



**VERA Z. DWYER COLLEGE  
OF HEALTH SCIENCES**

INDIANA UNIVERSITY SOUTH BEND

# School of Nursing Self-Study Report

A large, abstract, beige-colored graphic element consisting of several thick, interconnected lines that form a jagged, mountain-like shape, extending from the left side of the page towards the bottom right.

December 2019

# IU SOUTH BEND CCNE SELF-STUDY REPORT

**Indiana University South Bend School of Nursing  
Self-Study Report  
for the Accreditation of the BSN Program**

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

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## Introduction

Indiana University South Bend (IU South Bend) is the only public bachelor's and master's degree granting institution in north central Indiana. The first classes were held at Central High School in downtown South Bend in 1916. The campus moved to its current location along the St Joseph River in 1961 with the completion of Northside Hall. In 1975, Indiana University purchased most of the land that created the campus of today. New facilities were added over time including the Franklin D. Schurz Library (1989), Wiekamp Hall (1997), Student Activities Center (2002), pedestrian bridge (2005), IU South Bend Elkhart Center (2007), River Crossing student housing (2007), and the Education and Arts building (2013). IU South Bend is the largest regional campus of Indiana University, with more than 5,000 students, nearly 300 full-time faculty members and over 1,200 full and part-time employees.

IU South Bend offers academic excellence and a full collegiate experience including student housing, more than 100 degree programs, twelve men's and women's conference NAIA athletics, intramural sports, and over 100 clubs and organizations. IU South Bend enrollment is composed of 5,092 students:

- Undergraduate students 4,551
- Graduate 541
- International 162
- Full-time undergraduates 79%
- Part-time undergraduates 21%
- Males 35%
- Females 65%
- Minorities 28%
- Traditional age (24 and under) 72%
- Nontraditional age (25 and up) 28%

Nestled along the St. Joseph River, the IU South Bend campus includes:

- Over 80 beautiful acres
- 8 academic buildings including Dwyer Hall which houses the campus Health and Wellness Center
- 12 general-use computer labs
- 790 computers for student use
- 24/7 live technical support
- High-speed I-Light network with access to Internet 2
- Wireless network at South Bend and Elkhart
- 120 classrooms with installed technology

The health science programs in the Vera Z. Dwyer College of Health Sciences at IU South Bend began in 1968 with dental assisting and dental hygiene. The nursing program opened in 1975 with the RN-BSN completion option program. The four-year baccalaureate degree in nursing was established in 1988, an associate degree program in 1989, and a master's degree in nursing was established in 2008. The associate degree in nursing was not offered after 2001. In 2011, the RN-BSN completion option program through the Indiana University consortium was created, and in 2018, IU South Bend stopped enrolling students into the RN-BSN completion option face to face program due to lack of interest.

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Originally, the BSN degree was comprised of seven of the eight IU campuses nursing schools as the Indiana University School of Nursing System. In 1998, IU South Bend nursing faculty decided to separate the nursing program from the system school to become an independent School of Nursing with full charge of the curriculum, mission, and policy. Other IU regional schools of nursing made the same decision about the same time. While independent, IU South Bend School of Nursing maintains a collaborative relationship with the central IU Schools of Nursing including the RN-BSN completion option program consortium, faculty networking and development, and membership in Alpha Chapter of Sigma Theta Tau International. Of the nine Indiana University campuses, four remain linked together as a central IU nursing program (IUPUI, IUB, IUFW and IUPUC). Each of the remaining campuses have independent nursing programs.

In 2014, the Dwyer Charitable Trust made a \$5.85 million gift to support and change the name of the College of Health Sciences to the *Vera Z. Dwyer College of Health Sciences*. This trust supports students with scholarships, the Dwyer College of Health Science with the *Vera Z. Dwyer Endowed Bicentennial Chair of Palliative Care*, and the School of Nursing with the *Vera Z. Dwyer Distinguished Chair in Nursing Practice* for the Assistant Dean for the School of Nursing. IU South Bend remodeled and named the campus building on the St. Joseph River *Vera Z. Dwyer Hall*. Her trust fund contributed \$2,425,000 from 2016-2018 to the campus.

IU South Bend offers three nursing degree options:

- Traditional BSN
- RN-BSN completion option program through the IU consortium
- FNP MSN

The student enrollment in the school of nursing is currently 221 students:

- 137 Traditional BSN
- 44 RN-BSN
- 40 MSN

Seventeen full-time faculty are dedicated to the nursing program with an additional six part-time adjunct faculty members most semesters. These faculty members teach 132 course credits in the traditional BSN program, 61 credits in the MSN program, and a fluctuating amount of overload for the RN-BSN completion option consortium program.

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## Standard I

### Program Quality: Mission and Governance

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

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

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

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

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

### Program Response

The School of Nursing mission, goals, and expected program outcomes are congruent with the IU South Bend mission and the Dwyer College of Health Science mission. These missions are reviewed and revised as needed for ongoing congruency.

### Mission and Goals

IU South Bend is a comprehensive public university offering post-secondary through master's education. As part of the Indiana University system, each of the nine campuses comprising Indiana University has a separate mission that directly relates to the role that each campus serves in their respective student body and community. The goals and mission for IU South Bend are centered on service to the educational needs of the Northcentral Indiana and Southwestern Michigan areas. IU South Bend is the only comprehensive, public, baccalaureate university in this region.

#### IU South Bend Mission Statement:

Indiana University South Bend is the comprehensive undergraduate and postgraduate campus that serves North Central Indiana and is a regional campus of Indiana University. The campus values excellence in teaching, student-faculty interaction, research and creative activity, diversity and inclusivity, a global perspective, and collaboration in life-long learning. IU South Bend develops engaged citizens prepared to build strong communities.

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## Dwyer College of Health Sciences Mission Statement:

The Vera Z. Dwyer College of Health Sciences will be recognized as a leader in the provision of health care services, health education, and health promotion. The College is dedicated to teaching excellence, transformational educational experiences, human dignity and excellence in community service, health care, health education, and health promotion.

The mission of the Vera Z. Dwyer College of Health Sciences is to provide a transformational education that prepares professionals who demonstrate excellence in the provision of care and respect for human dignity.

- Transformational learning is a revolutionary process that occurs through small, everyday encounters and unique perspective-altering experiences.
- Excellence in healthcare is exemplified by a commitment to innovation, evidenced-based practice, integrity, and a commitment to integrative care.
- Human dignity is inherent respect for all persons that encompasses good will, compassion, and understanding.

## School of Nursing Mission Statement:

Indiana University South Bend School of Nursing prepares holistic, caring, ethical, and professional nurses who respect the uniqueness of each individual. Graduates of this program provide safe, competent nursing care to meet the healthcare needs of the individual, family, and community.

Our nursing graduates function in cohesive healthcare teams using critically evaluated evidence. The School of Nursing values compassion, moral integrity, respect, inclusivity, and service to others.

### School of Nursing Goals

- Prepare nurses to competently and professionally deliver nursing care.
- Prepare graduates to provide safe, evidence-based, patient-centered care that reflects ethical clinical judgement and inter-professional collaboration.
- Cultivate an intellectual desire for study and life-long learning.
- Contribute to the profession of nursing by engaging in leadership, scholarship, and practice activities.

Table I-A-1: Alignment of IU South Bend, DCHS, and SON Mission Statements

<b>IU South Bend</b>	<b>DCHS</b>	<b>SON</b>
Comprehensive undergraduate campus	Leader in the provision of health care services, health education and health promotion.	Prepare nurses to competently and professionally deliver nursing care.
Collaboration in life-long learning		Cultivate an intellectual desire for study and life-long learning.

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<b>IU South Bend</b>	<b>DCHS</b>	<b>SON</b>
Excellence in teaching	Dedicated to teaching excellence	
The campus values student-faculty interaction	Provides transformational educational experiences that occur through small, everyday encounters and unique perspective-altering experiences.	
Values research and creative activity		Contribute to the profession of nursing by engaging in leadership, scholarship, and practice activities.
Values diversity and inclusivity	Prepares professionals who demonstrate excellence in the provision of care and respect for human dignity. Human dignity is the inherent respect for all persons that encompasses good will, compassion, and understanding.	Prepares holistic, caring, ethical professional nurses who respect the uniqueness of each individual. Values compassion, moral integrity, respect, inclusivity, and service to others.
Engaged citizens prepared to build strong communities		Provide safe, competent nursing care to meet the healthcare needs of the individual, family, and community.
	Excellence in healthcare is exemplified by a commitment to innovation, evidenced-based practice, integrity, and a commitment to integrative care.	Function in cohesive healthcare teams using critically evaluated evidence. Prepare graduates to provide safe, evidence-based, patient-centered care that reflects ethical clinical judgement, and inter-professional collaboration.

Program learning outcomes for the traditional BSN program and the RN-BSN completion option program are identical. The learning outcomes are also shared and approved by all nine IU School of Nursing campuses. The mission statements and program goals are specific to each Indiana University School of Nursing campus. The IU South Bend School of Nursing mission statement and goals were developed, approved, and revised by the IU School of Nursing faculty.

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Table I-A-2 Alignment of Program Learning Outcomes and SON Mission

<b>Program Learning Outcome</b>	<b>SON Mission</b>
A critical thinker who demonstrates intellectual engagement and uses evidence as a basis for clinical reasoning and decision making	...provide safe competent health care ... function from a critically evaluated evidence base...
A culturally sensitive individual who provides holistic individual, family, community, and population-centered nursing care.	...holistic, caring...nurses who respect the uniqueness of each individual  ...provide safe competent health care to meet the needs of the individual, family, and community.
A knowledgeable care coordinator who facilitates access to resources across the continuum of health care environments in order to meet the evolving health care needs of individuals, families, communities, and populations.	...provide safe competent health care to meet the needs of the individual, family, and community.
An individual who understands and considers the impact of health care policy, finance, and regulatory environments on care delivery.	...provide safe competent health care to meet the needs of the individual, family, and community.
An individual who embodies the professional identity of the nurse and who translates the inherent values of the nursing profession into the ethical and legal practice of nursing	...prepare holistic, caring, ethical professional nurses
An effective communicator who collaborates with interprofessional team members, patients, and their support systems for improved health outcomes.	...provides safe competent healthcare to meet the needs of the individual, family, and community.  Function as ... respected members of cohesive healthcare teams.
A competent care provider who is prepared to practice to the full capacity of the professional nurse role in diverse health care environments.	...prepare holistic, caring, ethical professional nurses ...who provide safe, competent healthcare to meet the needs of the individual, family, and community.
An accountable leader and manager who applies principles of systems and organizational processes and who balances resources to promote quality care and patient safety.	... function in cohesive healthcare teams using critically evaluated evidence
An individual who embraces and employs innovations in information management and technology in the delivery of quality patient care.	...provide safe, competent healthcare to meet the needs of the individual, family, and community. These professional nurses function from a critically evaluated evidence-base  ...function in cohesive healthcare teams using critically evaluated evidence

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## Review of Mission Statements

The above mission statements are regularly reviewed and revised. The IU South Bend Board of Trustees reviews the IU Mission when needed. The DCHS Mission is reviewed and revised by the Council of DCHS faculty annually. The program mission, goals, and expected program outcomes are reviewed for alignment and consistency by the nursing Assessment Committee, the nursing Curriculum Committee, and the Council of Nursing Faculty (CNF), every five years or earlier as needed. The routine review is prompted by the Chair of the Assessment Committee as written in the Systematic Evaluation Plan. Any nursing faculty member or nursing committee can prompt a review at any time. The next revision is expected in 2021. When changes are made to any of the other mission statements before five years have elapsed, the CNF reviews for alignment and consistency and revises as needed to maintain consistency. For example, in February 2018, a new SON Mission Statement was approved following the mission development for the DCHS in 2015.

## Accessibility

The missions, goals, and expected program outcomes are written and accessible to all stakeholders on publicly accessible websites:

- [IUSB.edu- About](#)
- [HealthScience.IUSB.edu- About](#)
- [HealthScience.IUSB.edu- Nursing](#)

Student outcomes for the traditional BSN program and the online consortium RN-BSN completion option program are also accessible to all stakeholders on publicly accessible websites:

- [Undergraduate Program](#)
- [Graduate Expectations/Outcomes](#)

Faculty outcomes are available to all stakeholders on publicly accessible websites:

- [Faculty and Staff](#)

### **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.*

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

### Program Response

The SON Mission Statement and Program Outcomes are evaluated for alignment and consistency with the Commission on Collegiate Nursing Education Standards and Guidelines, Quality and Safety in Education in Nursing Standards and Guidelines (QSEN), and American Association of Colleges of Nursing (AACN) BSN Essentials (see Table I-B-1 for alignments, see evidence room for table of the new curriculum and the RN-BSN completion option consortium program). Program learning outcomes are consistent among Indiana University Schools of Nursing. They were revised in 2011 with representation from all IU Schools of Nursing and approved by IU South Bend SON faculty. The IU Schools of Nursing share program outcomes to provide cohesiveness among all the IU nursing programs and to guide student learning in the RN-BSN completion option consortium program.

Table I-B-1

<p><b>1. A critical thinker who demonstrates intellectual engagement and uses evidence as a basis for clinical reasoning and decision making.</b>  <b>BSN Essential 1:</b> Liberal Education for Baccalaureate Generalist Nursing Practice  <b>BSN Essential 3:</b> Scholarship for Evidence-Based Practice  <b>QSEN: Evidence-based Practice:</b> Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will demonstrate intellectual engagement and use evidence as a basis for beginning clinical reasoning related to health care issues.	The student will develop critical thinking skills by engaging in learning opportunities and by integrating previous learning and life experience into current practice.	The student will synthesize information from a variety of sources to inform accurate and effective clinical reasoning and decision-making.
The student will understand the components of research and evidence based practice, demonstrate information literacy, and appreciate the application of best clinical evidence to enhance practice.	The student will utilize the results of research, systematic reviews, and evidence based guidelines in clinical reasoning and decision-making.	The student will analyze current professional strengths and weaknesses and develop a plan for future learning and development.
		The student will apply an established EBP process to a nursing sensitive question encountered in the practice setting.
<i>All courses; B232 Intro to Disc of Nursing lays foundation</i>	<i>All courses</i>	<i>All courses; H365 Nursing Research key course</i>

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<p><b>2. A culturally sensitive individual who provides holistic, individual, family, community, and population-centered nursing care.</b></p> <p><b>QSEN: Patient-centered Care:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will respond sensitively to cultural differences in others, using a holistic nursing approach during interactions with individuals, families, and communities	The student will provide culturally sensitive, holistic nursing care to individuals, families, and communities in a variety patient care settings across a spectrum of ages and life stages.	The student will provide culturally sensitive, holistic nursing care to vulnerable individuals, families, and communities in complex care settings.
<i>All courses; B232 Intro to Disc of Nursing lays foundation</i>	<i>All courses</i>	<i>All courses</i>
<p><b>3. A knowledgeable care coordinator who facilitates access to resources across the continuum of health care environments in order to meet the evolving health care needs of individuals, families, communities, and populations.</b></p> <p><b>BSN Essential 7:</b> Clinical Prevention and Population Health</p> <p><b>QSEN: Patient-centered Care:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will develop an understanding of the health care system and the resources available to assist individuals, families, and communities to meet evolving health care needs.	The student will assist with care coordination and incorporate an understanding of the health care system and available resources when providing care to the meet the evolving health care needs of individuals, families, communities, and populations.	The student will effectively coordinate care by engaging with the health care team to identify and facilitate access to resources to meet the evolving health care needs of individuals, families, communities, and populations.
	<i>All clinical courses</i>	<i>S472</i>
<p><b>4. An individual who understands and considers the impact of health care policy, finance, and regulatory environments on care delivery.</b></p> <p><b>BSN Essential 5:</b> Healthcare Policy, Finance, and Regulatory Environments</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will examine how professional nursing roles are influenced by healthcare policies, regulations, and finances.	The student will apply knowledge of health care policy, regulations, and finance in the patient care delivery environment.	The student will generate resolutions to challenges in the provision of health care that result from health care policy, regulations, and finance.
<i>B232</i>		<i>S472, S481</i>

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<p><b>5. An individual who embodies the professional identity of the nurse and who translates the inherent values of the nursing profession into the ethical and legal practice of nursing.</b>  <u>BSN Essential 8: Professionalism and Professional Values</u></p>		
Sophomore	Junior	Senior
The student will describe legal/ethical boundaries and professional characteristics of nursing.	The student will demonstrate accountable, professional, ethical, and legal care of patients and families.	The student will internalize the values of the profession of nursing and advocate for ethical and legal practice.
The student will exhibit accountable and professional behavior while engaging in the learning community.		
<i>B232, all courses</i>	<i>All clinical courses</i>	<i>S485, S483</i>
<p><b>6. An effective communicator who collaborates with inter professional team members, patients, and their support systems for improved health outcomes.</b>  <u>BSN Essentials 6: Inter professional Communication and Collaboration for Improving Patient Health Outcomes</u>  <b>QSEN: Teamwork and collaboration:</b> Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will communicate professionally with others using effective verbal, non-verbal, and written communication techniques, informed by a process of reflection and self-awareness.	The student will use effective communication techniques with individuals, families, communities, and health team members in order to achieve optimal health care outcomes.	The student will use effective communication skills to collaborate with inter professional health team members, individuals, families and communities, to achieve optimal health outcomes in challenging situations
<i>B232, B244, B245</i>	<i>H351/2, All clinical courses</i>	<i>All courses</i>
<p><b>7. A competent care provider who is prepared to practice to the full capacity of the professional nurse role in diverse health care environments.</b>  <u>BSN Essential 9: Baccalaureate Generalist Nursing Practice</u>  <b>QSEN: Safety:</b> Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.  <b>Evidence-based Practice:</b> Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.  <b>Patient-centered Care:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will provide safe, effective, compassionate care and promote the health of individuals and families consistent with a beginning level of knowledge and skills	The student will provide safe, effective, compassionate care and promote the health of individuals and families consistent with an intermediate level of knowledge and skills	The student will provide safe, effective, compassionate care to promote the health of individuals, families, and communities with complex health care needs.

