 that has 10 curtained assessment areas equipped with physical assessment equipment (vital sign diagnostic sets, ophthalmoscopes, etc.), and exam furniture simulating a clinic setting. Lab modification grants have been used to purchase many of the Nursing Lab supplies and equipment. Computer lab classrooms are available for nursing courses that require computer access for each student in a course, such as the NURS 453 Information Management and Healthcare Technology course.

As noted above, in 2019-2020, in preparation for the launch of a prelicensure BSN program, a Nursing Skills Learning Center was created in Wood Hall 317 and 324. These spaces include a 6-bed skills lab learning center and a second room with one-way mirror for mid-fidelity clinical simulation and space for teaching/learning activities. Each skills/simulation lab space will have a low to mid-fidelity simulator designed to allow students to demonstrate their knowledge and skills in a simulated clinical experience. In addition, fiscal resources were allocated to purchase the needed supplies (e.g., hospital beds, functional headwalls, intravenous arms), and other models for use.



If deficiencies have been identified for any program, explain the reason(s) these resources have not been provided, and the plan to provide needed resources if one exists.

Insert text here.

II-B 2. Describe how clinical sites for the program(s) under review in this CIPR are sufficient to achieve the mission, goals, and expected outcomes:

The RN-BSN program includes a three credit BSN NURS 455 Community Health Nursing Practicum. The focus of this course is to expose RN-BSN students to public and community health nursing practice. This focus is sufficient to achieve the mission, goals, and expected outcomes. For example, the [UWGB Mission](#) is to “*provide a problem focused educational experience that promotes critical thinking and student success. The culture and vision of the University reflect a deep commitment to diversity, inclusion, social justice, civic engagement, and educational opportunity at all levels. Our core values embrace community-based partnerships, collaborative faculty scholarship and innovation.*”

The professional competencies that form the basis of RN-BSN students’ clinical experiences include the ANA Public Health Nursing: Scope and Standards of Practice (2013) and the 17 public health interventions in the Public Health Intervention Wheel (<http://www.dhs.wisconsin.gov/phnc/InterventionWheel/index.htm>). These competencies align with the educational foundation in this practicum course and its pre-requisite/concurrent course, NURS 454 Community Health Nursing.

The focus on community/public health is aligned with the BSN program expected outcome to “*Apply health promotion, disease and injury prevention strategies to improve population health.*” According to students, our community of interest and review of associate degree curricula, most associate degree programs do not cover content in population-based interventions necessary in public and community health nursing practice. A number of states, for example Wisconsin (http://docs.legis.wisconsin.gov/code/admin_code/dhs/110/139.pdf) and neighboring Minnesota (<http://mn.gov/health-licensing-boards/nursing/licenses/licensure/public-health-nurse-registration.jsp>) require BSN degrees as the entry level to public health nursing practice by administrative code and licensing.

UWGB Nursing has an extensive [list of clinical partners](#) that regularly agree to host a student for their practicum. These include local public health departments, correctional facilities, home health, hospice, federally qualified health centers, school districts, campus health centers to name a few. Many of the agency directors also serve on the BSN Nursing Advisory Committee and provide regular input into the curriculum and clinical activities. In addition, UWGB nursing faculty and staff participate in the Greater Green Bay Healthcare Alliance (GGBHA) (<http://ggbha.org/>) an organization comprised of representatives from healthcare, education and community organizations from the greater Green Bay area. GGBHA members meet and collaborate regularly to address common healthcare workforce and academic placement issues. The GGBHA has quarterly meetings and a clinical subcommittee of the GGBHA meets monthly to standardize pre-requisites and education for students in local healthcare sites from all local health educational programs. Two representatives from the nursing department regularly attend these meetings. This group also navigates the clinical placement process including submitting requests for clinical placements.



If deficiencies have been identified for any program, explain the reason(s) these resources have not been provided, and the plan to provide needed resources if one exists.

Insert text here.

II-B 3. Have there been any changes in the review process to evaluate the adequacy of the program’s physical resources and clinical sites since the last on-site evaluation?

- Yes
- No

If yes, describe the change in the process and the outcomes.

Indicate the date that each program was last evaluated for adequacy of physical resources and clinical sites, and the frequency with each program is evaluated.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	<u>4/27/2020</u>	<u>Annual</u>
Master’s	—	—
Post-Graduate APRN Certificate	—	—
Doctor of Nursing Practice	—	—

Optional: Key Element II-B

Is there any other information that the program would like to provide related to this key element?

The NHSU Chair meets regularly with the Faculty responsible to negotiate student Community/Public Health Practicum Placements and the Practicum Coordinator to identify concerns with Clinical agencies. The Practicum Coordinator and the NHSU Chair represent UWGB NHSU on the GGBHA Clinical Committee, an organization whose mission is to ensure a sufficiently trained healthcare workforce for the Greater Green Bay area. This group works to ensure the academic programs have appropriate and equitable clinical placements.

Key Element II-C

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

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

II-C 1. Affirm that academic support services are sufficient to meet program and student needs for program(s) under review in this CIPR:

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no to any program, identify any deficiencies, the reason(s) these resources have not been provided, and the plan to obtain the necessary services.

Insert text here.

Indicate the date that each program was last evaluated for adequacy of academic support services, and the frequency with each program is evaluated.

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	<u>9/17/18</u>	<u>Annual</u>
Master's	---	---
Post-Graduate APRN Certificate	---	---
Doctor of Nursing Practice	---	---

II-C 2. Have any of the program(s) under review in this CIPR been converted to a distance education and/or hybrid format since the last on-site evaluation?

Program(s) Under Review:	Yes	No
Baccalaureate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If yes for any program, has a substantive change notification been submitted to CCNE related to this change in modality?

- Yes
- No

If yes for any program, describe any additional academic support services in place to meet program and student needs.

Insert text here.

Optional: Key Element II-C

Is there any other information that the program would like to provide related to this key element?