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<i>All clinical courses</i>	<i>All clinical courses</i>	<i>All clinical courses</i>
<p><b>8. An accountable leader and manager who applies principles of systems and organizational processes and balances resources to promote quality care and patient safety.</b>                  BSN Essentials: II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety  <b>QSEN: Quality Improvement</b> Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.  <b>Safety:</b> Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will identify nursing’s role in leading/ managing organizational processes and resources to promote safe and effective patient care.	The student will provide safe and effective patient care based on organizational policies and procedures and finite resources.	The student will synthesize effective leadership and management principles to promote quality and safety in complex organizations.
<i>All courses</i>	<i>All clinical courses</i>	<i>S4881, S482, All clinical courses</i>
<p><b>9. An individual who embraces and employs innovations in information management and technology in the delivery of quality patient care.</b>                  BSN Essential 4: Information Management and Application of Patient Care Technology  <b>QSEN: Informatics:</b> Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will demonstrate the ability to navigate the patient care record to retrieve and enter pertinent patient information.	The student will employ the electronic health record and other technologies to coordinate patient care.	The student will use information management to trend outcomes of patient care processes in selected patient care populations in order to improve quality of care.
The student will describe the basic principles and uses of quality improvement for advancing patient care outcomes.	The student will implement best practices in quality improvement across a variety of patient care settings.	The student will design, implement, and evaluate a quality improvement study that will benefit unit-based organizational processes.
B251, B232	All courses	S481, S485, S483, all clinicals

The RN-BSN completion option program is a shared program among the nine Indiana University (IU) campuses of Bloomington, Columbus, East, Fort Wayne, Indianapolis, Kokomo, Northwest, South Bend, and Southeast. Students apply to the RN-BSN completion option program for the IU campus closest to them. On-line course work is offered through the consortium network and is taught by full-time faculty members from all the IU campuses. The curriculum is determined by the faculty of all the participating Schools of Nursing and is aligned and consist with the Commission on Collegiate Nursing Education Standards and Guidelines, Quality and Safety in Education in Nursing Standards and Guidelines (QSEN), and American Association of Colleges of Nursing (AACN) BSN Essentials (See evidence room for Tables of maps of student learning outcomes and QSEN to program content). Admission and progression are guided by the assigned home campus which provides student advising and support. As outlined in the

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RN-BSN completion option program Memorandum of Understanding (MOU), students are admitted and progress according to the policies of the assigned home campus (see Appendix A for MOU). Therefore, the IU South Bend School of Nursing mission statement guides the admission and progression policies for RN-BSN completion option program students. Degrees for the RN-BSN completion option program students are conferred by the assigned home campus in the consortium.

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

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

#### **Program Response**

The community of interest for the IU South Bend School of Nursing includes a variety of stakeholders which were identified during strategic planning meetings in 2017 and 2018. Geographically, the stakeholders represent the Northcentral Indiana and Southwest Michigan from which most IU South Bend nursing students reside and work post-graduation. The people in the communities in the seven-county area surrounding South Bend are the final stakeholders for the IU South Bend nursing program as graduates work to improve the overall health of these communities. These counties include St. Joseph, Marshall, LaPorte, Elkhart, and Stark counties of Indiana and Berrien and Cass counties in Michigan. Other members of the IU South Bend Nursing community of interest include current, potential and future students and their families, healthcare agencies, healthcare professionals, patients and clients accessing healthcare, other nursing programs, the nursing faculty, IU and IU South Bend administration and Board of Trustees. The needs and expectations of stakeholders are solicited during regular meetings of the DCHS Advisory Council, the SON Advisory Council (SONAC), nursing faculty meetings, DCHS meetings, meetings with IU and IU South Bend administrators, and Faculty Senate meetings. Members of the councils, committees, Senate, and Boards represent the community of interest. The SON Advisory Council is represented by area healthcare agencies and IU SON graduates. In Fall 2019, additional members were solicited to better represent the community of interest regarding gender, ethnic and racial diversity, and other stakeholders such as graduates of both the BSN and MSN programs, current students, and patients (see Appendix B for list of SONAC members).

Current membership of the SON Advisory Council includes the Director of Education from Beacon Health System (South Bend and Elkhart), the Director of Professional Development from Saint Joseph Health System (Mishawaka and Plymouth), an Advanced Practice Registered Nurse IU South Bend graduate in the Community, a retired nursing professor who resides in the community, the Dean of the DCHS, the Assistant Dean of Nursing, and the Undergraduate and Graduate Nursing Program Directors. This Council meets once each semester. In 2018, this council met on May 2 and October 18. Information from the meetings are reported to the CNF via minutes in the shared drive (see Appendix C for SONAC minutes).

The DCHS Advisory Council was established in 2018 and meets annually. Membership of the DCHS Advisory council is composed of the DCHS leadership team and professionals from the Michiana community who have research, practice, field experience, and/or are employers of graduates from the College of Health Sciences. There are three stakeholders for the School of Nursing, three stakeholders for the School of Applied Health Sciences, and three stakeholders for the developing School of

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Rehabilitation Sciences. The function of the council is to advise and provide recommendations to the College for consideration regarding health sciences education, practice and/or research. The council meets annually each April. Information from the meetings is communicated to the CNF from the Dean at CNF meetings and with meeting minutes saved on the shared drive (see Appendix D for DCHS advisory council minutes). The needs of the student stakeholder group are also met through student membership on several committees including the nursing assessment committee, the nursing curriculum committee, and the DCHS curriculum committee.

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

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

### **Program Response**

The IU South Bend Academic Senate Promotion Tenure and Retention (PTR) requirements reflect the research (scholarship), service, and teaching missions of the university. The Academic Senate PTR committee also considers the requirements of each academic unit including the DCHS in each of the areas of research, service, and teaching when evaluating faculty for promotion, tenure, and retention. The IU South Bend SON faculty outcomes in teaching, research, and service are based upon the rank of the faculty member and described to faculty members during the search and screen process. These expectations are delineated in the IU Handbook and the IU South Bend Handbook (currently under revision) which are linked here: ([IU South Bend Faculty Policies and Regulations](#)).

The DCHS PTR committee developed criteria for promotion and tenure (if appropriate) in the areas of teaching, research and service for lecturer, clinical, and tenure track ranks that were approved by the DCHS faculty (See Appendix E for promotion criteria). Only full-time faculty members are eligible and required to submit for promotion. Both lecturer and clinical ranks must receive excellence in teaching and be at least satisfactory in service. A faculty member in a tenure track rank must achieve excellence in either teaching, research or service and at least satisfactory in the other two areas. Faculty in both lecturer and clinical ranks must achieve promotion within six years of employment. Nursing faculty members have served as members of the IU South Bend Academic Senate PTR committee as well as the DCHS PTR committee.

Full-time faculty hold a minimum of a Master's degree in Nursing. Faculty members are assigned to teach courses that match their expertise and experience. Nurse Practitioners (NPs) are expected to practice in accordance with the certification requirements of their specialty. Nurse Practitioner practice hours may be fulfilled during the work week as long as they do not interfere with scheduled classes. Non-NP faculty are not required, but are allowed, to practice outside of the IU South Bend teaching contract. Those who hold jobs outside of IU South Bend must disclose the job and time commitment at the beginning of each school year via [One.iu.edu](#), Conflicts of Interest and Commitment (COI-C) Disclosure Form. About 50% of full-time nursing faculty in 2018 practiced nursing beyond their academic position.

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Faculty teaching didactic classes who are currently enrolled in a Master's program may be placed in a Visiting position until the degree is completed. Nursing clinical faculty have a minimum of a Baccalaureate degree and three years of clinical experience as required by the Indiana State Board of Nursing. All faculty are required to hold an Indiana Registered Nurse license, current CPR certification, and required immunization documentation per the clinical agencies.

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

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

### **Program Response**

The IU South Bend SON has a long history of shared faculty governance. Bylaws of both the DCHS and the SON are reviewed annually by the DCHS Faculty Affairs Committee. Suggested revisions to the DCHS and SON bylaws are presented by the chairperson of the DCHS Faculty Affairs Committee to the Council of Nursing Faculty (CNF) for approval as needed. Expectations for faculty participation in SON, DCHS, and campus governance are defined in each of these documents (see Appendix F for by-laws). It is the charge of each SON and DCHS committee to review the policies applicable to the purview of that committee for relevancy on a regular basis. New or revised policies from DCHS committees are presented to the DCHS faculty for review and approval. New or revised policies from SON committees are presented to the CNF for review and approval. New or revised policies approved by faculty are posted in the policy folder of the shared H drive and on the DCHS website for DCHS policies or the SON Handbook for SON policies.

Full-time nursing faculty members are expected to actively participate in at least one CNF committee and are encouraged to participate in one DCHS committee. Part-time (adjunct) nursing faculty are invited to actively participate in CNF committees and CNF meetings without an obligation to do so. Faculty members volunteer for specific committee assignments in the Spring semester for the upcoming academic year, with additions and deletions in the Fall semester as necessary. Some nursing faculty are also active participants on appointed and elected committees of the Academic Senate and IU South Bend as a whole. Nursing faculty members have served as campus committee chairpersons and academic senate officers. Overall, nursing faculty members are active members of the SON, the DCHS, and the IU South Bend community and actively contribute to the governance of the institution.

The RN-BSN completion option program is guided by the steering committee as outlined in the MOU (see Appendix A for MOU). The Consortium Steering Committee is composed of the Dean, Director, or executives from each of the nine campuses totaling one representative per campus (see Appendix G for membership list).

Nursing student participation is strongly encouraged for several college and program committees (SON Assessment, SON Curriculum and DCHS Curriculum). Students are actively recruited for committee membership at the beginning of each academic year. Recruitment is accomplished through faculty recommendation, previous student representative recommendation, and mass communication through Canvas® announcements and emails. Student representatives on the SON and DCHS committees are full voting members and, as such, are involved in the creation and revision of policies specific to the committee. However, due to student employment, and class and home schedules, student participation

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may be sporadic. Student input is also formally encouraged through course learning outcome evaluations (separate from faculty evaluation by students) and exit surveys (see Appendix H for end of course and exit surveys). In addition, students and faculty discuss issues of concern on an informal basis, and this information is shared by individual faculty via the monthly CNF meetings.

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

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

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

### **Program Response**

IU South Bend SON has several policy documents. The IU South Bend Bulletin (the Bulletin) is updated annually and published on the IU South Bend website ([IU South Bend Bulletin](#)) This document houses all campus policies, academic practices, degree and curriculum plans, degree requirements, and course descriptions. Links to previous versions are available on the same website. The bulletin can be viewed on the website or downloaded into a PDF file. Once published for the year, the bulletin is only altered in case of an error or emergent policy or personnel change. Any change to the Bulletin that impacts students is emailed to all students. The Assistant Dean of Nursing and the BSN Program Director are responsible for reviewing the content of the campus bulletin.

Dwyer College of Health Sciences (DCHS) policies are published on the college website: [Vera Z. Dwyer College of Health Sciences](#). The DCHS policies are written by faculty through DCHS committees, are reviewed and revised as needed by faculty, and are updated on the website. Rapid growth of programs and students over the last five years has prompted many new policies and frequent updating of DCHS policies. The nursing faculty have struggled to stay current and have expressed frustration with communication regarding changes in DCHS policies resulting in changes in policy procedures to be sure academic policies are all brought to DCHS meetings for faculty approval. Nonacademic policies are also now brought to the DCHS meetings for better communication.

The BSN Handbook contains policies specific to the baccalaureate nursing program and is reviewed annually and updated by the BSN Program Director and Assistant Dean of Nursing to reflect current policies and practices. It is posted on the School of Nursing website ([Handbook](#)) and on the BSN Central Canvas® page. The BSN Handbook is introduced and shared during new student nursing orientation (see evidence room for BSN Handbook). Changes in nursing policies are communicated to students via Canvas® announcements and emails and/or faculty announcements.

The DCHS Student Success Center tracks the requirements of individual undergraduate students using an individual student Degree Map for all traditional BSN and RN-BSN completion option program

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students. If a student is no longer able to graduate with his or her class due to progression issues, the plan is amended to reflect any changes in requirements relevant to the student's new graduation cohort; this new degree map is published and reviewed with the student.

The IU South Bend website is continually reviewed and updated to assure the IU, IU South Bend, DCHS, and SON missions, and SON program outcomes are up to date. The website has recently had a professional upgrade that has made the site more navigable to the public and more professional in appearance. This site has basic information about the BSN, RN-BSN completion option program, and MSN programs as well as a variety of links to provide resources to students and potential students.

These publications are reviewed annually for fairness and equitability to all students and to respond to needs for program improvement. The policies are published for availability to all students, faculty, and staff to ensure that policies guide practice.

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

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

#### **Program Response**

The IU South Bend School of Nursing follows the IU South Bend policies for formal complaints. The SON has the following additional policies which are published in the SON Handbook. The IU South Bend and SON formal complaint policies are congruent. The SON policies were most recently reviewed and revised by the Nursing Assessment Committee and approved by the Council of Nursing Faculty in 2018 (see evidence room for CNF minutes). Prior to 2018, formal complaints were not specifically defined by the School of Nursing and practice was dependent on the IU South Bend campus policies. The nursing faculty decided that a specific policy for nursing would be clearer for faculty and students.

**Non-academic student complaints.** The SON follows the procedures as outlined by the IU South Bend Office of Student Conduct ([Student Code Procedures PDF](#)). Students are encouraged to discuss complaints about course matters directly with faculty members. Students should first talk to the faculty member of concern. If the issue cannot be resolved between the student and individual faculty member, students are invited to discuss it with the Program Director, Assistant Dean, and/or Dean. A non-academic student complaint is one that relates to non-instructional incidents or concerns, including the following: a difference or dispute between student and University personnel; a service issue regarding University policies; or unfair treatment. All complaints must be submitted via email or written letter to the Assistant Dean for Student Success. A formal complaint is one that outlines perceived violations related to nursing, university, or Indiana State Board of Nursing policies and procedures. Any complaints received are considered by the Program Director, Assistant Dean, Dean, or university administration as necessary and appropriate action in regard to changing policy or revising curricular decisions are determined. Complaints of a serious nature or a formal complaint that is signed and submitted by a student or community constituent should be submitted to the Program Director, Assistant Dean, Dean, or upper university administration in writing as an email or letter. Student to student complaints are referred to the Office of Student Conduct ([conduct@iusb.edu](mailto:conduct@iusb.edu) or 574-520-5524).

**Academic student complaints.** The SON follows the procedures as outlined by the IU South Bend Office of Student Conduct ([Student Code Procedures PDF](#)). Students are encouraged to discuss complaints about

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course matters directly with faculty members. Students should first talk to the faculty member of concern. If the issue cannot be resolved between the student and individual faculty member, students are invited to discuss it with the Program Director, Assistant Dean, and/or Dean.

An academic student complaint is one that relates directly to an incident related to instruction or to academic advising that has not been resolved with the faculty, staff, or other involved. All complaints must be submitted via email or written letter to the Admission Progression Graduation committee chairperson.

A formal complaint is one that outlines perceived violations related to nursing, university, or Indiana State Board of Nursing policies and procedures. Any complaints received are considered by the Program Director, Assistant Dean, Dean, or university administration as necessary and appropriate action in regard to changing policy or revising curricular decisions are determined. Complaints of a serious nature or a formal complaint that is signed and submitted by a student or community constituent should be submitted to the Program Director, Assistant Dean, Dean, or upper university administration in writing as an email or letter. Student to student complaints are referred to the Office of Student Conduct ([conduct@iusb.edu](mailto:conduct@iusb.edu) or 574-520-5524).

**SON faculty formal complaint.** The procedure about how to file a formal faculty complaint is in accordance to the IU South Bend Faculty Handbook Formal Complaint Policy (Article XI). According to the Handbook, the policy “provides procedures to review complaints against faculty members of substantial or chronic incompetence or misconduct, limited to violations of formal rules of the University, such as violations of the Code of Academic Ethics (IU Academic Handbook), or failure to meet generally understood and accepted standards of professional conduct (4/2002).” Faculty members are encouraged to discuss concerns directly with the faculty member related to the concern. If the issue cannot be resolved between the faculty members, faculty are invited to discuss it with the Program Director.

A formal complaint is defined as a complaint against faculty members of substantial or chronic incompetence or misconduct, limited to violations of formal rules of the University, such as violations of the Code of Academic Ethics (IU Academic Handbook), or failure to meet generally understood and accepted standards of professional conduct (4/2002). All complaints must be submitted via email or written letter to the next administrator in command (i.e. Program Director, Assistant Dean and/or Dean). A formal complaint is one that outlines perceived violations related to nursing, university, or Indiana State Board of Nursing policies and procedures. Any complaints received are seriously considered by the Program Director, Assistant Dean, Dean, or university administration as necessary and appropriate action in regard to changing policy or revising curricular decisions are determined. Complaints of a serious nature or a formal complaint that is signed and submitted by a faculty or community constituent should be submitted to the Program Director, Assistant Dean, Dean, or upper university administration in writing as an email or letter.

Additional formal complaints can include legal actions taken against the SON, anonymous complaints submitted through formal IU South Bend communication systems (ex. Title IV office, Affirmative Action office, etc.), written or emailed complaints to an administrator by any stakeholder including students, faculty, healthcare agencies, graduates, patients or anyone else who interacts with the nursing program. All formal complaints are heard in their entirety (this might include ongoing communications with the complainant), investigated by faculty administrators including Program Directors, Assistant Deans, and/or the Dean of the DCHS, and brought to resolution as is fitting the complaint (change of policy, education of personnel to follow policy, disciplinary action, discussion between key players, etc.). Formal complaints are tracked by the Assistant Dean of Nursing and the Dean of the DCHS.

**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.<sup>1,2</sup>*

*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 ([CCNEAccreditation.org](http://CCNEAccreditation.org))."*

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

**Program Response**

Program offerings and information are accessible via the IU South Bend website, the campus bulletin, and the SON Handbook as referenced in key element I-F. These sites are updated at least annually and more often when information changes. The campus bulletin is published once annually in March after review and revision by the SON Program Directors and the Assistant Dean of Nursing. The website is reviewed and updated by the SON Program Directors and the Assistant Dean of Nursing each summer. The SON Handbook is reviewed and updated by the SON Program Directors and Assistant Dean of Nursing for publication in August (BSN) or January (MSN) each year.

The campus bulletin, website, and SON Handbook delineate student learning outcomes and accreditation status. The academic calendar is posted on the IU South Bend website ([Academic Calendars](#)). Admission policies for pre-nursing students are posted on the IU South Bend website under the Admissions tab: ([Admission Requirements](#)). Admission policies for pre-nursing students are posted on the IU South Bend nursing website and in the Campus Bulletin. Tuition and fees are posted on the IU South Bend website ([Tuition and Fees](#)). Nursing specific fees are also posted in the Student Information System (SIS) program used for course registration so that students have knowledge of course fees before registering for a course. These sites have been checked for accuracy at the writing of this

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

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

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document. Completion requirements are posted in the Campus Bulletin which is linked from the IU South Bend website.

While there are no recruitment policies for the traditional BSN program, the advisors attend RN-BSN fairs at Ivy Tech and at the local hospitals. They also meet with student recruits individually when requested by the Admissions or Athletics departments. College employees attend college fairs with Admission staff and nursing faculty and students participate in monthly showcase events coordinated by Admissions. On the campus level, recruitment for students begins in grade school through campus visits and other university outreach programs. The office of Vice Chancellor for Student Engagement and Success reports over 30 recruitment events and conduits (see evidence room for full list) and over 20 electronic forms of communication with prospective students (see evidence room for full list). Nursing faculty members participate in monthly campus visit Showcase days by meeting with prospective students and families specifically interested in nursing, on campus events such as the summer Mini IU day, and visits to area schools for health classes. The BSN Program Director and ADN meet with interested prospective students on second Fridays of the month.

Grading policies are posted in every course syllabus. In the School of Nursing, the grading scale remains constant for all courses and is posted in the Student Handbook as well as in every nursing course syllabus (See evidence room for BSN Handbook and course syllabi). Information regarding graduate eligibility to take the NCLEX in order to become a licensed Registered Nurse is on the IU South Bend School of Nursing website. The IU South Bend School of Nursing chooses to publicly disclose its accreditation status with CCNE using the required statement provided by CCNE in the campus bulletin and on the SON website.

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## Standard II

### Program Quality: Institutional Commitment and Resources

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

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

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

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

#### **Program Response**

The overall budget of Indiana University is determined by the Trustees of Indiana University. Tuition and fee schedules are based on biennial allocations to the University from the Indiana State Legislature and allocated to each campus of Indiana University. On the South Bend campus, the IU South Bend Chancellor makes the final budget determinations, taking into consideration the state allotment and any budgetary restrictions posed by Indiana University. In times of budgetary shortfalls, the State requires the return of money originally allotted to Indiana University. Each campus is directed to cut a certain percentage of its total budget; these processes are determined on an as-needed basis by the Vice Chancellor of Finance (the CFO) on each campus. In the past two years, these discussions happened with all deans, the Executive Vice Chancellor and Chief Financial Officer.

The process of budget determination for IU South Bend is outlined in the IU South Bend Budget Policy ([Budget Policy Manual PDF](#)). Budget projections using the previous year's allocations are prepared by the campus fiscal affairs officers. Each campus unit develops and presents its budget requests through a budget hearing process. The Academic Senate Budget Committee and the Chancellor are present at the hearings where each unit presents its budget request based on the above guidelines. The School of Nursing (SON) budget request proposal is included in the DCHS request. Presentations are made the deans to the Academic Senate Budget Committee and Chancellor Cabinet. The dean of the Dwyer College of Health Sciences (DCHS) presents DCHS budget request. The DCHS has a representative on this campus committee. In AY 18-19, the DCHS college representative was the co-chair of the Senate Budget Committee. During this budgeting session, the SON submitted with the Dean a salary compression/equity proposal addressing the issue for consideration and approval. This proposal was framed in the need to make nursing salaries commensurate to other nursing faculty (regionally and nationally) and support the retention of experienced nursing faculty. No changes in salaries were made based on this proposal.

The DCHS constitutes one cost center (RC17) with seven separate budgets for its component programs: the SON, the School of Social Work (administered by the IU School of Social Work), the programs in Dental Education, Radiography and Medical Imaging, Division of Health Sciences, School of

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Rehabilitation Sciences and the Health and Wellness Center. Separate budgets allow for the autonomy required by regulatory/accrediting bodies. The Dean has access to and reviews financial statements from each component of the DCHS and has direct control over funds for the SON in collaboration with the Assistant Dean for the School of Nursing (SON), Assistant Dean for School of Applied Health Sciences, and Assistant Dean for Student Success and Operation. The Operations Director of the Health and Wellness Center directs the budget for that unit with oversight by the Dean. The overall SON budget has remained relatively flat for the past three years (Fiscal Years 2017, 2018 and 2019). At the end of each of these fiscal years, the SON and the Dwyer College of Health Sciences budgets closed in the positive.

In addition to the adequate base budget for nursing, there are also IU Foundation accounts available to the SON. Foundation accounts are specified for nursing leadership and student and faculty professional development. An endowed Dwyer foundation account is specified for the Endowed Distinguished Chair of Nursing Practice, which is to be used to fund the Assistant Dean for the School of Nursing. The search for this position is being conducted during AY 19-20, with the appointment being July 1, 2020. The search committee includes nursing and college faculty, a nursing administrator from a community healthcare agency, a faculty member from the IU South Bend College of Education and a current nursing student. Financial support from the office of Academic Affairs will promote advertisement of this position to recruit from under-represented populations.

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

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

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

### **Program Response**

The BSN program has sufficient physical resources and clinical sites to fulfill its mission, goals, and expected outcomes. Supplies for the laboratories are sufficient and adequately provided in the annual budget.

**Physical space and facilities (work space, classrooms, meeting areas).** Northside Hall is the primary space for the nursing program. Each faculty member has their own office with desk, bookshelves, file cabinets and chairs for students to meet individually or in small groups with faculty members. An office is shared by part-time adjunct faculty, equipped with desks, bookshelves, file cabinets and chairs. Staff members, including business and administrative support, and advising staff, each have their own work area or office. Two small conference rooms are used for committee meetings, webinars, and video meetings. Both conference rooms have the capability for conference calls and computer projection

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onto a large screen. These rooms are scheduled and managed by the nursing administrative assistant and are used by the DCHS as well as the nursing program.

Twenty-six classrooms are available in Northside Hall and an additional 31 classrooms are available in Education and Arts, Wiekamp Hall, and the Administration Building. Northside Hall has had recent flooding and mold issues necessitating the closure of some classrooms, relocating of faculty offices to other buildings, the use of air scrubbers with HEPA filters and dehumidifiers. Many of the classrooms in Northside Hall are outdated with inadequate desk space to accommodate laptop computers and large textbooks, unmovable desks limiting small group learning, and chalk boards which can trigger respiratory reactions. For these reasons, some nursing classes are taught in other buildings, mostly in Education and Arts, the newest academic building on the main campus. Classrooms are large enough to accommodate usual class sizes of 24-40 students. Students are often seated close together during testing. The computerized ExamSoft© testing platform adds exam security with randomized questions and answers. The registrar schedules classrooms and has cooperated with moving more nursing classes to other buildings with better learning environments when possible.

Meeting space for the full nursing faculty, the graduate faculty, and the DCHS faculty is available on the main campus at Education and Arts, the Fireside rooms in the University Grille, the Administration Building, and Wiekamp Hall. Scheduling for these meeting rooms is accessible through the communications and marketing department. The University Center for Excellence in Teaching (UCET) provides educational space for faculty learning including laptop computers for education about software programs. Campus catering can be used in all these meeting spaces when hosting community members, partnering agencies, benefactors, and advisory councils.

An IU South Bend task force was created to address the environmental issues at Northside Hall during the Spring semester of 2019. A nursing faculty member is an active member of the task force and the concerns of the nursing department were represented in the report to the Chancellor and a presentation to the Faculty Senate in October 2019 (see Appendix for task force report and PPT presentation to Faculty Senate).

### **Equipment and Supplies (Computing, Laboratory, And Teaching-Learning Materials)**

**Computing.** Full-time faculty members are provided a MAC or IBM compatible computer, either laptop or desktop, per their choice. Staff members each have their own work area or office with computers.

NetX (NetExpress) stations are computers for short-term student use (checking e-mail, etc.) located in hallways, lounges and other areas outside the traditional computer lab setting. They may be found in all buildings and are available when the buildings are unlocked from 7:00 AM to 10:00 PM on weekdays and 7:00 AM to 8:00 PM on weekends.

Computer labs are located at each of the major academic buildings including Northside Hall, Education and Arts, Wiekamp Hall, and the Library. Classroom and student computers are life cycled every 4 years. Students can access any of the 775 student computers across campus. Of those, approximately 120 computers reside in Northside Hall and are readily accessible for nursing students. The breakdown of Northside Hall student computers are as follows:

- 42 Classrooms stations
- 56 Lab Stations

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- 9 in the Biology department
- 8 in the Chemistry department
- 5 in the Nursing department

Labstats is used to track usage data which drives decisions about coverage and deployment. Computer operating systems and software are updated via Microsoft SCCM automation. Northside Hall classrooms lack adequate electrical outlets for laptop computers; the classrooms in other buildings have adequate outlets. All classrooms are equipped with a desktop computer, LCD projector, document camera, CD player, and DVD player. All desktop computers have Kaltura® installed in order to video record the class period as needed for student learning as determined by the faculty member.

Nursing students are required to own a personal laptop for classroom exams using ExamSoft®. Laptop operating system requirements are provided before students enroll in nursing. UITS assists students with software and hardware issues on their personal computers used for academic work.

**Laboratory.** The nursing department has three learning laboratories at Northside Hall used for BSN students. They are all on the 4<sup>th</sup> floor where the nursing program resides. One laboratory is used for assessment education, another for skills education, and the third is a small simulation room. New beds and equipment were added to the skills and assessment lab in 2018 through the donation of used equipment from a partnering healthcare agency. The skills lab has been used during non-class time by the IU School of Medicine and Heartland Hospice to train their students and employees for clinical skills. There are sufficient manikins for student clinical groups to efficiently learn. All the manikins are in working order for their use in the curriculum. The nursing program has seven low-fidelity adult manikins in the skills lab, four mid-fidelity manikins (infant, child, OB and a SimMan™) and two high-fidelity manikins (SimMan™ Essential). The laboratories are well supplied, restocked annually, and open during non-class time for student independent practice. However, the laboratory spaces are small, and although many of the manikins need to be replaced as they can no longer be updated.

During college strategic-planning sessions in academic year 2017-2018, the need for an improved, comprehensive simulation center was identified in order to meet the learning needs of all health science students and community partner institutions. IU South Bend is in the early stages of planning a simulation center. An active committee composed of DCHS faculty and staff, as well as IU South Bend administrators, has been charged with investigating the logistics of creating a state-of-the-art simulation center (see evidence room for committee member list and meeting minutes). The office of Academic Affairs and the Development office have been in conversation with the committee and the Dean about the need for a simulation center to find the resources to make the simulation center a reality.

**Teaching-learning materials.** All classroom desktop computers have Kaltura® installed to video record the lectures for students unable to attend class such as student-athletes. The classrooms have Wi-Fi to support student learning. For instance, IU has a contract with TopHat®, a classroom response system, which uses the students' own personal devices (cell phone or laptop) to respond to questions posted during class time. TopHat® classroom response is embedded throughout the 5 semesters of the nursing program. ExamSoft® is another electronic program used throughout the nursing program in order to simulate the NCLEX testing environment. ExamSoft® supports exam security, item analysis, and efficient grading. The item analysis allows faculty to track the performance of an item over several semesters and several cohorts in order to maintain exam quality. Rationales for each item can be embedded into the program, providing immediate feedback to students following an exam, improving student learning outcomes. Items are also mapped to program outcomes, NCLEX client needs, QSEN

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competencies, cognitive level, and the nursing process to report data about course and program outcomes. IU Zoom and Voice Thread are other software used to support student learning. Additional teaching-learning materials are purchased as needed. For example, an electronic health record (EHR) for student learning was implemented in Fall 2019 and simulation manikins are being pursued by the library and technology committee with expected purchase and implementation by January 2020.