The Authorization to Implement documents required by the UW-System Board of Regents includes review of academic support services. An extensive review was completed in preparation for the review. In addition, Academic Support Services are evaluated every year as part of the Graduate Student Survey/ Satisfaction items. Data is included in the QIP and monitored for trends. [Graduate Satisfaction for the class of 2018-19 & 2019-2020](#) (pgs. 14-15) ranged from 4.05 (availability of financial aid) to a high of 4.62 (Tech support) (on a 5 point-Likert scale). This suggests graduates are highly satisfied with support services.



Key Element II-D

The chief nurse administrator of the nursing unit:

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

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

II-D 1. Has the individual appointed as chief nurse administrator changed since the last on-site evaluation?

- Yes
- No

If yes, has a substantive change notification been submitted to CCNE related to this change in chief nurse administrator?

- Yes
- No

If the program has a new chief nurse administrator, and a substantive change notification was not submitted to CCNE, provide a CV, and explain how the program remains in compliance with this key element.

Insert text here.

Does the current chief nurse administrator continue to meet all criteria required by the key element?

- Yes
- No

II-D 2. Has the role of the chief nurse administrator changed since the last on-site evaluation?

- Yes
- No

If yes, please describe how the role has changed.

Insert text here.

Optional: Key Element II-D

Is there any other information that the program would like to provide related to this key element?



Insert text here.

Key Element II-E

Faculty are:

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

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios 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 justification for the use of any faculty who do not have a graduate degree.

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

II-E 1. Identify how the nursing unit defines faculty workloads:

See ID 1. above.

Faculty workload for full time-equivalent (FTE) tenure and tenure-track nursing professors include teaching (24 credits per year, as of 2018 congruent with an institutional and system-wide change from 21 credits), active scholarship (involved in at least one creative or scholarly project or its dissemination each year), and participation in service (service on at least one department, university or nursing committee).

The FTE nursing lecturers have teaching expectations of 27 credits each year, while associate lecturers (adjunct faculty), teach courses as needed by the BSN program. Neither of the last two roles have expectations for service or scholarship.

RN to BSN student to faculty ratios in online and face-to-face courses is 25-30:1, while the clinical community health nursing practicum course maintains a ratio of 16 students for each instructor. One mentor works with each RN to BSN student in the clinical site.

II-E 2. Affirm that faculty are sufficient in number to accomplish the mission, goals, and expected program outcomes:



Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no was selected for any program, identify the reason(s) for the insufficiency, and the plan to hire additional faculty if one exists.

Insert text here.

II-E 3. Affirm that faculty are academically and experientially prepared to accomplish the mission, goals, and expected program outcomes:

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no was selected for any program, identify the reason(s) for the lack of academic and experiential preparation, and the plan to address this concern.

Insert text here.

II-E 4. Affirm that faculty are appropriately credentialed for the tracks and/or programs they teach:

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no to any program, identify the reason(s), and the plan to address this concern.

Insert text here.

II-E 5. Affirm that APRN track directors and/or leads are appropriately certified and/or credentialed:

- The program(s) under review have no APRN offerings.

Optional: Key Element II-E

Is there any other information that the program would like to provide related to this key element?

Insert text here.



Key Element II-F

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

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

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

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

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

II-F 1. Are preceptors used in the nursing program(s) under review in this CIPR?

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

Note: If preceptors are not used, please proceed to Key Element II-G.

II-F 2. Has the process for selection, orientation, and evaluation of preceptors changed since the last on-site evaluation?

Program(s) Under Review:	Yes	No
Baccalaureate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe the change(s), and attach appendices as necessary.

Insert text here.

II-F 3. Has the preceptor role changed since the last on-site evaluation?

Program(s) Under Review:	Yes	No
Baccalaureate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe the change(s).



Insert text here.

Optional: Key Element II-F

Is there any other information that the program would like to provide related to this key element?

Preceptors, called mentors, help RN to BSN students 1:1 to engage in hands-on community and public health nursing population-based interventions as the required clinical component in the program. Preceptors must have a BSN or higher. A database is maintained documenting preceptor credentials and roles.

Key Element II-G

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

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

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

II-G 1. Affirm that the parent institution and/or program continues to provide support for faculty teaching, scholarship, service, and practice:

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no for any program, identify any deficiencies, the reason(s) support has not been provided, and the plan to provide needed support if one exists.

See ID 2. above.

As noted above, the institution has supported faculty fiscally with annual professional development funds for faculty and academic staff. Additional funds for presentation of scholarly activities are also available. During Covid-19, our online RN to BSN students, who were also practicing nurses dealing with multiple Covid-19 patients and work stress often needing extra faculty support to be successful in courses. The institution was very sensitive to the extra teaching time faculty needed for this and to convert face-to-face courses to the online format. Therefore, the [UWGB Provost](#) responded and supported the faculty with



reduction in scholarly activity expectations and the number of service meetings on university committees during calendar year 2020.

Optional: Key Element II-G

Is there any other information that the program would like to provide related to this key element?

Insert text here.



Standard III

Program Quality: Curriculum and Teaching-Learning Practices

Key Element III-A

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

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

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

III-A 1. Affirm that expected student outcomes, course unit or level objectives, and/or competencies for any programs offered are congruent with the program’s mission and goals, and with the roles for which the program is preparing its graduates.

The program may delete sections that for programs that are not under review at this time. The information may be adapted to include as many tracks as necessary.

Baccalaureate:

- Track: RN-BSN
- Track: Prelicensure BSN
- Track: _____

If no to any track, identify any deficiencies, the reason(s) for the variance, and the plan to address the concern if one exists.

Insert text here.

Indicate the date that each program was last evaluated for congruency between curriculum and mission, and the frequency with each program is evaluated.

Degree Program	Date of Last Review	Frequency of Review
Baccalaureate	<u>02/08/2019</u>	<u>Every 4 years</u>
Master’s	_____	_____
Post-Graduate APRN Certificate	_____	_____
Doctor of Nursing Practice	_____	_____

Optional: Key Element III-A

Is there any other information that the program would like to provide related to this key element?