Information Technology (IT) support is available through the day and evening hours for students and faculty. All campus classrooms are equipped with landline phones to access IT for an emergent problem during class time. The IT help desk is available by phone and email for software needs and routine IT support. An IT office (DW 1245) provides in person hardware support for students and faculty.

**Physical resources and clinical sites.** The BSN program has an adequate number of clinical sites which are appropriate for students to meet student learning outcomes. These sites are shared with several other nursing programs in the geographical area. Planning meetings with other area nursing programs occur twice a year to coordinate students at the various sites and nursing units. Additional planning meetings occur twice a year with the area nursing programs and each of the three largest hospitals (Memorial Hospital, St. Joseph Regional Medical Center, and Elkhart General) for final planning of clinical schedules. A centralized electronic scheduling program has been suggested and is in the exploratory phase of planning. Community resources in clinics, schools, home care agencies, etc. are also sufficient. The IU South Bend Health and Wellness Center, which serves the IU South Bend and neighborhood health needs, also hosts nursing students for clinical learning. Student surveys, healthcare agency stakeholders, and progression to on time graduation (reported in Standard IV) all verify that the sites are sufficient in number to educate the students admitted to the nursing program. NCLEX pass rates, student surveys, and healthcare agency stakeholders verify that the clinical sites support student learning outcomes. IU South Bend nursing is fortunate to have collaborative and supportive relationships with a variety of clinical agencies that foster student learning.

Physical resources and clinical sites are reviewed by course instructors each semester. The clinical sites are modified when needed by the clinical agency or based on student learning needs. For example, in 2013, St. Joseph Regional Medical Center Intensive Care Unit approached IU South Bend about creating a Dedicated Education Unit (DEU) and invited the IU South Bend SON to participate. In 2014 and 2015, both parties researched and planned for the learning experiences in this unit including a visit to Portland to observe the Portland DEU model on which the IU South Bend program is based. The DEU was implemented in Fall 2016. In 2017, IU South Bend subsequently extended the DEU model to Memorial Hospital for other medical surgical clinical experiences. IU South Bend nursing provides orientation and educational workshops for staff nurse Clinical Instructors (CIs).

The process to determine currency, availability, accessibility, and adequacy of resources is multilayered. Currency for simulation, laboratories, and supplies are determined by the budget process as outlined in key element II-C and is reviewed annually. The Asst. Dean of Nursing and nursing faculty are consulted for the fiscal needs of the nursing department during budget planning and ongoing throughout the fiscal year as needs change. The Registrar, with the nursing Program Directors, determine the availability and accessibility of classroom space. Over the last several years, the Registrar has assisted in moving several nursing didactic classes to more modern and improved environmental classrooms in newer buildings on the South Bend campus. UITS reviews the needs of computing supplies.

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Clinical sites are evaluated annually by faculty, students, clinical agency staff, and nursing administration. Changes are made for a variety of reasons including agency availability, student learning outcomes (such as matching the unit with didactic course content), faculty clinical experience, and the needs of other nursing programs in the area. Laboratory space was evaluated by nursing administration with nursing faculty input in 2017 in collaboration with DCHS strategic planning. A simulation center strategic initiative of DCHS faculty and community stakeholders has been formed into a task force with a nursing faculty member as Chair. Key stakeholders have expressed interest and have verbally committed to a simulation center. Formal commitments are being pursued by the Dean and the Development office.

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

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

#### **Program Response**

The BSN program has sufficient and adequate support services to ensure quality and meet program and student needs.

**Admission and advising.** The Vera Z. Dwyer College of Health Sciences Advising Center provides academic advising services to all College of Health Sciences students. Student support is provided by an Assistant Dean for Student Success and Operations, three professional academic counselors, and one recorder/support staff who serve all pre-nursing and enrolled nursing students. Advisors assist students with:

- Making progress toward degree completion
- Clinical program applications
- Understanding how to use university academic planning tools
- Scheduling classes
- Understanding policies and procedures
- Navigating university resources
- Concerns outside the classroom which impact student learning

**The University Center for Excellence in Teaching (UCET) ([IUSB.edu/UCET](http://IUSB.edu/UCET)).** The University Center for Excellence in Teaching (UCET) supports teaching and learning through faculty development. UCET offers programs regarding pedagogy, teaching practices, and use of technology, individual consultations with faculty, and funding for faculty attendance at conferences focused on teaching/learning. Each year UCET hosts an on-campus Scholarship of Teaching and Learning Conference (SoTL) which is highly attended by nursing faculty and at which several nursing faculty have presented. UCET also sponsors a Teach-Play-Learn workshop and Promotion and Tenure workshops to support nursing faculty. UCET also facilitates peer review of teaching opportunities. Nursing faculty have presented at UCET workshops, serve as peer reviewers, and serve on the UCET Board of Advisors.

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**University Information Technology Services (UITS) and Support ([IUSB.edu/UITS](http://IUSB.edu/UITS)).** The UITS department offers the faculty and students 24 hour/7 days a week services related to the use of technology in the learning environment. University Information Technology Services (UITS) is a full-service IT department with 20 fulltime and 20 part-time staff members. The Help Desk is available to faculty and students who have problems in the use of the IU South Bend computer systems and programs. This service is available via phone contact or through e-mail. In addition, support is given for specific on-line programs (computer-assisted programs) which students can access on and off campus. On campus computer needs are met through multiple computer clusters that are open to students and faculty and which are staffed by UITS. The UITS department surveys the campus on a regular basis about the quality of their services.

**Computing support.** Each full-time nursing faculty member is provided either a desktop or laptop computer depending on their preference. IU offers free downloads of many software applications to its faculty and students ([IUWare.iu.edu](http://IUWare.iu.edu)). This service allows all students to have access to the programs utilized at IU South Bend. In addition, the Help Desk is available for student and faculty use when computer problems arise. The hours of this service have recently been expanded to include evening hours.

**IU South Bend Libraries.** The IU South Bend Libraries include the Franklin D. Schurz Library and the Wiekamp Educational Resource Commons (WERC), an education and K-12 curriculum library. The WERC includes production materials for presentations including a wide format printer, along with 3-D printers. The six floors of the Schurz Library offer an environment that fosters quiet individual work and study, as well as access to student conference rooms for group interaction. The Hammes Information Commons and the Media Commons are areas where students can take study breaks and partake in conversation and refreshments. Computers, printers, and scanners are available along with a one-button studio. The Academic Center for Excellence (ACE) is housed on the fourth floor of the library offering tutoring and writing assistance to students. The Library also houses and manages the University Archives. The Library is open 95 hours per week during the academic year.

The Libraries collect and maintain a wide range of information resources. The Libraries' collection contains over 600,000 cataloged print and electronic titles, over 475 electronic databases containing the full-text of more than 161,292 e-journals, 220,749 streamed media titles, and 953,821 e-books. Electronic resources are available on campus and remotely. The Libraries also provide a robust interlibrary loan service that readily obtains articles and books from other academic libraries. Students and faculty can directly request materials from other IU campus libraries through IUCAT, the online catalog for all Indiana University campuses.

**Research assistance.** The IU South Bend library staff are available to the faculty and students in person, via phone, and through email for any research related questions. In addition, the library staff offers learning sessions for students and faculty in the mechanisms of searching for and obtaining needed print and on-line resources. The library has a nursing subject guide, and a librarian, Susan Thomas, who is dedicated to College of Health Science students, which includes undergraduate and graduate nursing students. Susan often meets with students to provide individual research assistance. Faculty can add Susan to their courses in Canvas® (Learning Management System) to promote using these services. The library also offers a one-credit information literacy course that is part of the campus' general education requirement.

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**Selection of material.** Materials to support faculty and student needs are collected in a variety of formats to ensure program requirements and expected outcomes are achieved. Faculty are the primary selectors of materials on the IU South Bend campus. Faculty submit requests for materials to add to the library collection through their unit's library liaison (assigned faculty member from the department) who works directly with the department's subject librarian. Faculty may also recommend journal and database subscriptions.

**Review of resources.** The subject librarian for nursing works with the faculty to continually review and evaluate the strength of the collection to support teaching, learning, and research needs. The collection undergoes yearly evaluation and review to ensure materials collected meet program needs. A subject specific collection policy for nursing guides collection development and collection review efforts.

**Collection resources to support nursing programs.** The IU South Bend Libraries provide access to numerous resources specific to nursing and the health sciences including print and electronic books, media, streaming media, anatomy models, print and electronic journals, and databases. Access to electronic resources is available through the Library's Website. There is also a subject guide, which provides links to many available nursing resources (see evidence room for a list of nursing resources).

**Campus Student Counseling Center.** The IU South Bend Student Counseling Center assists students who are dealing with personal and emotional difficulties ([Student Counseling](#)). The presence of the Student Counseling Center on campus aids students with emotional and personal problems that impact their academic performance while maintaining the traditional faculty/student role relationship. Student personal and emotional difficulties often have a dramatic impact on student learning. Students and their immediate families are eligible for a variety of services, including short term counseling, crisis intervention, and referral to appropriate community resources. Faculty can also refer students to the center for issues that more directly impact learning and achievement such as test anxiety, stress management, and time management issues.

**Health and Wellness Center.** The IU South Bend Health and Wellness Center (HWC) is a primary care facility committed to providing high quality health care and health and wellness education to the diverse IU South Bend campus community ([IUSB.edu/wellness](http://IUSB.edu/wellness)). Health and wellness education promote healthy students and a healthy environment that supports optimum learning and results in retention of our students.

The services of the HWC include provision of physical exams, immunizations, and illness care for students, faculty, and staff with an affordable fee structure. The HWC also offers services to serve the healthcare needs of the community such as sexually transmitted infection testing and treatment, free human immunodeficiency virus screening, tuberculosis screening, drug screens, etc. The HWC partners with Healthlinc, a Federally Qualified Health Center (FQHC) to provide comprehensive services. This partnership allows students, staff, and faculty to engage in services with the South Bend area community. IU South Bend is one of the few universities in the nation partnering with a FQHC. The HWC is financially supported with fees from services provided, the DCHS budget, and donor gifts.

**Dental Hygiene Clinic.** The Dental Hygiene Clinic is available September through June when the Dental Hygiene students are in classes. The clinic provides learning experiences for students enrolled in the Dental Hygiene Program while providing services to all students, staff, faculty, and community who wish to receive dental care at IU South Bend. Services include teeth cleaning, dental x-rays, fluoride treatments, sealants, etc. See [Dental Education](#) for more details.

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**Academic Centers for Excellence (ACE).** The Academic Centers for Excellence (ACE) offers a variety of free tutoring services to help students master content and develop skills and strategies for academic success. The Writer's Room is located on the fourth floor of the Schurz Library and offers drop-in tutoring, online tutoring, and Write Well Coaching for any subject or course. The ACE also offer a math tutoring center, general learning center, and online tutoring program.

ACE services were extended to nursing specific courses in Fall 2019. This was a response to an increase in course failure in the first two semesters of the nursing program and a recognition that applicants revealed less academic skill prior to admission to the nursing program based on cumulative GPA, science GPA, and writing skills. The nursing tutors in the ACE program are students who are recommended by course instructors. The student tutors receive training, learning materials, and pay for their work.

**International studies.** Indiana University South Bend has several Study Abroad Programs (Belize, Japan, Canada, China, Costa Rica, Athens, Florence, Iceland, London, Mexico, etc.). Students can apply and learn these countries. The Office of International Programs promotes international education and strives to foster international understanding and awareness on campus and within the community.

**Campus Ally Network (CAN).** The IU South Bend Campus Ally Network (CAN) helps affirm and support IU South Bend students, staff, faculty, administrators, and alumni regardless of their sexual orientation and/or gender identity through Ally training and website resources: [Ally Network](#).

**Student Government (SGA).** The Student Government Association (SGA) formulates policy governing the activities and welfare of the students at IU South Bend, represents the interests of students to faculty and administration, encourages student involvement on the IU South Bend campus and in the surrounding community, and protects the rights of all students enrolled on the IU South Bend campus. The duties of SGA include funding student clubs and organizations. SGA supports a wide array of student groups and clubs including the Student Nurses Association. There are more than 70 student clubs and organizations that plan a variety of student activities such as movie nights, entertainers, open mic events, intramural sports, academic clubs, community service, and social identity groups.

**Titans Feeding Titans.** Titans Feeding Titans is a student run food pantry for the students and staff of Indiana University South Bend. Housed on the main campus, the vision of Titans Feeding Titans is that every student will have access to nutritious food. The mission is to provide IU South Bend students with supplemental non-perishable food items in times of need to alleviate hunger.

**Student Nursing Association (SNA).** The Student Nurses Association (SNA) is an IU South Bend chapter of the national association to bring pre-nursing and nursing students together for the common causes of service, self-discovery, and academic excellence. The SNA serves students and the local community through monthly meetings, service projects, guest speakers, fund-raisers, and state and national conferences. Students are invited to belong to the National Student Nurses Association (NSNA) which gives voice to the IU South Bend association at national conventions. This organization operates with student leadership and a faculty advisor.

**Michiana Alliance for Men in Nursing (M.A.N.).** The Michiana Alliance for Men in Nursing was formed in 2013 by the IU South Bend nursing faculty to provide a framework for nurses and nursing students as a group to meet, discuss, and influence factors which affect men as nurses. Membership in the chapter is open to nursing students at all levels.

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The M.A.N. group:

- Encourages men to become nurses
- Joins all nurses in strengthening and humanizing health care
- Supports men who are student nurses to grow professionally and demonstrate the contributions made by men in the nursing profession
- Advocates for continued research, education, and dissemination of information about men's health issues, men in nursing, and nursing knowledge at the local and national levels.
- Supports members' full participation in the nursing profession and its organizations.

**Process for review of academic supports.** Academic supports are reviewed on an as needed basis through formal nursing program assessment data such as NCLEX pass rates, completion rates, exit surveys, and alumni surveys. In addition, courses failures prompt review of academic supports. For example, the previously described Men in Nursing group was formed when members of the Admission, Progression, and Graduation (APG) nursing committee noticed that there was a disparity of men experiencing course failures in the nursing program. The disparity was erased following the formation of the M.A.N. group. In a more recent example, in 2018 the faculty noticed by the nursing faculty that the aggregate pool of applicants to the nursing program trended toward lower academic skills compared to cohorts from five years previously. In 2019, the nursing faculty collaborated with the previously described campus Academic Centers for Excellence (ACE) program to provide formal student tutoring. The program was implemented in Fall 2019. The nursing administration will monitor improvement in student outcome.

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

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

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

### **Program Response**

The Chief Nursing Administrator (CNA) holds the position of Assistant Dean of Nursing (ADN) and reports to the Dean of the Dwyer College of Health Science (DCHS) (See Appendix K for the ADN job description). This role is comparable to Chief Administrators in other academic units at IU South Bend. The CNA oversees the day-to-day operations of the School of Nursing (SON) including admission, progression, and graduation of students, program assessment, curriculum, faculty schedules and workloads, hiring new faculty, and clinical contracts with partnering agencies. The CNA also coordinates faculty and student mentoring and search & screen committees for open nursing faculty positions. The ADN evaluates nursing faculty with input from Program Directors and oversees the promotion and tenure review process for nursing faculty. The CNA directly supervises the BSN and MSN Program Directors and the

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RN-BSN Coordinator. Through these activities, the CNA leads the SON with the authority to accomplish the mission, goals, and expected program outcomes. For example, the CNA had the authority in 2019 to adjust enrollments as the new curriculum was implemented to prevent an inadequate number of clinical sites to meet the needs of the enrolled students.

The CNA formally interacts and consults with faculty at monthly Council of Nursing Faculty (CNF) meetings and through nursing and college committees. Further input is sought from the community of interest via the School of Nursing Advisory Council (SONAC) which meets twice a year (see Appendix B and C for SONAC membership and minutes).