The Faculty/BSN Team reviewed the RN-BSN program outcomes for [alignment to the mission and UWGB Student Learning Outcomes](#). These were submitted to the Provosts office in Spring 2019. The prelicensure BSN program and course outcomes were developed in 2019-2020.



Program and course outcomes were developed to align with the university mission, college and unit mission. The Community of Interest (e.g., Nursing Cabinet of Excellent, employers, graduates, etc.) was consulted during the development of the authorization documents and continues to provide input.

Key Element III-B

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

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

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

⚠ For the following section, refer to the nursing standards and guidelines previously identified in Key Element I-B.

III-B 1. Is the baccalaureate degree program under review for this CIPR?

- Yes
- No

⚠ *Note: If “no” was selected above, please proceed to Key Element III-C.*

III-B 2. Affirm that baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines.

- Yes
- No

In the space below, provide examples of how the nursing standards and guidelines have been integrated into the baccalaureate curricula. Appendices may be attached as necessary.

The BSN Faculty carefully aligned the RN-BSN curriculum to reflect the AACN Essentials of Baccalaureate Education for Professional Nursing Practice. These are highlighted in a grid which outlines how each core course is aligned with the [Essentials including alignment with course outcomes and artifacts](#) that demonstrate these. The grid also describes the level of development (Beginning, Developing, or Proficient) for each. In addition, faculty review select courses on a rotating basis for their alignment with professional nursing standards. For example, in [2018](#) the 407 Theoretical Foundations Course and 492 Clinical Pharmacology courses were reviewed for congruence with the program’s mission, goals, and roles (see p. 13 [407]; p. 19 [492]).



Optional: Key Element III-B

Is there any other information that the program would like to provide related to this key element?

Insert text here.

Key Element III-F

The curriculum is logically structured to achieve expected student outcomes.

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

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

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

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

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

III-F 1. Affirm that curriculum remains logically structured to achieve expected student outcomes for program(s) under review in this CIPR:

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master’s	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>



If no for any program, describe the plan to modify the curriculum to support logical sequencing.

Insert text here.

Does the institution offer a direct-entry pathway (for programs under review in this CIPR) for students who do not have a baccalaureate degree in nursing?

- Yes
- No

If yes, affirm that students enrolled in those programs:

- acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education
- acquire baccalaureate level knowledge and competencies delineated in *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

If the response above indicated that any coursework is lacking, describe the plan to modify the curriculum for its inclusion.

Insert text here.

III-F 2. Have there been any changes in the curricular foundation since the last on-site evaluation?

Program(s) Under Review:	Yes	No	Date of Implementation
Baccalaureate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	RN-BSN program was developed in 1981; revised 2014
Master's	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>	

If yes for any program, describe the changes in the space below along with rationale for how the change continues to build upon the required foundation for the program. Include any changes in student outcomes if applicable.

Insert text here.

Optional: Key Element III-F

Is there any other information that the program would like to provide related to this key element?

The RN-BSN Curriculum at UWGB was established in 1981 and underwent revisions to ensure alignment with professional nursing standards and guidelines. In congruence with the UWGB [General Education](#) academic requirements, RN-BSN students complete courses in the arts, humanities, social and natural sciences that are interdisciplinary in nature to ensure a well-rounded graduate. In 2014, the RN-BSN curriculum underwent a major revision to ensure alignment with professional standards and strengthen coverage of healthcare informatics and chronic care management. This revision took place prior to the last accreditation visit. Faculty continue to monitor the curriculum to ensure graduate outcomes demonstrates program outcome achievement.



The prelicensure program also builds on a solid interdisciplinary, general education foundation including natural, biological, social sciences, fine arts, global/ethnic studies, humanities, and sustainability. Nursing courses extend students’ knowledge as it relates to professional nursing practice.

Key Element III-G

Teaching-learning practices:

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

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

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

III-G 1. Have there been any change in teaching-learning practices and environments or learning outcome attainment since last review for program(s) under review in this CIPR?

Program(s) Under Review:	Yes	No	Date of Implementation
Baccalaureate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Master’s	<input type="checkbox"/>	<input type="checkbox"/>	
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>	
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>	

If yes for any program, describe the process and result of the curriculum revision. Include a description of how the change(s) continue to support the achievement of expected student outcomes.

Insert text here.

III-G 2. Describe how teaching-learning practices are appropriate for the student population:

Teaching learning practices are geared toward the adult learner in the virtual environment and practicum. RN-BSN students have an earned Associate Degree in Nursing. The average age of the RN-BSN student in 2019-2020 was 35 years and they work in acute care, long term care, community, and ambulatory settings. It is assumed that they have the basic knowledge, skills, and nursing practice experience. The RN-BSN program builds on this foundation with a focus on theoretical foundations of nursing, leadership, evidence-based practice, informatics, community/public health, and chronic care management. Teaching learning practices encourage students to draw on their nursing practice in the completion of course assessments. For example, students apply change theory in the completion of a change project for their workplace. In addition, students are exposed to their RN-BSN peers who live throughout the United States and represent a diverse group of students and perspectives. Every course engages



students in online discussions in which they explore health issues from multiple perspectives. In the community health practicum, students examine population-health metrics and the evidence to support interventions such as those described in the Community Guide. Finally, in the nursing capstone course, NUR 490 Synthesis for Nursing Practice, students design a Chronic Disease Management program for a specific population impacted by a disease or condition. They develop a business plan including identified population, appropriate standards of practice, interventions and staff required to carry these out, budget, and metrics to evaluate the program. Some RN-BSN graduates who were interested in a graduate program (MSN) in Leadership and Management were able to draw on this knowledge in the design and development of an actual disease management program for their MSN Leadership Project. Feedback regarding this project has been very positive.