Interim Assistant Dean Barbara White has served in this capacity since January 2019. She holds a Ph.D. from Indiana University in Nursing. Her MSN was earned at Bethel College in Mishawaka, IN in nursing education. Dr. White has been a nurse educator since 2007 and has taught at IU South Bend for nine years primarily in pediatric nursing, capstone, and nursing management clinical. Her clinical experience is in pediatric nursing. She was the Transport Coordinator for the Pediatric Emergency Transport Service at Memorial Hospital of South Bend for 18 years prior to teaching full-time. As Transport Coordinator, Dr. White managed staff hiring, education, scheduling, continuous quality improvement (CQI), and planning for the transport service that served a five-county area. The position required excellent communication with referral hospital staff, upper administration, other departments, and staff. While teaching at IU South Bend, Dr. White has further honed her leadership skills through chairing the nursing assessment committee, the DCHS Diversity committee, and serving on faculty senate committees. Dr. White's role as Assistant Dean is enhanced by her student focus as evidenced by forming the Michiana Alliance for Men in Nursing student group and serving as faculty advisor for the Student Nurses Association at IU South Bend. She is a well-respected nurse, educator, and leader in the health care community of the South Bend area. Dr. White served as President of the Nursing Research Consortium of North-Central Indiana and is a current Board member for the O'Hana Heritage Foundation.

Dr. White is an accomplished scholar. Her program of research is the success of African American nursing students. She has presented at conferences locally, regionally, and nationally about the experiences of African American nursing students. Dr. White has precepted several MSN students and two doctoral students. One of the doctoral students was guided by Dr. White through the research internship of a nursing Ph.D. program. Dr. White is experientially grounded in teaching, scholarship and service, in order to lead the faculty of the IU South Bend School of Nursing (See Appendix J for Dr. White's CV).

### II-E. Faculty are:

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

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

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*major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree. The program provides a justification for the use of any faculty who do not have a graduate degree.*

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

### **Program Response**

The IU South Bend School of Nursing faculty are sufficient in number, academic preparation, and experienced to accomplish the mission, goals, and expected program outcomes.

**Sufficient in number.** The IU South Bend SON has 17 designated full-time faculty positions (two of which are currently visiting positions). Administrative responsibility for the SON accounts for 2.0 of the 17 FTEs: ADN 75%, BSN Program Director 50%, MSN Program Director 50%, and Director of Health and Wellness Center 25% administrative responsibility. Full-time faculty are supplemented with part-time, adjunct faculty. In 2018, designated nursing FTEs were changed from 18 in the Spring semester to 17 in the Fall semester with two of the 17 positions unfilled. Part-time faculty were used to accomplish the mission, goals and expected program outcomes. In 2019, all 17 of the full-time positions were filled, thereby decreasing the number of part-time faculty needed decreased. The nursing faculty taught 132 traditional BSN credits and 61 MSN credits in 2018 and 2019 (see Appendix L for 2018 and 2019 faculty list). In 2018, three faculty members received course release for doctoral study, three for tenure track scholarship, and one for tenure research.

Summer session teaching is required of administrators who have a 12-month contract and is optional for faculty with a 10-month contract. There are a sufficient number of faculty with a 10-month contract who choose to teach during summer session for the nursing electives, MSN program curriculum, and the RN-BSN completion option consortium program courses.

**Academic preparation.** All full-time, non-visiting faculty are master's prepared in nursing; several are doctorally prepared (PhD or DNP), and several are currently enrolled in doctoral programs. Several part-time faculty are master's prepared; all have a minimum of a bachelor in nursing with at least three years of clinical experience. One full-time faculty member in the last year of master's degree study was placed in a visiting position. Their expected graduation is on track for December 2019. See table II-E-1 below for the academic preparation of the nursing faculty in the Fall term of 2018.

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Table II-E-1

	Doctoral degree	Master's degree	Bachelor's degree	Associate degree
Full-time	6	8	1	0
Part-time	1	7	3	0

**Experiential preparation.** All full-time and part-time faculty have a minimum of three years clinical experience as per Indiana State Board of Nursing regulations. The faculty of IU South Bend SON exceed the three-year requirement. See table II-E-2 below for the Fall term of 2018.

Table II-E-2

	≥ 30 years	20-30 years	10-20 years	3-10 years	≤ 3 years
Full-time	5	4	4	2	0
Part-time	5	0	4	2	0

Clinical expertise is further verified through nursing specialty certifications (see Appendix M for list of 2019 faculty specialty certifications).

**Faculty workloads.** Full-time faculty workloads are determined by rank, enrollment in doctoral studies, and/or administrative reassignment. Clinical faculty (clinical assistant professor, clinical lecturer, senior clinical lecturer) are expected to teach 100%. Three credit hour lecture courses are assigned 25% teaching load and two credit hour lecture courses are assigned 17% teaching load. In clinical courses, a one credit hour course translates to three contact hours which is deemed a 12% teaching load and a two credit hour course translates to six contact hours which is deemed a 24% teaching load. A one credit hour laboratories (B245 and B249 Science and Tech and Health Assessment) are assigned 18% teaching load.

For part-time faculty, each course load is calculated at 90% of the full-time load based on Indiana University policy. For example, a three credit hour lecture that is 25% for full-time faculty is calculated as 22.8% for part-time faculty. The same 90% rule is used for all other courses (see Appendix N for workload calculation of full and part-time faculty). Part-time faculty are limited to a maximum 50% teaching load per university policy unless deemed an emergent staffing need and approved by the Associate Vice Chancellor for Academic Affairs.

Faculty members assigned to coordinate simulation across multiple courses receive reduced teaching load for that simulation work. The total teaching assignment for simulation planning, preparation, execution, evaluation, and debriefing is included in this load. Clinical faculty also participate in the planning and execution of simulation as part of the clinical teaching hours and responsibilities for most clinical courses. Simulation is included in clinical hours for course faculty and students, and accounts for 5% of nursing clinical time spread throughout the clinical curriculum. In Spring of 2020, an additional faculty will be reassigned to assist in simulation. This will expand simulation to all clinical courses and onboard a second simulation faculty member to overlap simulation knowledge between two faculty members.

Full-time faculty who are tenured are given a 25% course release for scholarship/research activity. Full-time faculty who are on the tenure track are also given a 25% course release for scholarship/research

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activity. Full-time faculty who are actively enrolled and progressing toward a doctoral degree receive a 25% course release to support doctoral academic success.

**Faculty to student ratio.** The Indiana State Board of Nursing (ISBN) requires one to ten faculty to student ratio in clinical sites (see Appendix O for ISBN regulations). The clinical agencies in the South Bend area are unable to support clinical groups of ten. Consequently, IU South Bend SON uses a ratio of one to eight faculty student ratio. For this reason, student cohorts are admitted in multiples of eight. Clinical sites availability currently limits cohort size to 32 students. The Chief Nursing Administrator has authority to change cohort enrollment based on the availability of clinical sites, clinical faculty, and strength of applicant pools while following the admission standards determined by the nursing faculty and implemented by the DCHS Admission, Progression and Graduation committee.

**Specialization for courses taught.** Full-time and part-time faculty members are assigned courses that match their clinical expertise. All specialty courses (H351/H352 Alterations in Neuro-Psychology, H366/H367 Nursing Care of Children, H368/H369 Nursing Care of Childbearing Families, S470/S471 Restorative Health, S472/S473 Health of the Community) are taught by clinically experienced full-time and part-time faculty in the particular area of specialty. All adult medical-surgical lecture and clinical course are taught by faculty experienced in adult acute inpatient nursing care. S491 (Nursing Management) is assigned to a faculty member with nursing management experience. H365 (Nursing Research) is assigned to a faculty member with research experience. B216 Pharmacology is assigned to a faculty member who has completed a graduate level pharmacology course.

B232 Introduction to the Discipline, B244/ B245 Comprehensive Health Assessment, and B248/B249 Science and Technology of Nursing are basic nursing courses to which all nursing faculty could be assigned. B251 (Fundamentals of Nursing Clinical) is assigned to an experienced adult, acute inpatient instructor, since the clinical site is in an adult acute care hospital unit.

B251 Fundamentals of Clinical Nursing Clinical was previously considered a clinical course to which all faculty members were qualified to teach. However, in the Spring semester of 2018, a faculty member with only maternal-child experience was assigned. It became evident that this clinical, while named Fundamentals, requires the expertise of an adult acute inpatient nursing instructor since that is the unit in which it is taught. It has subsequently been assigned more appropriately. The instructor with only maternal-child experience was unable to fully support student learning when caring for patients with unfamiliar diagnoses and related nursing care, especially the widely divergent medications compared to maternal-child nursing care.

**Graduate degrees.** Permanent full-time teaching positions in the IU South Bend SON require a master's degree; doctoral degrees are preferred. Recruiting doctorally prepared faculty in the South Bend, IN area is challenging. Therefore, IU South Bend administration supports current master's prepared faculty to pursue a doctoral degree. Full-time faculty who pursue a doctoral degree receive a 25% course release each semester that they are enrolled and progress toward a degree.

The IU South Bend SON seeks a mix of various masters' preparations among the faculty. Of the full-time faculty in the Fall semester of 2018, four were prepared as nurse practitioners, two as clinical nurse specialists, one as nursing administration, and seven as nursing education.

**Hold current RN license.** One hundred percent of full-time and part-time faculty hold a current Registered Nurse license in the state of Indiana where all the IU South Bend SON clinical sites are

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located. Licenses are checked before hiring. Renewal of RN licenses can be checked at the following website: [mylicense.in.gov](http://mylicense.in.gov).

**Advanced practice clinical courses.** IU South Bend is not accrediting an advanced practice nursing program in 2020.

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

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

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

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

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

### Program Response

Preceptors are used in several nursing clinical courses in the BSN program. Preceptors are in aggregate qualified for their role. At times, due to staff turnover, unit needs for staff orientation, and matching students with nurses who practice quality nursing care, exceptions are made to the recommended academic and experiential standards. Preceptors are personally vetted by full-time clinical faculty who are familiar with the clinical units, managers, and staff to promote a positive learning experience.

**Use of preceptors.** Preceptors were used in six courses of the curriculum in 2018: H354 Alterations in Health I Clinical, H362 Alterations in Health II Clinical, S471 Restorative Health R/T Multisystem Failures, S473 A Multisystem Approach to the Health of the Community, S482 Nursing Management Clinical, S483 Nursing Capstone. Three of these courses use preceptors in a Dedicated Education Unit (DEU) model.

**Qualifications.** Per Indiana State Board of Nursing guidelines, preceptors must hold a BSN and have three years of clinical experience. Of 103 preceptors in 2018, 89 preceptors met both of these requirements (see evidence room for table of Fall 2018 preceptors). Of those who did not, 97 met the BSN requirement, and 94 met the requirement of needing three years of experience. The IU South Bend SON will continue to work on recruiting academically and experientially qualified RNs to precept students in the nursing program.

**Expectations.** Preceptor expectations are course specific. The faculty for the precepted courses are responsible for determining expectations and communicating them to the preceptors. Expectations are evaluated for alignment and consistency with the mission, goals, and expected student outcomes when preceptors are added to a clinical course (such as initiating the DEU), new courses are implemented (this will be done as the new curriculum is implemented) and when the mission, goals, and expected student outcomes change and are then updated.

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Expectations for preceptors were initially created using professional nursing standards and guidelines including the ANA Code of Ethics, BSN Essentials of Baccalaureate Education in Nursing, and QSEN Competencies. As nursing standards are revised, the expectations for preceptors are re-evaluated by the faculty in the clinical course and revised in order to maintain alignment and consistency.

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

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

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

#### **Program Response**

Institutional support is available to promote faculty outcomes according to the defined expectations of the faculty role and in support of the mission, goals, and expected faculty outcomes.

**Ongoing development in teaching.** The University Center for Excellence in Teaching (UCET) supports teaching and learning on the IU South Bend campus. The mission is to enhance student learning by providing opportunity for faculty discovery, feedback, reflection, support and collegiality by providing the following:

- A broad spectrum of ideas and strategies, including innovative and alternative methods of instruction
- Strategies and support for assessment of teaching effectiveness and student learning
- Services such as confidential consultations, workshops, mentoring programs, and conference funding
- Access to teaching technology and training
- Opportunities for university-wide dialogue on teaching and learning
- Overall support for the strengthening of teaching and learning on the IU South Bend campus

In addition, the DCHS allocates funds on an annual basis to faculty and staff for their professional development. If in one year the money is not used, the funds roll over to the next year, allowing faculty to save their allocation for a more expensive conference.

**Resources for scholarship, service, and practice.** Indiana University South Bend has a structured Promotion, Tenure and Reappointment (PTR) process to support faculty in advancing in their academic careers. The Dwyer College of Health Sciences PTR committee is made up of representatives from all

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health professions in the college. The committee provides annual feedback on teaching, service, and scholarship. UCET provides classes, writing groups, and mentorship for faculty members as they prepare documents for promotion and/or tenure. A senior faculty member in nursing serves as a UCET PTR mentor.

As described in Standard I-D, the expectations and guidelines for the promotion, tenure, and reappointment criteria are clearly stated. Exemplars for each criteria guide faculty as they prepare dossiers for promotion and/or tenure (See Appendix E for PTR documents).

**Standard III**

**Program Quality: Curriculum and Teaching-Learning Practices**

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

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

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

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

**Program Response**

**Curricula congruent with mission and goals.** The BSN traditional program and the RN-BSN completion option consortium program curricula were developed, are implemented, and revised to reflect clearly delineated program outcomes which are shared by both programs. The program outcomes are clear statements of expected student learning and are reflective of the roles for which students are being prepared. The program outcomes are shared between the two programs and among all Indiana University nursing programs. The program outcomes align with the IU South Bend School of Nursing mission. Table III-A shows the congruence between the SON mission, the program outcomes, and a sampling of BSN courses that reflect the program outcomes.

Table III-A-1

SON Mission	Program Outcome	Example BSN Course Outcomes
...provide safe competent health care ... function from a critically evaluated evidence base...	A critical thinker who demonstrates intellectual engagement and uses evidence as a basis for clinical reasoning and decision making	H351 (Alterations in Neuro-Psychological Health): Analyze historical events and their impact of the treatment of individuals with mental illnesses
...holistic, caring...nurses who respect the uniqueness of each individual ...provide safe competent health care to meet the needs of the individual, family, and community.	A culturally sensitive individual who provides holistic individual, family, community, and population-centered nursing care.	S470 (Restorative Health Related to Multi-System Failures): Integrates the cultural beliefs, values, and practices of individuals, families and communities in nursing care of the complex adult client.
...provide safe competent health care to meet the needs	A knowledgeable care coordinator who facilitates access to resources across the	H361 (Alterations in Health II): Prioritizes safe and effective

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SON Mission	Program Outcome	Example BSN Course Outcomes
of the individual, family, and community.	continuum of health care environments in order to meet the evolving health care needs of individuals, families, communities, and populations.	nursing care to individuals with acute and chronic illnesses.
...provide safe competent health care to meet the needs of the individual, family, and community.	An individual who understands and considers the impact of health care policy, finance, and regulatory environments on care delivery.	S472 (A Multisystem Approach to Health of the Community): Applies an established EBP process to a nursing sensitive question encountered in the community health practice setting.
...prepare holistic, caring, ethical professional nurses	An individual who embodies the professional identity of the nurse and who translates the inherent values of the nursing profession into the ethical and legal practice of nursing	B232 (Introduction to the Discipline of Nursing): Describe the legal principles and ethical decision-making framework used by the nurse. B248 (The Science and Technology of Nursing): Exhibit professional behaviors that foster a positive public image of nursing and adhere to the ANA Code Of Ethics in all interactions pertaining to the courses.
...provides safe competent healthcare to meet the needs of the individual, family, and community. Function as ... respected members of cohesive healthcare teams.	An effective communicator who collaborates with interprofessional team members, patients, and their support systems for improved health outcomes.	S470 (Restorative Health Related to Multi-System Failures): Uses interdisciplinary approach to client care. S485 (Professional Growth and Empowerment): Demonstrate professional communication skills, apply patient safety communication strategies, understanding the critical link to errors and patient safety.
...prepare holistic, caring, ethical professional nurses ...who provide safe, competent healthcare to meet the needs of the individual, family, and community.	A competent care provider who is prepared to practice to the full capacity of the professional nurse role in diverse health care environments.	S483 (Clinical Nursing Practice Capstone): Incorporates professional standards and statutory rules and regulations pertinent to nursing into individual nursing practice.
... function in cohesive healthcare teams using critically evaluated evidence	An accountable leader and manager who applies principles of systems and organizational processes and who balances	S481 (Nursing Management): Makes decisions based on an analysis of costs and quality care outcomes.

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SON Mission	Program Outcome	Example BSN Course Outcomes
	resources to promote quality care and patient safety.	
...provide safe, competent healthcare to meet the needs of the individual, family, and community. These professional nurses function from a critically evaluated evidence-base ...function in cohesive healthcare teams using critically evaluated evidence	An individual who embraces and employs innovations in information management and technology in the delivery of quality patient care.	B252 (Fundamentals of Nursing Clinical): Demonstrate proper procedure in documentation of nursing skills in a variety of media including the electronic health record (EHR).

**Curricula congruent with roles of graduates.** The BSN curricula incorporate the generalist knowledge common to baccalaureate nursing education as outlined by AACN in 2008 document, *The Essentials of Baccalaureate Education for Professional Nursing Practice*. Student learning outcomes are explicitly threaded to *The Essentials of Baccalaureate Education for Professional Nursing Practice* in course syllabi (see Appendix P for sample threading in syllabi). Curricula are reviewed continuously based on assessment data and revised as needed for deficiencies. Formal and informal feedback are elicited from graduates and employers of program graduates to inform curricula changes. Importantly, employers and graduates report adequate preparation for their roles post-graduation as reported in Standard IV-I.

**Curricula congruent with needs of community of interest.** The BSN curricula are meeting the needs of the communities of interest. The community of interest for the IU South Bend nursing program includes the students, alumni, and employers. The SON curriculum committee includes one student representative. Alumni, students, and employers provide feedback through assessment surveys and the School of Nursing Advisory Council (SONAC), which meets twice a year. In particular, the SONAC provides timely feedback about how IU South Bend nursing graduates transition to professional practice and leadership positions. Informal feedback is also elicited when faculty interact with nurse educators, unit managers, and alumni in the clinical agencies. The feedback is overwhelmingly positive.

**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.*

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### Program Response

The traditional BSN program is designed to prepare graduates to function as professional, generalist nurses in the health care delivery system. The RN-BSN completion option program is designed to enhance the professional role of the practicing RN, prepare students for nursing leadership roles, and prepare students for graduate study. The SON curriculum committee is responsible for review and revision of program outcomes and the curriculum for both the traditional BSN and RN-BSN completion option program. Both programs underwent curriculum changes since the last accreditation in 2010 as described below.

The BSN curricula incorporate the generalist knowledge common to baccalaureate nursing education as outlined in the 2008 *The Essentials of Baccalaureate Education for Professional Nursing Practice*. The curricula originated in the Indiana University School of Nursing (IUSON) system-school curricular structure that was accepted in 1998 by the IU South Bend School of Nursing (SON). The model for the 1998 curriculum was a Double Helix Model and conceptual framework that proceeded from wellness to illness to wellness and outlined curricular concepts and threads (see Appendix Q for conceptual model & framework ). Each campus in the system was free to deliver the course content to program outcomes in a manner which worked best for the community of interest.

In 2010, representatives from curriculum committees from each IU campus created new program outcomes based on the 2008 AACN *Essentials of Baccalaureate Education for Professional Nursing Practice*. Level student outcomes (sophomore, junior, and senior) were revised in 2014 to improve clarity and incorporate Quality and Safety Education for Nurses (QSEN) competencies. Each level of the curriculum (sophomore, junior, and senior) is designed so that level courses meet the appropriate level outcomes that lead to the program outcomes (see Table I-B-1 for alignments). As a result, every course does not necessarily assist students to meet each outcome, nor does each course use the same mechanisms to assist students to meet the outcomes. However, the student is expected to be able to meet the level outcomes by the end of each level. The level outcomes for the senior year are the program outcomes.

In Spring 2015, a review by the IU South Bend SON curriculum committee revealed broad differences in course syllabi throughout the program. The committee created a consistent syllabus template to be used in all SON baccalaureate courses. The new syllabus template provides consistent terminology (i.e. course outcomes versus course objectives) and a table to thread course outcomes to QSEN and program outcomes (see Appendix R for syllabus template). Program outcomes are consistent for the traditional BSN and RN-BSN completion option programs. Course syllabi in the RN-BSN completion option program are created and revised by the RN-BSN Consortium Curriculum Committee. Any changes to RN-BSN course syllabi are brought to the IU South Bend SON Curriculum Committee for input and approval. Additionally, IU South Bend SON faculty are encouraged to develop new courses as elective offerings in the consortium.

The Institute of Medicine (1999, 2000, 2001, 2004, 2012, 2015) provides standards and guidelines to increase emphasis on safety, informatics, and genetics. Principles of safety are introduced in B248/B249 Science and Technology and continue to be emphasized throughout the curriculum. The use of simulations in every level has been helpful to focus students on patient safety and in assessing student clinical progress in a safe environment. The creation of the QSEN (2005) competencies led to the infusion of new content. Selected concepts are included throughout the curriculum. Informatics knowledge is emphasized in the eighth semester and measured with a group presentation project.

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Genetic and genomic content are threaded throughout the curriculum. For example, in H361 Alterations in Health II the genetic components of obesity are embedded in learning activities, and in H366 Nursing Care of Children and Their Families includes the mutated genetic diseases of sickle cell anemia and the environmentally triggered genomic diseases of asthma, Type 1 diabetes, and Attention Deficit Hyperactivity Disorder.

**BSN traditional program curricular revision.** The SON faculty recognized the need for curricular change. A curricular revision provided an opportunity for intentional, sequential threading of the 2008 AACN *Essentials of Baccalaureate Education for Professional Nursing Practice*, QSEN competencies, and content related to updated developments in healthcare throughout the curriculum in both nursing and pre-requisite health science courses. The IU South Bend School of Nursing, in its review of the current curriculum, unanimously decided to revise the nursing curriculum.

In 2014, the SON curriculum committee began the curricular revision process with a critical review of the existing curriculum and the healthcare needs of the region. The faculty voted to maintain the current, existing program outcomes as they continue to serve the students, employers, and community. An examination of the curricular revisions made by other IU campuses revealed a move from a content to a concept-based curriculum. In review of the literature, the nursing curriculum committee noted that there was no evidence to support that one approach was superior to the other in providing a sound nursing education (using NCLEX pass rates, student and employer satisfaction as outcome measures) for baccalaureate students (Duncan & Schulz, 2015). The faculty voted to continue a content-based curriculum.

The creation of a college of health science (2014) and development of new healthcare degree programs offered new options when revising the nursing curriculum. The Dwyer College of Health Sciences (DCHS) administrative team recommended standardized lower division courses among specialty programs with program specific courses provided entirely in the upper division to allow flexibility for students to change majors within the college during the first two years of study. Further support for an upper-division nursing major was provided by a literature review that revealed an upper division nursing major, based upon a strong foundation of pre-requisite courses, to be successful in meeting student learning outcomes and assisting students to navigate the converging paths in healthcare education (Giddens and Meyer; 2016). Thus, the nursing curriculum that is currently 1.5 years of foundational course work and 2.5 years of nursing course work, will transition to 2 years of foundational course work and 2 years of nursing course work (see Appendix S for comparison of the revised BSN curriculum with the current BSN curriculum and credit hour allocation).

The curriculum committee began with a curricular purpose statement and foundational concepts that aligned with IU South Bend SON mission and goals:

The faculty of IU South Bend School of Nursing believe the mechanism by which our graduates achieve the outcomes of our program is through our curriculum. Our revised curriculum achieves the SON mission by educating our graduates to become providers of patient and family-centered care, using integrative health and holistic nursing care concepts and practices.

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Next, the curriculum committee identified the threads of the revised curriculum and the core concepts using the IU School of Nursing program outcomes, 2008 AACN *Essentials of Baccalaureate Education for Professional Nursing Practice*, and the QSEN competencies:

*Patient and family centered care* as adapted from the definition provided by the Institute for Patient and Family- Centered Care (2015) is "an approach to the planning, delivery, and evaluation of health care that is grounded in a collaborative partnership between patients, families, and nurse. Core concepts of patient and family-centered care dignity and respect, information sharing, participation, and collaboration." The core sub-concepts of patient and family-centered care are further defined as:

- *Dignity & Respect*: Providers [Nurses] listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.
- *Information Sharing*: Providers [Nurses] communicate and share complete and unbiased information with patients and their families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to participate in care and decision-making effectively.
- *Participation*: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- *Collaboration*: Patients, families, health care providers and leaders at all levels collaborate in the planning, implementing, and evaluating of care, health policies and programs.

*Health promotion* is the art and science of helping people discover the synergies between their core passions and optimal health, enhancing their motivation to strive for optimal health, and supporting them in changing their lifestyle to move toward a state of optimal health. Optimal health is a dynamic balance of physical, emotional, social, spiritual, and intellectual health. Lifestyle change can be facilitated through a combination of learning experiences that enhance awareness, increase motivation, and build skills and, most important, through the creation of opportunities that open access to environments that make positive health practices the easiest choice.

*Holistic nursing* embraces all nursing practice that has enhancement of healing the whole person from birth to death as its goal. Holistic nursing recognizes that there are two views regarding holism: that holism involves identifying the interrelationships of the bio-psychosocial- spiritual dimensions of the person, recognizing that the whole is greater than the sum of the parts; and that holism involves understanding the individual as a unitary whole in mutual process with the environment (American Holistic Nurses Association, 2015).

*Integrative health* is a holistic, healing-oriented, person centered, relationship focused philosophy of care that blends traditional & complementary health care practices and standards.

As the committee evaluated the current curriculum, it became evident that while some courses could undergo revision, new courses would need to be developed. The committee reviewed and revised the curricular concepts, courses, credit hour allocation, and course sequencing. Faculty evaluation of the current curriculum identified a need to include a professional communications course in the curriculum. B231 Communication Skills for the Healthcare Professional is now required in the foundational (prerequisite) portion of the new curriculum. The faculty identified a need for additional

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pathophysiology content. C322 and C332 PathoPharmacology I and II respectively were created to meet this need. Aligning pathophysiology with pharmacology enhances student learning in both areas. Changes were made to decrease the allocation of credit hours in several specialty areas to accommodate the increase in credits elsewhere. C410 Nursing Care of Children, C327 Mental Health Nursing Care, and C330 Nursing Care of Paripartal Women, Neonates, and the Family each have 3 total credit hours (2 didactic/1 clinical). Students in the revised curriculum have an opportunity to take two credit hours of nursing electives. When the campus general education requirement changes in Fall 2021, this elective will become a three-credit course in order to maintain the total credit hours at 120.

The nursing curriculum committee integrated the adopted core concepts with the program outcomes, 2008 AACN *Essentials of Baccalaureate Education for Nursing Practice*, and QSEN competencies to demonstrate how each are threaded into the courses and leveled in each semester (see table III-B-1 for new curriculum threads). Mastery of the content and threads are noted by the leveled demarcations: Foundational, Junior, and Senior.

Table III-B-1

<p><b>1. A critical thinker who demonstrates intellectual engagement and uses evidence as a basis for clinical reasoning and decision- making.</b>  <u>BSN Essential 1:</u> Liberal Education for Baccalaureate Generalist Nursing Practice  <u>BSN Essential 3:</u> Scholarship for Evidence-Based Practice (EBP)  <b>QSEN: Evidence-based Practice:</b> Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.  <b>IU South Bend SON Curriculum Core Concept(s):</b> Information sharing, Holistic nursing, Integrative nursing</p>		
<i>Foundational Level Courses</i>	<i>Junior Level Courses</i>	<i>Senior Level Courses</i>
The student will demonstrate intellectual engagement and use evidence as a basis for beginning clinical reasoning related to health care issues.	The student will develop critical thinking skills by engaging in learning opportunities and by integrating previous learning and life experience into current practice.	The student will synthesize information from a variety of sources to inform accurate and effective clinical reasoning and decision-making.
The student will understand the components of research and evidence based practice, demonstrate information literacy, and appreciate the application of best clinical evidence to enhance practice.	The student will utilize the results of research, systematic reviews, and evidence based guidelines in clinical reasoning and decision-making.	The student will analyze current professional strengths and weaknesses and develop a plan for future learning and development.
		The student will apply an established EBP process to a nursing sensitive question encountered in the practice setting.

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<p><i>P102: Critical Thinking &amp; Applied Ethics [CHS]</i> <i>H322: Biostatistics &amp; Epidemiology [CHS]</i></p>	<p><i>Nursing Care Fundamentals</i> <i>Health Assessment in Nursing Care</i> <i>Pathopharmacology I &amp; II</i> <i>Genetics &amp; Genomics</i> <i>Nursing Care of Adults &amp; Older Adults I</i> <i>Mental Health Nursing Care</i> <i>Nursing Care of Peripartal Women, Neonates &amp; Families</i></p>	<p><i>Nursing Inquiry</i> <i>Care of Adults &amp; Older Adults II</i> <i>Nursing Care of Children</i> <i>Nursing Care of Communities</i> <i>Complex Care Across the Lifespan</i> <i>Management &amp; Leadership</i> <i>Nursing Synthesis</i> <i>Capstone</i></p>
<p><b>2. A culturally sensitive individual who provides holistic, individual, family, community, and population-centered nursing care.</b> <b>QSEN: Patient-centered Care:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs. <b>IU South Bend SON Curriculum Core Concept(s):</b> Patient &amp; Family-Centered Care, Dignity &amp; Respect, Holistic Nursing</p>		
<p><i>Foundational level courses</i></p>	<p><i>Junior</i></p>	<p><i>Senior</i></p>
<p>The student will respond sensitively to cultural differences in others, using a holistic nursing approach during interactions with individuals, families, and communities</p>	<p>The student will provide culturally sensitive, holistic nursing care to individuals, families and communities in a variety patient care settings across a spectrum of ages and life stages.</p>	<p>The student will provide culturally sensitive, holistic nursing care to vulnerable individuals, families, and communities in complex care settings.</p>
<p><i>B231: Communication Skills for the Health Professionals [CHS]</i> <i>Non-Western Elective [possibly CHS-Complementary health]</i> <i>H322: Biostatistics &amp; Epidemiology[CHS]</i></p>	<p><i>Discipline of Nursing: Theory &amp; Practice</i> <i>Health Assessment in Nursing Care</i> <i>Pathopharmacology I &amp; II</i> <i>Genetics &amp; Genomics</i> <i>Nursing Care of Adults &amp; Older Adults I</i> <i>Mental Health Nursing Care</i> <i>Nursing Care of Peripartal Women, Neonates &amp; Families</i></p>	<p><i>Nursing Inquiry</i> <i>Nursing Care of Adults &amp; Older Adults II</i> <i>Nursing Care of Children</i> <i>Nursing Care of Communities</i> <i>Complex Care Across the Lifespan</i> <i>Management &amp; Leadership</i> <i>Nursing Synthesis</i> <i>Capstone</i></p>
<p><b>3. A knowledgeable care coordinator who facilitates access to resources across the continuum of health care environments in order to meet the evolving health care needs of individuals, families, communities, and populations.</b> <b>BSN Essential 7:</b> Clinical Prevention and Population Health <b>QSEN: Patient-centered Care:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs. <b>IU South Bend SON Curriculum Core Concept(s):</b> Patient &amp; Family-Centered Care, Information Sharing, Participation, Collaboration, Holistic Nursing</p>		
<p><i>Foundational Level Courses</i></p>	<p><i>Junior</i></p>	<p><i>Senior</i></p>