Optional: Key Element III-G

Is there any other information that the program would like to provide related to this key element?

The Traditional BSN program will engage students in a concept-based curriculum with opportunities to apply the content they are learning in active learning strategies. Faculty mapped nursing concepts with exemplars (cases that apply the concept) designed to improve clinical application and judgement. The Traditional Nursing Courses will be offered for the first time Spring 2021.

Key Element III-H

The curriculum includes planned clinical practice experiences that:

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

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

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

III-H 1. Have there been any changes in the planned clinical practice experiences since the last on-site evaluation for program(s) under review in this CIPR?

Program(s) Under Review:	Yes	No
Baccalaureate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>



Doctor of Nursing Practice

If yes for any program, describe the changes and how the key element remains in compliance.

Insert text here.

If the baccalaureate degree program is under review, and the program offers a post-licensure baccalaureate (RN-BSN) track, affirm that students enrolled in that track complete clinical practice experiences:

- Yes
- No
- The baccalaureate program is not under review.

If the master’s degree program is under review, and the institution offers an APRN preparation program, affirm that students enrolled the program complete at least 500 hours of clinical practice experiences:

- Yes
- No
- The master’s program is not under review.

III-H 2. Are planned clinical practice experiences evaluated by faculty?

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master’s	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no for any program, please explain.

Insert text here.

Optional: Key Element III-H

Is there any other information that the program would like to provide related to this key element?

The RN-BSN curriculum includes a required community/public health clinical. Students are placed in a community/public health agency in their home community. Types of settings include, but are not limited to, public health, home health, hospice, correctional, school, and occupational health settings. Faculty with expertise in community/public health nursing negotiate practicum placements for each student. During the COVID pandemic, some students were engaged in contact tracing and other pandemic control activities. In addition, virtual clinical experiences were identified for students who were unable to complete all their practicum hours due to staff shortages, COVID exposure, or other COVID challenges.



Key Element III-I

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

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

III-I 1. Please affirm that individual student performance is evaluated by the faculty for the program(s) under review.

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no for any program, please explain.

Insert text here.

III-I 2. Please affirm that individual student performance reflects achievement of expected student outcomes for the program(s) under review.

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>

If no for any program, please explain.

Insert text here.

III-I 3. Please affirm that evaluation policies and procedures for individual student performance are defined and consistently applied for the program(s) under review.

Program(s) Under Review:	Yes	No
Baccalaureate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Master's	<input type="checkbox"/>	<input type="checkbox"/>
Post-Graduate APRN Certificate	<input type="checkbox"/>	<input type="checkbox"/>
Doctor of Nursing Practice	<input type="checkbox"/>	<input type="checkbox"/>



If no for any program, please explain.

Insert text here.

Optional: Key Element III-I

Is there any other information that the program would like to provide related to this key element?

As noted previously, Wisconsin Statutes require that public health nurses hold an earned baccalaureate degree (BSN). The community/public health practicum provides the necessary foundation for graduates to work in community/public health settings. Student feedback has been very positive and suggests they gain greater understanding of population health and pandemic preparedness and mitigation.

Key Element III-J

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

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

III-J 1. Indicate the date that the curriculum and teaching-learning practices were last reviewed, and the frequency with which they are reviewed:

Program(s) Under Review:	Date of Last Review	Frequency of Review
Baccalaureate	<u>11/12/2020</u>	<u>Annual</u>
Master's	___	___
Post-Graduate APRN Certificate	___	___
Doctor of Nursing Practice	___	___

Describe the outcome of those reviews:

Each of the RN-BSN courses are reviewed each year by the NHSU Faculty and staff as well as the BSN@Home Steering Committee). The NHSU chair also serves as the chairperson of the collaborative RN-BSN steering committee. The review includes course evaluation data and feedback from the course faculty. NHSU faculty and BSN@Home steering committee members identify strengths and areas for improvement. Any course revisions are noted and evaluated the following year. For example, the lead faculty for NURS 407 Theoretical Foundations revised the final exam in response to student feedback that the exam did not reflect major course concepts. In addition, student feedback suggested a desire for more specific evaluation criteria for assignments. The faculty created rubrics for graded assignments. These will be evaluated during the next review.

Optional: Key Element III-J

Is there any other information that the program would like to provide related to this key element?

Insert text here.



Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

Key Element IV-A

A systematic process is used to determine program effectiveness.

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

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

IV-A 1. Include an appendix or URL of the program's current written systematic process (plan) used to determine the effectiveness of the educational program.

Note: The process must address completion rates, licensure and/or certification pass rates, employment rates, and other program outcomes. The process must include timelines for data collection, review of expected and actual outcomes, and analysis.

Identify the appendix or URL where the systematic process is found:

The UW-Green Bay Nursing & Health Studies [Quality Improvement Plan](#) includes information about the plan for monitoring completion rates, employment rates, and other program outcomes.

Identify the date the process was last reviewed, and how the review was conducted:

The Quality Improvement Plan (QIP) template was reviewed and updated to reflect the 2018 Amended CCNE Standards by the Nursing & Health Studies Unit (entire faculty and staff) on [1/22/2019](#) and approved at the [3/11/2019](#) NHSU meeting. The QIP is reviewed each year by the BSN Team (for the BSN program) at the beginning of the academic year with elements evaluated throughout the academic year. At the May NHSU meeting, faculty and staff review the QIP results and identify areas of strength and improvement.

Optional: Key Element IV-A

Is there any other information that the program would like to provide related to this key element?



A separate QIP will be developed for the prelicensure BSN program and will include program outcome evaluation as well as NCLEX-RN pass, completion, and employment rates to name a few.

Key Element IV-B

Program completion rates demonstrate program effectiveness.

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

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

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

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

IV-B 1. Describe the formula(e) used to determine completion rates (e.g., graduation rates). Specify the entry point and time period for completion for each program.