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The student will develop an understanding of the health care system and the resources available to assist individuals, families, and communities to meet evolving health care needs.	The student will assist with care coordination and incorporate an understanding of the health care system and available resources when providing care to meet the evolving health care needs of individuals, families, communities and populations.	The student will effectively coordinate care by engaging with the health care team to identify and facilitate access to resources to meet the evolving health care needs of individuals, families, communities and populations.
<i>L320: Health Care Delivery Systems [CHS]</i> <i>H322: Biostatistics &amp; Epidemiology [CHS]</i>	<i>Nursing Care of Adults &amp; Older Adults I</i> <i>Mental Health Nursing Care</i> <i>Nursing Care of Peripartal Families</i>	<i>Nursing Care of Adults &amp; Older Adults II</i> <i>Nursing Care of Children</i> <i>Nursing Care of Communities</i> <i>Nursing Leadership &amp; Management</i> <i>Capstone</i>
<p><b>4. An individual who understands and considers the impact of health care policy, finance, and regulatory environments on care delivery.</b>  <u>BSN Essential 5: Healthcare Policy, Finance, and Regulatory Environments</u>  <b><i>IU South Bend SON Curriculum Core Concept(s):</i></b> Patient &amp; Family Centered Care, Participation, Collaboration</p>		
<i>Foundational Level Courses</i>	<i>Junior</i>	<i>Senior</i>
The student will examine how professional nursing roles are influenced by healthcare policies, regulations, and finances.	The student will apply knowledge of health care policy, regulations, and finance in the patient care delivery environment.	The student will generate resolutions to challenges in the provision of health care that result from health care policy, regulations, and finance.
<i>L230: Healthcare Delivery Systems [CHS]</i>	<i>Discipline of Nursing: Theory &amp; Practice</i> <i>Pathopharmacology I &amp; II</i> <i>Genetics &amp; Genomics</i> <i>Nursing Care of Adults &amp; Older Adults I</i> <i>Mental Health Nursing Care</i> <i>Nursing Care of Peripartal Women, Neonates &amp; Families</i>	<i>Nursing Inquiry</i> <i>Nursing Care of Adults &amp; Older Adults II</i> <i>Nursing Care of Children</i> <i>Nursing Care of Communities</i> <i>Complex Care Across the Lifespan</i> <i>Nursing Leadership &amp; Management</i> <i>Nursing Care Synthesis</i> <i>Capstone</i>
<p><b>5. An individual who embodies the professional identity of the nurse and who translates the inherent values of the nursing profession into the ethical and legal practice of nursing.</b>  <u>BSN Essential 8: Professionalism and Professional Values</u>  <b><i>IU South Bend SON Curriculum Core Concept(s):</i></b> Patient &amp; Family-Centered Care, Dignity &amp; Respect, Information Sharing, Participation, Collaboration, Holistic Nursing, Integrative Nursing</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will describe legal/ethical boundaries and	The student will demonstrate accountable, professional,	The student will internalize the values of the profession of

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professional characteristics of nursing.	ethical and legal care of patients and families.	nursing and advocate for ethical and legal practice.
The student will exhibit accountable and professional behavior while engaging in the learning community.		
<i>L320: Health Care Delivery Systems [CHS]</i>	<i>Discipline of Nursing: Theory &amp; Practice Nursing Care of Adults &amp; Older Adults I Mental Health Nursing Care Nursing Care of Peripartal Women, Neonates, &amp; the Family</i>	<i>Nursing Inquiry Nursing Care of Adults &amp; Older Adults II Nursing Care of Children Nursing Care of Communities Complex Care Across the Lifespan Nursing Leadership &amp; Management Nursing Care Synthesis Capstone</i>
<p><b>6. An effective communicator who collaborates with inter professional team members, patients, and their support systems for improved health outcomes.</b>  <u>BSN Essentials 6:</u> Inter professional Communication and Collaboration for Improving Patient Health Outcomes  <b>QSEN: Teamwork and collaboration:</b> Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.  <b>IU South Bend SON Curriculum Core Concept(s):</b> Patient &amp; Family Centered Care, Dignity &amp; Respect, Information Sharing. Participation, Collaboration</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will communicate professionally with others using effective verbal, non-verbal, and written communication techniques, informed by a process of reflection and self-awareness.	The student will use effective communication techniques with individuals, families, communities, and health team members in order to achieve optimal health care outcomes.	The student will use effective communication skills to collaborate with inter professional health team members, individuals, families, and communities, to achieve optimal health outcomes in challenging situations
<i>B231: Communication Skills for the Health Professional [CHS]</i>	<i>Discipline of Nursing: Theory &amp; Practice Nursing Care Fundamentals Mental Health Nursing Care Nursing Care of Adults &amp; Older Adults I Mental Health Nursing Care Nursing Care of Peripartal Women, Neonates &amp; Families</i>	<i>Nursing Inquiry Nursing Care of Adults &amp; Older Adults II Nursing Care of Children Complex Care Across the Lifespan Nursing Care of Communities Nursing Leadership &amp; Management Capstone</i>

<p><b>7. A competent care provider who is prepared to practice to the full capacity of the professional nurse role in diverse health care environments.</b>  <u>BSN Essential 9:</u> Baccalaureate Generalist Nursing Practice  <b>QSEN: Safety:</b> Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.  <b>Evidence-based Practice:</b> Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.  <b>Patient-centered Care:</b> Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values, and needs.  <b>IU South Bend SON Curriculum Core Concept(s):</b> Patient &amp; Family- Centered Care, Dignity &amp; respect, Information Sharing, Participation, Collaboration, Holistic Nursing, Integrative Nursing</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will provide safe, effective, compassionate care and promote the health of individuals and families consistent with a beginning level of knowledge and skills	The student will provide safe, effective, compassionate care and promote the health of individuals and families consistent with an intermediate level of knowledge and skills	The student will provide safe, effective, compassionate care to promote the health of individuals, families, and communities with complex health care needs.
<i>L320: Healthcare Delivery systems [CHS]</i>	<i>Discipline of Nursing: Theory &amp; Practice</i> <i>Nursing Care Fundamentals</i> <i>Nursing Care of Adults &amp; Older Adults I</i> <i>Mental Health Nursing Care</i> <i>Nursing Care of Peripartal Women, Neonates &amp; Families</i>	<i>Nursing Inquiry</i> <i>Nursing Care of Adults &amp; Older Adults II</i> <i>Nursing Care of Children</i> <i>Complex Care Across the Lifespan</i> <i>Nursing Care of Communities</i> <i>Nursing Leadership &amp; Management</i> <i>Capstone</i>
<p><b>8. An accountable leader and manager who applies principles of systems and organizational processes and balances resources to promote quality care and patient safety.</b>  <u>BSN Essentials: II.</u> Basic Organizational and Systems Leadership for Quality Care and Patient Safety  <b>QSEN: Quality Improvement</b> Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.  <b>Safety:</b> Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.  <b>IU South Bend SON Curriculum Core Concept(s):</b> Information Sharing, Participation, Collaboration</p>		
<i>Sophomore</i>	<i>Junior</i>	<i>Senior</i>
The student will identify nursing’s role in leading/ managing organizational processes and resources to promote safe and effective patient care.	The student will provide safe and effective patient care based on organizational policies and procedures and finite resources.	The student will synthesize effective leadership and management principles to promote quality and safety in complex organizations.

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<i>L320: Healthcare Delivery Systems [CHS]</i>	<i>Discipline of Nursing: Theory &amp; Practice Nursing Care Fundamentals Nursing Care of Adults &amp; Older Adults I Mental Health Nursing Care Nursing Care of Peripartal Women, Neonates &amp; Families</i>	<i>Nursing Care of Adults &amp; Older Adults II Nursing Care of Children Nursing Care of Communities Complex Care Across the Lifespan Nursing Leadership &amp; Management Nursing Care Synthesis Capstone</i>
<p><b>9. An individual who embraces and employs innovations in information management and technology in the delivery of quality patient care.</b>  <b>BSN Essential 4:</b> Information Management and Application of Patient Care Technology  <b>QSEN: Informatics:</b> Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.  <b>IU South Bend SON Curriculum Core Concept(s):</b> Dignity &amp; Respect, Information Sharing, Participation, Collaboration</p>		
Sophomore	Junior	Senior
The student will demonstrate the ability to navigate the patient care record to retrieve and enter pertinent patient information.	The student will employ the electronic health record and other technologies to coordinate patient care.	The student will use information management to trend outcomes of patient care processes in selected patient care populations in order to improve quality of care.
The student will describe the basic principles and uses of quality improvement for advancing patient care outcomes.	The student will implement best practices in quality improvement across a variety of patient care settings.	The student will design, implement, and evaluate a quality improvement study that will benefit unit-based organizational processes.
<i>L320: Healthcare Delivery Systems [CHS]</i>	<i>Nursing Care Fundamentals (i) Discipline of Nursing: Theory &amp; Practice (ii) Nursing Care of Adults &amp; Older Adults I Mental Health Nursing Care Nursing Care of Peripartal Women, Neonates &amp; Families</i>	<i>Nursing Inquiry Nursing Care of Adults &amp; Older Adults II Nursing Care of Children Nursing Care of Communities Complex Care Across the Lifespan Nursing Leadership &amp; Management Nursing Care Synthesis Capstone</i>

In the current curriculum, the clinical and didactic nursing courses are co-requisite courses. Letter grades are assigned in the didactic courses, with clinical courses graded as pass/fail. This means students can pass the didactic course, but fail a clinical course, and vice versa. When this happens, the clinical and didactic courses are no longer aligned. Consequently, one of the main goals of the curricular revision was to combine the didactic and clinical courses in order to promote and maintain alignment during

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remediation when students retake a course after course failure in either the clinical or the didactic portion.

**RN-BSN completion option program curricular revision.** The IU Schools of Nursing RN-BSN Consortium Curriculum Committee created an online RN-BSN completion option program for use by all IU Schools of Nursing, in concert with one another, using a shared online model. The curriculum is also consistent across IU Schools of Nursing who offer RN-BSN completion option program face to face or hybrid (see Appendix T for RN-BSN curriculum). The RN-BSN completion option program is intended to prepare Baccalaureate nurses in to align with the needs of associate degree nurses working in area healthcare agencies. IU South Bend nursing administration decided in 2016 to stop enrolling into the RN-BSN face to face program due to low enrollment. Students not yet graduated from the face to face program in 2018 were transferred to the RN-BSN completion option program provided by the Indiana University consortium.

The RN-BSN completion option program curriculum meets the same program outcomes as the traditional BSN curriculum, though with different outcome levels. The general education requirements match those for the campus in which the student enrolls. IU South Bend nursing requires all RN-BSN students to complete general education courses or competency equivalents, prerequisite courses as required by the consortium, and to follow the curriculum order that begins with B331 Transition to Baccalaureate Nursing Practice and finishes with R470: Clinical Baccalaureate Nursing Capstone. The student determines the order of the remaining courses, including three electives.

The RN-BSN completion option program curriculum is regularly evaluated and revised when faculty determine need, such as when benchmarks are not met or when there are external changes in healthcare delivery, knowledge generation, or accreditation standards. The RN-BSN curriculum committee, comprised of representative faculty from all participating campuses, meet regularly via synchronous online conference during the academic year and meet in person during the summer. Representatives have the responsibility of sharing information from their campus faculty. Voting items are shared with each campus's curriculum committee. The campus representative vote reflects the decisions of the nursing curriculum committee.

Several curricular changes have been made since the last CCNE accreditation in 2010. Courses were also linked to program outcomes, BSN Essentials, and QSEN standards (see Appendix U for linkages in RN-BSN completion option program).

The following course changes were made since the 2010 accreditation:

- *B331: Transition to Baccalaureate Practice* (course number change to reflect upper division nursing course)
- *B304: Health Policy* (course title change to reflect actual content covered in course)
- *B404: Informatics* (course title change to reflect actual content covered in course)
- *R470: Clinical Baccalaureate Nursing Capstone* (title, course number and description changes to reflect the actual content and methods of teaching and evaluation within the course)
- *P345: Pharmacology for Professional Nursing Practice* (title, course number change to reflect the differences between traditional and completion program needs and focus)
- *B344: Comprehensive Health Assessment* (course number, content and delivery change to reflect the needs of the returning RN student).

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In 2019, three electives were revised and approved by the curriculum committees of each IU School of Nursing:

- B403: Gerontological Nursing
- K434: Global Health Issues in Nursing
- K499 Genetics and Genomics

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

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

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

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

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

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

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

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

### Program Response

There is no Master's degree program going through accreditation at this time.

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

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

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

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

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

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

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

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

#### **Program Response**

There is no DNP program going through accreditation at this time.

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

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

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

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

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

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

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

#### **Program Response**

There is no post-graduate APRN program going through accreditation at this time.

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

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

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

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

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

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

**Program Response**

The BSN degree program is built upon a foundation of the arts, sciences, and humanities as reflected by the general education requirements and nursing required foundational science courses. The general education courses are divided into three major categories: Fundamental Literacies (including Writing, Critical Thinking, Oral Communication, Visual Literacy, Quantitative Reasoning, Information Literacy, and Computer Literacy), Common Core Courses (including The Natural World, Human Behavior and Social Institutions, Literacy and Intellectual Traditions, and Art, Aesthetics and Creativity), and Contemporary Social Values (including Non-Western Cultures, Diversity in United States Society, and Health and Wellness). Descriptions of the literacies and requirements can be found in the Indiana University South Bend Bulletin 2019-2020 ([2019-2020 Bulletins](#)). In order to enable nursing students to meet general education requirements and not exceed the Indiana Commission of Higher Education (ICHE) mandated 120 credit hour limit, S485 Growth and Empowerment was approved by the IU South Bend General Education Committee as meeting the visual literacy requirement. Additionally, in Spring 2009 the

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School of Nursing worked with the Philosophy Department to adapt PHIL P140 Introduction to Ethics to meet the Fundamental Literacies/Critical Thinking requirement for nursing students. Required science courses for nursing include chemistry, anatomy and physiology, and microbiology. These sciences establish a foundation for the study of nursing. Students acquire knowledge of the body systems, homeostasis, cellular and organ function, and the influences of genetics.

### Logical structure.

Table III-F-1 Current Nursing Curriculum

1 <sup>st</sup> Semester Pre-requisites	W131: Elementary Composition 1 (3) S121: Public Speaking (3) C102: Elementary Chemistry 2 (3) P103: General Psychology (3) A106 Introduction to Computing (3) Q110: Intro to Information Literacy (1)
2 <sup>nd</sup> semester Pre-requisites	P261: Human Anatomy & Physiology (5) P140: Introduction to Ethics (3) N190: The Natural World (3) S161: Principles of Sociology (3) B108: Personal Health & Wellness (2)
3 <sup>rd</sup> semester Pre-requisites	P262: Human Anatomy & Phys 2 (5) M250: Microbial Cell Biology (3) M255: Microbiology Lab (2) P216: Life Span Psychology (3) A190 Art, Aesthetics, and Creativity (3)
4 <sup>th</sup> Semester SON	B232: Intro to the Discipline (3) B 244: Comprehensive Health Assessment (3) B245: Health Assessment Practicum (1) B248: Science and Technology of Nursing (3) B249: Science and Technology Practicum (1) B251: Fundamentals of Nursing Clinical (1)
5 <sup>th</sup> Semester SON	B216: Pharmacology (3) H351: Alterations in Neuro-Psychology Health (3) H352: Alterations in Neuro-Psychology Health Practicum (2) H353 Alterations in Health I (3) H354 Alterations in Health I Practicum (2)
6 <sup>th</sup> Semester SON	H361: Alterations in Health II (3 cr) H362: Alterations in Health II Practicum (2 cr) H366: Nursing Care of Children and Their Families (3 cr.) H367: Nursing Care of Children and Their Families Practicum (2 cr.) H368: Nursing Care of Childbearing Families (2 cr.) H369: Nursing Care of Childbearing Families Practicum (1 cr.)
7 <sup>th</sup> Semester SON	H365: Nursing Research (3cr.) S470: Restorative Health R/T Multisystem Failures (3 cr.) S471: Restorative Health R/T Multisystem Failures Practicum (2 cr.) S472: A Multisystem Approach to the Health of the Community (3 cr.)