In conjunction with the office of Office of Institutional Strategy and Effectiveness, the nursing unit tracks and reports student program completion rates including 1) percent graduating within four, five, and six years; and 2) percent persisting (still enrolled) after six years.

Entry Point to the RN-BSN program includes students who apply, are admitted, and first enroll in a Nursing support or RN-BSN course at UW-Green Bay. A cohort includes students who first enroll in a given calendar year (spring, summer, or fall).

Time period to completion is considered six-years. The six-year completion rate is UW-Green Bay's measure of effectiveness for the following reasons:



- a. The typical nursing student in the BSN completion program takes four courses (12 credits) a year. Approximately 50% take two courses, 30% take one course and 20% take more than two courses.
- b. The typical BSN completion graduate completes 45 credits at UW-Green Bay.
- c. Under continuous enrollment, it takes 4 years to complete 45 credits taking 12 credits a year. Federal graduation rate standards allow students to take 150% of the amount of time that would be considered the most direct path. 150% of 4 years is 6 years.
- d. Of those who graduate from UW-Green Bay, well over 90% graduate within six years.

IV-B 2. Do program(s) under review in the CIPR have individuals who have completed?

- Yes
- No

Note: If “no” was selected above, please proceed to Key Element IV-C.

IV-B 3. In the following table(s), provide completion rates for each program under review for the most recent three calendar years.

Note: While completion rate formula(e) may vary by track, the key element requires completion rates to be provided by degree and/or certificate program. Students who have left the program due to identified factors such as family obligations, relocation, financial barriers, decision to change majors, or transfer to another institution of higher learning may be excluded.

The program may delete sections for programs that are not under review at this time.

Baccalaureate Program:

- The CIPR was submitted before the expected time period for completion concluded.

Calendar Year of Graduation	Calendar Year of Admission	# Students Admitted	# Students Excluded	# Students Completing	% Students Completing
2018	2012	156	17	100	72%
2019	2013	118	15	82	80%
2020*	2014	155	36	101	85%

If any program has a completion rate of less than 70% for the most recent calendar year, please provide an explanation/analysis with documentation for the variance in the space below:

N/A; all cohorts had a completion rate of 70% or greater. Prelicensure BSN courses will first be offered in spring 2021 therefore completion rates are not included.

Optional: Key Element IV-B

Is there any other information that the program would like to provide related to this key element?



Using the 6-year completion rate, the year of graduation for student in each cohort varies depending on the speed with which the student progressed through the program. The calendar year of graduation in the table above reflects the definition (e.g., 2012 cohort plus 6 years= 2018). The 2020 calendar year of graduation does not reflect those graduating in December.

Key Element IV-C

Licensure pass rates demonstrate program effectiveness.

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

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

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

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

IV-C 1. Does the institution offer pre-licensure tracks within program(s) under review in the CIPR?

- Yes
 No

Note: If “no” was selected above, please proceed to Key Element IV-D.

Complete the following table for each track and/or site that offers a pre-licensure nursing track. Record the campus/site and track’s NCLEX-RN pass rate for the three past calendar years. (The table may be adapted to include as many tracks/sites as necessary.)

Track and/or Site:	Calendar Year	Provide the pass rate by year. Identify the method of calculation used (from the options above) and the number of test-takers.
The first Prelicensure BSN program graduates will be eligible to take the NCLEX-RN exam spring 2023; there are no	20__	Pass rate: ____ Number of test takers: ____ Method of calculation: ____ Other Information (<i>optional</i>): ____
	20__	Pass rate: ____ Number of test takers: ____ Method of calculation: ____ Other Information (<i>optional</i>): ____



results to report at this time.	20__	Pass rate: ____ Number of test takers: ____ Method of calculation: ____ Other Information (optional): ____
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For any campus/site and track where the rate reported in the table above was less than 80%, has a substantive change notification been submitted to CCNE related to this change in student achievement?

- Not applicable, each campus/site and track had a pass rate of 80% or higher.
- Yes
- No

Optional: Key Element IV-C

Is there any other information that the program would like to provide related to this key element?

The prelicensure BSN program admitted their first cohort and will first offer nursing courses spring 2021. The first prelicensure BSN graduates will be eligible to take the NCLEX-RN exam spring 2023; therefore, there are no results to report at this time. The program will employ the HESI NCLEX preparation program to both identify program strengths and areas of concern and to assist students as they prepare for the NCLEX-RN.

Key Element IV-D

Certification pass rates demonstrate program effectiveness.

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

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

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

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

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



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

IV-D 1. Do program(s) under review in the CIPR offer tracks that prepare students for one or more certification examination(s)?

- Yes
- No

Note: If “no” was selected above, please proceed to Key Element IV-E.

Key Element IV-E

Employment rates demonstrate program effectiveness.

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

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

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

IV-E 1. Do program(s) under review in the CIPR have individuals that have completed?

- Yes
- No

Note: If “no” was selected above, please proceed to Key Element IV-F.

IV-E 2. Complete the following employment rate table for each program offered under review in the CIPR.

Note: Data may reflect employment immediately following completion of the program or any time frame within 12 months of completion. Employment data collected prior to program completion does not demonstrate compliance. Graduates who elect not to seek employment should not be included in the calculation. The institution may report employment in any field, not just nursing.

Program(s) Under Review:	Year of Completion	# Graduates	% Employed within 12 months of completion
Baccalaureate	2019	118	Number of completers: <u>118</u>



			% Employed: <u>100</u> Other Information (optional): <u>The majority of RN-BSN students are employed throughout their RN-BSN program.</u>
Master's	20__		Number of completers: ____ % Employed: ____ Other Information (optional): ____
Post-Graduate APRN Certificate	20__		Number of completers: ____ % Employed: ____ Other Information (optional): ____
Doctor of Nursing Practice	20__		Number of completers: ____ % Employed: ____ Other Information (optional): ____

For any program where the rate reported in the table above was less than 70%, has a substantive change notification been submitted to CCNE related to this change in student achievement?

- Yes
- No

Optional: Key Element IV-E

Is there any other information that the program would like to provide related to this key element?

RN-BSN students are typically employed throughout their RN-BSN program. Many local health systems require RN's with an associate degree to earn the BSN within 3-5 years of employment.

Key Element IV-F

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

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

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

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



IV-F 1. Describe how data regarding completion, licensure, certification, and employment) have been used to foster ongoing improvement.

The description should reflect that any discrepancies (if applicable) resulted in changes to the program to foster improvements. The example should also demonstrate that faculty were engaged in the program improvement process.

While the completion rate data meets the CCNE benchmark, completion rate and persistence data are used to foster ongoing improvement. The nature of the RN-BSN educational journey allows for students to progress through the program at varying rates, some taking 1.5 years to complete while others taking more than 6-years. That said, a [process to follow up with unregistered students](#) was employed in 2014-15 and continues to this date. The process involves obtaining lists of admitted nursing students who did not register for one or two semesters. Using an e-survey, unregistered students receive an email with a link to an electronic survey asking the reasons for their status and encouraging them to contact their nursing advisor to register for classes or discuss their academic plan. The process often resulted in students re-engaging in the RN-BSN curriculum and ultimately completing the program at a higher rate than prior to this process being initiated. This contributes to the overall nursing workforce and more specifically the goal of 80% of the nursing workforce being prepared at the baccalaureate level by 2020. With few exceptions, post-licensure RN-BSN students are employed throughout the RN-BSN program. The program does not prepare RN-BSN students for certification.

Optional: Key Element IV-F

Is there any other information that the program would like to provide related to this key element?

Pre-licensure BSN program- the curriculum will launch nursing courses spring 2021. Throughout the program, faculty advisors will meet with students to provide professional career and curricular guidance. UW-Green Bay Career Center and Nursing & Health Studies shared employment opportunities as they arise and will monitor employment rates of these students upon graduation.

Key Element IV-G

Aggregate faculty outcomes demonstrate program effectiveness.

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

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

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



Note: Faculty outcomes identified in Key Element IV-G should be congruent with those previously identified in Key Element I-D.

IV-G 1. Complete the following table to demonstrate that actual faculty outcomes in the aggregate are analyzed and compared to expected outcomes. (The table may be adapted to include as many outcomes and faculty groups, if applicable, as necessary.)

Faculty Outcome	Timeframe	Expected Level of Achievement	Actual Outcome
Teaching- Faculty Evaluation of Instruction- Overall Item Mean is 6.0 or greater (10 point-Likert type scale) on the Student Course Comment Questionnaire (CCQ) evaluation	2019–2020	100% of Faculty CCQ Overall Means are 6.0 or greater	Met- 100%- All CCQ Overall mean scores were 6.0 or greater (10 point-Likert type scale)
Teaching- Participation in professional development activities in support of teaching annually	2019–2020	100% of faculty are expected to participate in professional development activities in support of teaching each year.	Met- 100% (n=5) of faculty participated in professional development activities in support of teaching
Scholarship- Annual Participation in scholarly activities by Tenure/Tenure track Faculty. Examples of scholarly activities include presentations at a local, regional or national conference OR publication in a peer-reviewed journal OR active in scholarly activity in support of scholarly activities.	2019–2020	100% of Tenure/Tenure track Faculty participate in scholarly activities each year	Met- 100% (n=4) of Tenure/Tenure track Faculty participate in scholarly activities each year
Service- Participation in university, professional, or community service activity each year	2019–2020	100% of Tenure/Tenure track Faculty participate in at least one university, professional, or community service activity each year (n=5)	Met- 100% (n=5) of faculty (Tenure/Tenure track and lecturers) participate in at least one university, professional, or community service activity.



IV-G 2. Have the expected faculty outcomes changed since the last on-site evaluation?

- Yes
- No

If yes, provide examples and a description of how the current expected faculty outcomes continue to reflect expectations of the faculty in their roles.

At the time of the last CCNE BSN program accreditation visit, Standard IV G did not exist. Several changes occurred that enhanced the evaluation of faculty and aggregate faculty outcomes to ensure consistency with the expected outcomes. While individual faculty were always evaluated by the NHSU executive committee (tenure-track and tenured) or the NHSU Chair (lecturers), the university as a whole developed a more robust evaluation process for all faculty ([UW-Green Bay Faculty Handbook](#) pgs. 100-105). In addition, the faculty evaluation process focused on tenure-track and lecturers rather than tenured faculty. As of 2016, all faculty undergo an annual review and tenured faculty undergo a post-tenure review every five years.

In addition, the NHSU executive committee identified faculty expectations used to guide the reviews and aggregate faculty outcomes. The Nursing Faculty & Staff [Handbook](#) (pgs. 22-23) describe the individual expected outcomes in teaching, scholarship and service for tenure-track and tenured faculty, and lecturers. As noted above, all faculty undergo an annual evaluation to determine if they are meeting expected outcomes of the unit and the university. Each faculty (tenured, tenure-track, and lecturers) completes a Professional Activities Report (PAR) annually, as described in key element I-D. The PAR is submitted to the NHSU chair and Secretary of the Faculty and Staff (SOFAS) each October and includes documentation of teaching, scholarly and creative activities, and service for the preceding academic year. The PARs provide data to compare actual vs. expected aggregate faculty outcomes related to teaching, service, and scholarship (see table above).

If yes, describe how the current expected faculty outcomes continue to be consistent with and contribute to the achievement of the program’s mission and goals.

The current expected faculty outcomes meet both the expectations of the unit and those of the university. As noted above, in 2015, NHSU did not specify aggregate faculty outcomes however faculty were evaluated in the areas of teaching, scholarship, and service. The current evaluation process makes explicit the criterion used to ensure faculty are engaged in continuous improvement in teaching, scholarship, and service to the unit, university, community and profession.

If yes, describe how the current expected faculty outcomes continue to be congruent with institution and program expectations.

The NHSU Faculty Expectations/Outcomes are congruent with the expectations of the UW-Green Bay Faculty outcomes as noted in the UWGB Faculty Handbook p. 101-102. For example, in the area of Teaching: Faculty are expected to consistently meet all of their classes and hold appropriate office hours (or maintain equivalent engagement with students for online courses); to continually reflect on their teaching and respond to constructive feedback; and they update their course content and pedagogy as appropriate, in light of scholarly and pedagogical developments in their fields.



In the area of Scholarly and Creative Activities: Faculty are expected to maintain familiarity with recent developments in their disciplinary field(s) and maintain scholarly or creative engagement, whether through attending conferences, publishing, or otherwise participating in scholarly or creative communities or dialogues.

In terms of Departmental, Institutional, and Community Service: Faculty are expected to contribute to departmental, college, university, professional, and community life through participation in committees, panels, forums, projects, etc.

Optional: Key Element IV-G

Is there any other information that the program would like to provide related to this key element?

NHSU faculty are highly engaged in scholarship and service at all levels. They are experts in the area of online pedagogy having authored several articles and chapters.

Key Element IV-H

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

Elaboration: The program uses faculty outcome data for improvement.

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

⚠ *Note: Faculty outcomes identified in Key Element IV-H should be congruent with those previously identified in Key Element I-D.*

IV-H 1. Describe how faculty outcome data are used to promote ongoing program improvement:

The review of aggregate faculty outcomes involves the NHSU Executive committee and BSN faculty and promote ongoing BSN program improvement. All tenured faculty members participate on the NHSU Executive Committee and are aware of and engaged in program improvement related to aggregate faculty outcome data.

In addition, during the review of lecturers, the NHSU/BSN Team chair discusses individual faculty outcomes and ways the aggregate faculty outcome data may be used to improve the BSN program. For example, the RN-BSN curriculum includes a required Community/Public Health practicum. Three of the BSN faculty were engaged in scholarship in the area of community/public health nursing, the RN-BSN required practicum. Two faculty are certified in the area of community/public health and are highly engaged in the Association of Community Health Nursing Educators (ACHNE). This engagement ensures the curriculum reflects the latest trends and standards for community/public health nursing practice.

All faculty engage in professional development related to teaching/learning practices, particularly those related to distance education and pedagogy. The university offers an annual



professional development conference each January. Several NHSU faculty presented best practices at these conferences and others participate in the conference. In addition, aggregate scholarly/creative activities outcomes demonstrate faculty contribute to the advancement of the nursing profession via publications and presentations.

As the prelicensure BSN program launches, it will be important that aggregate faculty outcomes consider outcomes regarding clinical practice and those designed to prepare students for the NCLEX-RN.

IV-H 2. Describe the process in place to analyze faculty outcomes for effectiveness:

The NHSU Executive Committee reviews each faculty member in the Fall of the academic year. The review (annual, post-tenure, or merit) is a formative process with the goal of continuing to develop and support, to the fullest extent possible, the talents and aspirations of each faculty member. During this review, members discuss activities to support faculty in their teaching. If aggregate faculty outcomes were not met, committee members would discuss the necessary resources needed to support ongoing faculty development. For example, each year UW-Green Bay hosts a Faculty Development conference devoted to the scholarship of teaching and learning. Faculty are encouraged to participate in this conference as well as those related to their teaching and scholarly activities. During this review, a need for support of faculty scholarship in the area of statistical consultation was noted. A recommendation was made to the Dean of the College of Health Education, and Social Welfare. In addition, the NHSU executive committee chair solicits requests for budgetary support including support for faculty professional development and scholarship.

In addition, review of aggregate faculty expected outcome data to foster ongoing BSN program improvement will be added to the NHSU and BSN Quality Improvement Plan (QIP) Benchmark table thus documenting these on an annual basis.

IV-H 3. Using the data previously provided in Key Element IV-G, were there any actual faculty outcomes that did not meet the stated expected level of achievement?

- Yes
- No

For any outcome where the expected level of achievement was not met, provide a written explanation/analysis with documentation for the variance in the space below.

Faculty Outcome:

Explanation/Analysis:

Optional: Key Element IV-H

Is there any other information that the program would like to provide related to this key element?

The current NHSU Faculty evaluation process provides an excellent opportunity to support faculty in their pursuits and subsequently the continuous improvement of the BSN program.



Key Element IV-I

Program outcomes demonstrate program effectiveness.

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

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

IV-I 1. Complete the following table for identified program outcomes. (The table may be adapted to include as many outcomes as necessary.)

 *Note: Do not include outcomes related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), and employment rates (Key Element IV-E); and those related to faculty (Key Element IV-G).*

Program Outcome	Timeframe	Expected Level of Achievement	Actual Outcome
		*** <i>Graduates, Alumni, and Employers were asked to rate how well they or their employee demonstrated each of the program outcomes.</i>	
1. Use knowledge from liberal and interdisciplinary problem-focused education as a basis for nursing practice.	2017–2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Graduate Survey = 4.09 (.62) Alumni Survey= 4.26 (.71) Employer Survey= 4.67 (.47)
2. Use knowledge and skills in leadership, quality improvement, and patient safety to provide high-quality health care.	2017–2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Graduate Survey = 4.27 (.57) Alumni Survey= 4.30 (.64) Employer Survey= 4.00 (.1.0)
3. Engage in a systematic process of evaluation, translation, and application of	2017–2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale	Graduate Survey = 4.33 (.77) Alumni Survey= 4.50 (.59)



scientific evidence to inform nursing practice.		5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Employer Survey= 4.50 (.50)
4. Recognize the role of information management and patient care technologies to improve patient care outcomes.	2017-2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Graduate Survey = 4.18 (.67) Alumni Survey= 4.35 (.73) Employer Survey=4.33 (.94)
5. Examine how health care policies, including financial and regulatory, influence health care systems and nursing practice.	2017–2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Graduate Survey = 3.94 (.89) Alumni Survey= 4.00 (.84) Employer Survey=4.33 (.94)
6. Integrate interprofessional communication and collaborative skills to optimize holistic patient care.	2017–2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Graduate Survey = 4.36 (.69) Alumni Survey= 4.25 (.77) Employer Survey=4.67 (.47)
7. Apply health promotion and disease and injury prevention strategies to improve population health.	2017–2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Graduate Survey = 4.42 (.70) Alumni Survey= 4.20 (.93) Employer Survey=4.33 (.94)
8. Promote professionalism and model the values of altruism, autonomy, caring, human dignity, integrity, and social justice in nursing practice.	2017–2020	Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None	Graduate Survey = 4.39 (.69) Alumni Survey= 4.40(.66) Employer Survey=5.00 (.82)



<p>9. Synthesize previous and newly acquired knowledge, theory, skills, and attitudes to address health care needs of culturally diverse individuals and populations across the continuum of healthcare environments.</p>	<p>2017–2020</p>	<p>Aggregate mean score of 3.75 on a 5-point scale on the Graduate, Alumni, and Employer surveys</p> <p>Scale 5= Extensive; 4= Substantial; 3= Moderate; 2= Limited; 1= None</p>	<p>PO9= Graduate Survey = 4.24 (.70)</p> <p>Alumni Survey= 4.30 (.84)</p> <p>Employer Survey=4.67 (1.25)</p>
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Optional: Key Element IV-I

Is there any other information that the program would like to provide related to this key element?

While individual cohort data is reviewed and analyzed each year, 3-5-year trends often provide more meaningful data for analysis.

Key Element IV-J

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

Elaboration: For program outcomes defined by the program:

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

IV-J 1. Describe how program outcome data are used to promote ongoing program improvement:

BSN program outcome data are reviewed each year by the NHSU faculty and BSN Team to examine opportunities for program improvement. The Quality Improvement Plan (QIP) includes a benchmark table including all program outcome data elements (graduate, alumni, employer, Community of Interest- Advisory committee input). When a program outcome falls below the benchmark, the NHSU faculty examine the curriculum and engage members of the community of interest (e.g., students, graduates, employers, advisory committee members) to look for opportunities for program/course improvements.

Likewise, the [University Programmatic Assessment Plan](#) requires each program to evaluate at least one program outcome in more depth on an annual basis. For example, in 2014, aggregate program outcome data suggested that graduate, alumni, and employer aggregate data suggested that program outcome 5- *Examine how healthcare policies, including financial and regulatory, influence healthcare systems and nursing practice* was rated the lowest and in some cases below the required benchmark. A more detailed plan was created including direct (course assignment performance) and indirect measures. A Peer review of finance content threaded through BSN curriculum was conducted by 4 BSN faculty members of content in 5



nursing courses that address healthcare finance and policy content (course content coverage and description of assigned student work):

- *NURS 407 Foundations of Professional Nursing Practice
- *NURS 454 Community Health Nursing Theory
- *NURS 455 Community Health Nursing
- *NURS 447 Leadership and Management
- *NURS 490 Synthesis for Nursing Practice

In addition, the BSN Advisory Committee was asked to provide input into this content. A summary of advisory committee input included that there was a general impression that content on healthcare finance is critical in the BSN curriculum in light of major changes to healthcare finance policy in the last 3 years. One Advisory Committee member sent a leader training outline for review by nursing faculty.

Recommendations for continued work on this outcome included:

1. Recommend having a Brown Bag with faculty to share and discuss content coverage of finance in the BSN program.
2. Because of continual changes to healthcare finance (e.g., Affordable Care Act), there is a need to continue to provide updated and current content in this area. Specific improvements to curriculum recommended include:

- Evaluate NURS 407 final exam questions and consider improvement based on text/data
- Evaluate adding an additional week of content and study in NURS 490 on healthcare reimbursement/finance models (e.g., value-based purchasing, capitated payment, bundled reimbursement).

3. Continue to assess program outcome #5 and monitoring of this outcome.

The results of this evaluation were used to enhance the program. Since these enhancements were completed, the aggregate program outcome data has consistently met and exceeded the benchmark (3.75 on a 5-point Likert-type scale).

IV-J 2. Describe the process in place to analyze program changes for effectiveness:

As described above, the University Annual Programmatic Assessment plan combined with the BSN QIP provides a process by which program changes are evaluated for their impact on the program outcomes and student satisfaction.

First, each year graduates, alumni, and employers are surveyed to determine their perceived achievement of the program outcome (or their employee's demonstration of the program outcomes). This data along with qualitative comments are monitored for trends.

[Course evaluation data](#) is also used to determine student evaluation of course and instructor performance for each course. Each year the BSN Team reviews this data with any takeaways/impressions captured.

The Quality Improvement Plan (QIP) includes a column for evaluating changes. In addition, the [University Annual Programmatic Assessment plan](#) requires a follow up report outlining the results of the program review and any changes that resulted and recommendations for further changes or work.



Each of these processes ensures a continuous quality improvement approach is used to evaluate program changes.

In fall 2020, the university is undertaking a [Comprehensive Program Review](#) for all undergraduate programs including data on graduates. At the time of this writing, this review is underway for the BSN programs.

IV-J 3. Using the data previously provided in Key Element IV-I, were there any actual program outcomes that did not meet the stated expected level of achievement?

 *Note:* Do not include data related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), and employment rates (Key Element IV-E); and those related to faculty (Key Element IV-G).

- Yes
- No

For any outcome where the expected level of achievement was not met, provide a written explanation/analysis with documentation for the variance in the space below.

Faculty Outcome:

Explanation/Analysis:

Optional: Key Element IV-J

Is there any other information that the program would like to provide related to this key element?

Insert text here.



Verification

- The Chief Nurse Administrator, Christine Vandenhouten has approved the program information form and completed report, and confirms its contents as of 11/30/2020.