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	S473: A Multisystem Approach to the Health of the Community Practicum (2 cr.)
8 <sup>th</sup> Semester SON	S481: Nursing Management (3 cr.) S482: Nursing Management Practicum (3 cr.) S 483: Nursing Capstone (3 cr.) S485: Professional Growth and Empowerment (3 cr.)

**Logical structure.** General education requirements are generally completed before students enter the nursing program during the second semester of their sophomore year. Once admitted to the nursing program, students follow a prescribed curriculum to meet program outcomes. B232: Introduction to the Discipline of Nursing is positioned in the first semester of nursing clinical coursework in order to provide context for the course content. B244/245 Comprehensive Health Assessment, B248/249 Science & Technology, and B251 Fundamentals Clinical fill out the first semester of the nursing clinical program during the Sophomore year (referred to as the 4<sup>th</sup> semester). Nursing skills are taught in B248/249 Science and Technology. These are introductory courses to prepare students for clinical practice. B251 Fundamentals Clinical provides 5 days of patient care experiences to apply newly acquired nursing skills with patients in the clinical setting.

The first semester of the Junior year, referred to as the 5<sup>th</sup> semester, advances students to B216 Pharmacology, H353/354 Alterations in Health I, and H351/352 Alterations in Neuro-Psychology Health. Pharmacology is taught concurrently with the first medical surgical course (Alterations in Health I) to provide overlap and practical application of concepts. Alterations in Health I also prepares students with the basic concepts of adult health in order to build on this knowledge in the second semester of the Junior year (referred to as the 6<sup>th</sup> semester) in H366/367 Nursing Care of Children and H368/369 Nursing Care of the Childbearing Family. H351/352 Alterations in Neuro-Psychology during the 5<sup>th</sup> semester similarly prepares students for the required therapeutic communication skills needed for family-centered care in H366/367 Nursing Care of Children and H368/369 Nursing Care of the Childbearing Family in the 6<sup>th</sup> semester.

The rest of the curriculum follows in logical sequence, H361/362 Alterations in Health II follows Alterations in Health I and precedes S470/471 Restorative Health (Critical Care) and S472/483 Health of the Community offered in the first semester of the Senior year (referred to as the 7<sup>th</sup> semester), both of which are more conceptually complex. H365 Nursing Research is offered concurrently with S472/483 Health of the Community which similarly use statistical and research-based data for nursing practice application. The second semester of the senior year (referred to as the 8<sup>th</sup> semester) offers S481/482 Nursing Management to prepare students for leadership roles in healthcare and S485 Growth & Empowerment which guides the students' transition to professional practice with content about ethical and legal considerations, career planning, personal goal setting, job performance expectations, and commitment to life-long learning. In S483 Capstone Clinical, students refine their nursing care practice skills to meet program learning outcomes. Students are assigned a staff nurse preceptor and collaborate with faculty to transition to professional nursing in a safe and effective manner.

**RN-BSN degree completion option program.** The RN-BSN degree completion option program was designed by the IU School of Nursing RN-BSN Consortium (see Appendix T for RN-BSN completion option program curriculum). Students accepted into the RN-BSN completion option program are required to adhere to the current IU South Bend general education requirements. Existing agreements and

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pathways allow most general education requirements to be met at the associate degree level and/or with competency-based work experience.

As described above in Standard III-B, the RN-BSN completion option program offers rolling admission and flexible course scheduling. Students are required to begin with B331 Transition to Baccalaureate Nursing Practice in their first semester as a nursing major and end with R470: Clinical Baccalaureate Nursing Capstone in their last semester prior to graduation. The remaining courses are scheduled by student preference; courses are offered every semester. The curriculum was designed with representation from all IU campuses in 2010-2011 after the need for a state-wide online program was identified by stakeholders (hospitals and RNs) and drafted while considering stakeholder feedback, IU curricula, and the IU system-wide BSN Program Outcomes (see Appendix T for RN-BSN curriculum). The curriculum planning committee placed emphasis on health policy, data analysis and evidence-based practice, leadership and management, and informatics as deemed important by stakeholders and accrediting bodies. Three electives allow for students to tailor the program to personal learning goals.

The IU South Bend general education requirements are under revision and require a review and potential revision for general education requirements for the RN-BSN completion option program. The IU South Bend SON curriculum committee is addressing this need. The required H355: Data Analysis course has been proposed as a quantitative reasoning skills course for general education. B399: Death & Dying is approved for a common core general education course, and RN-BSN students are encouraged to take this course to assist in meeting both the general education requirements and a nursing elective.

### III-G. Teaching-learning practices:

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

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

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

### Program Response

**Support student achievement.** IU South Bend primarily serves a four-county area: St. Joseph, Elkhart, LaPorte, and Marshall counties. Twenty eight percent of the student body are older than 25 years, 162 of the roughly 5,000 students are international, and 28% of the student body are ethnic or racial minority. The SON serves traditional and nontraditional students. Many of the students have jobs outside of school, with some working full-time, and others balancing the responsibilities of dependent children. The SON student body respond well to face-to-face interaction with faculty and smaller class sizes. The faculty provide informal mentoring as needed to help the students succeed.

Since students come from varied backgrounds, the school of nursing faculty strive to offer teaching methodologies that meet diverse learning needs. Most faculty use three to five different strategies per course. Some examples include: concept care maps, learning circles, case studies, group projects, oral

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presentations, flipped classrooms, guest speakers, think-pair-share, one-minute paper, discussion boards via Canvas®, Simulation, PowerPoint® lectures, Kaltura® (used for class or voice over PPT recordings), VoiceThread®, TopHat® (classroom response system), ShadowHealth DCE®, simulation, Electronic Health Record (EHR), and Interprofessional Education. Successes and failures with these teaching strategies are measured through student evaluations and student learning outcomes and are informally shared among IU South Bend faculty. Faculty members learn about teaching-learning methods through the University Center for Excellence in Teaching (UCET), the regional Scholarship of Teaching and Learning (SoTL) annual spring conference held on the IU South Bend campus, guest speakers brought to campus, and individual study.

Faculty and students have access to two SimMan™ high fidelity human simulators in addition to several less sophisticated models and low-fidelity infant and child manikins. These teaching tools allow students to practice their nursing skills in a safe, learning-centered environment. Simulations are incorporated into clinical courses each semester. The case scenario simulations become more complex, building to an eighth semester experience where students care for multiple simulated patients as a team, including realistic interruptions and distractions to make the simulation experience analogous to actual practice situations. In the summer of 2009, a dedicated simulation room was created with a two-way mirror, video projection, and video recording to enhance student observation and debriefing.

Teaching and evaluation accommodations are available for students with disabilities who have been assessed by the [IU South Bend Disability Support Services](#). Students with mental health concerns are able to receive confidential counseling through the [IU South Bend Student Counseling Center](#). The campus testing center is used to permit students to make up class exams when health and life events interrupt academic life ([Testing And Proctoring Center](#)). Student tutoring through the Academic Centers for Excellence (ACE) program was implemented in Fall 2019 to provide early intervention for students who need additional academic support. These student tutors provide 1:1 and group tutoring. They review course content, assist with learning, and practice NCLEX style questions. The tutors are paid by the ACE program. Attending tutoring is optional.

The RN-BSN completion option program students are supported through advisors from the DCHS advising staff. One of the advisors is active among the consortium of RN-BSN advisors throughout the IU system to provide the best support for students. Individual faculty and consortium personnel provide additional student support as needed. The consortium has a dedicated director and support staff for smooth implementation of the curriculum across the state.

### **Consider Expectations of Community of Interest**

**Complementary health minor.** The development of a minor in complementary health was prompted by an expressed need for nurses in the community to understand the increasing use of complementary therapies to augment traditional treatments and the School of Nursing's commitment to holistic care. There are four main objectives guiding the minor:

1. Gain a thorough understanding of a number of complementary therapies
2. Explore foundational belief systems from which these therapies are derived
3. Critically examine the complementary therapies in light of their use with various illness/disease states;
4. Explore the political, economic, and ethical issues surrounding use and integration of therapies into western health care.

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The minor consists of a total of 15 credit hours, seven of which are required. Required courses consist of two three credit hour courses: K301 The Art and Science of Complementary Health, K401 Integrative Health Care: Blending the Traditional and Non-traditional, and a 1 credit hour capstone course taken the final semester of the senior year of study. This capstone course is generally taken as an independent study course with the faculty member responsible for those students pursuing the minor. Eight credit hours are taken as elective courses, some of which are offered by other departments.

**Capstone course.** The S483 Capstone course is a collaboration between IU South Bend SON and area healthcare agencies. The healthcare agencies appreciate the opportunity to work with graduating students who may accept a position of employment after graduation. The students benefit from the commitment of healthcare agencies to foster learning and transition to the role of the professional RN. Some students are hired by the institutions and units where they completed the Capstone course.

**Emphasis on acute care clinical experiences.** The faculty recognizes that alterations in health play a large part in the focus of student learning with less emphasis on health promotion and community-based nursing. This is driven by healthcare community in the four-county geographic area. Sixty five percent of IU South Bend graduates remain in Northcentral Indiana and Southwestern Michigan. In these locations, most of open nursing positions are in acute care settings or long-term care centers. Few opportunities exist for community-based nursing for novice nurses. Therefore, the clinical settings in which students practice nursing are more heavily weighted towards adult, medical-surgical experiences. These experiences include traditional medical-surgical units, as well as adult intensive care units and emergency rooms. Practice in non-acute care settings and through service learning are provided to broaden the scope of practice for the students. Didactic courses are designed to focus on the nursing care of the client with alterations in health and the prevention of alterations through health promotion and injury prevention.

**Need for baccalaureate prepared RNs.** The RN-BSN completion option program is designed per the recommendations of the healthcare agencies throughout the state of Indiana who are seeking an efficient BSN program for Associate Degree nurses employed in their institutions. The program is offered online so that new graduate nurses in residency programs can participate with optimal flexibility for sequencing of courses and rolling admissions. Students can complete the program 15 months to three years based on individual student needs.

**Expose students to diverse perspectives.** The faculty of the School of Nursing strive to expose students to diverse life experiences, perspectives, and backgrounds in their nursing courses as well as extracurricular opportunities. In the didactic courses, some faculty have implemented field trip experiences. For example, every traditional BSN nursing student visits the Civil Rights Heritage Center as part of the H366 Nursing Care of Children didactic course. A tour of the museum is followed by rich discussion of the history of racism in the country through the local South Bend context. The impact of race and racism on disparate health outcomes and family-centered care is also examined. In H366 Nursing Care of Children and H368 Nursing Care of Childbearing Families, students prepare group presentations about various cultures and the influences of culture on healthcare and health outcomes. In the H361 Alterations in Health II course, the impact of racism on health disparities is discussed (i.e. allostatic load impact on stress and hypertension). The South Bend community is approximately 37% racial minority, making this topic especially important for students of IU South Bend. Since the last accreditation in 2010, the IU South Bend SON student body has become more diverse, necessitating conversation about race and racism in the nursing profession.

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Nursing students are encouraged to participate in health-care related study abroad programs. Some recent courses include trips to Hangzhou, China to study Traditional Chinese Medicine, Belize and Costa Rica to provide access to health care for underserved populations, and Sweden to study health-care systems. Additionally, members of the Student Nurses Association have led trips to Appalachian communities (guided by a nursing faculty member) via Remote Area Medical to serve the healthcare needs of residents of those communities.

The RN-BSN completion option program promotes a diverse and even global environment for learning with other students across the state, country, and world. Student online experiences are geared to maximize the students' previous experiences to develop new and expand on existing knowledge. An example are the capstone experiences and projects within the R470 Clinical Baccalaureate Nursing Capstone, nursing elective courses, and invitation to study abroad programs.

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

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

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

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

### **Program Response**

**Integrate new knowledge and attainment of program outcomes.** The IU South Bend School of Nursing has access to several quality healthcare agencies for clinical experiences. Saint Joseph Health System, Mishawaka campus, Memorial Hospital, Epworth Hospital, and Elkhart General Hospital are the major health care centers used for student experiences. Community health placements represent a wide variety of health care delivery systems including local K-12 schools, hospice, IU South Bend Health and Wellness Center, and outpatient clinics (see Appendix V for a list of community health sites).

Assessment data provided in Standard IV will reveal that these sites support student learning outcomes and attainment of program outcomes. As faculty receive feedback from students about the quality of the sites, changes are made to clinical schedules. The Assistant Dean of Nursing and the BSN Program Director collaborate with the appropriate administrators of the clinicals sites and refer to the data in their discussions. However, in the specialty areas of psychiatric, pediatric, and obstetric nursing units, it is difficult to change clinical sites due to limited availability of the experiences.

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Each course in the BSN program has learning outcomes that are aligned with Program Outcomes as delineated in a table in the course syllabi (see Appendix P for sample table of linkages, see evidence room for copies of all course syllabi). Each clinical course is linked with a didactic course that serves as the theoretical knowledge foundation for the specific area of nursing practice. BSN students are guided through nursing learning experiences under the supervision of full-time and/or part-time nursing faculty and staff nurse preceptors. The clinical practice experiences integrate new knowledge and demonstrate program learning outcomes. In the final semester, students engage in 120 supervised clinical hours in the Capstone course to demonstrate synthesis and integration of all previously learned material. IU South Bend SON partners with several clinical units to provide a designated education unit (DEU) model for some clinical courses. In 2015, four IU South Bend SON faculty engaged in an immersive learning experience with faculty from the University of Portland to learn about the Portland DEU model. The SON faculty endorsed the DEU model as a clinical curriculum model. The DEU was piloted in S471 Restorative Health: Practicum in collaboration with St. Joseph Health System, Mishawaka, IN campus. Success with the initial pilot led to an expansion of the DEU through several other clinical courses and included Memorial Hospital, South Bend, IN. The courses using the DEU model are H354 Alterations in Health I: Practicum, H362 Alterations in Health II: Practicum, and S471 Restorative Health: Practicum. In the DEU model, a student is paired with one staff nurse for the entire clinical rotation. These staff nurses are selected by faculty and take on the role of clinical instructor (CI). Faculty work alongside the student and clinical instructor to ensure course learning outcomes are being met and provide ongoing training and education for the CIs prior to and throughout the clinical rotation.

Simulation has continuously evolved as part of the SON curriculum as a teaching strategy for students to apply critical thinking and clinical reasoning in a realistic clinical environment. The traditional simulation experience of one simulated clinical scenario followed by a facilitated debriefing for each of the clinical courses was implemented as recommended by NCSBN and ISBN guidelines. Approximately 5% of clinical hours each semester of study are allocated to learning in a simulated setting to augment clinical education. Six courses dedicate four clinical hours for simulation: B251 Fundamentals Clinical, H353 Alterations in Health I, H362 Alterations in Health II, H367 Nursing Care of Children, S471 Restorative Health, and S483 Clinical Nursing Practice Capstone. An emergency preparedness simulated event has been recently added to S473 Community Practicum including an on-campus mock disaster simulation. These scenarios are reviewed and revised annually by the simulation coordinator and clinical faculty for clinical relevance, and to ensure that current evidence-based guidelines are followed, and course outcomes are met. Each 20-minute scenario is followed by a facilitated debriefing. Clinical simulations culminate in the S483 Capstone course with a multi-patient simulation that supports prioritization and organization.

**RN to BSN completion option program.** The only required clinical course for the RN-BSN completion option program is the final course, R470 Clinical Baccalaureate Nursing Capstone. The practicing RN student chooses a nurse leader from a clinical agency and unit of their choosing in which to complete the capstone project. The course instructor provides a detailed description of the role of the facilitator, which the student shares with the nurse leader. Facilitators may be a manager, educator, CNS, or other nurse leader and must have the minimum of a BSN. The facilitator signs an IU agreement form before completing the required Capstone project. The project is approved by the faculty and facilitator. This opportunity allows for the student to develop, implement, and evaluate a reality-based project. The course faculty is responsible for student evaluation.

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**Interprofessional collaborative practice.** In Spring of 2017, the SON was invited to participate in an Interprofessional Learning Activity (IPLA) with the IU School of Medicine in South Bend. The objectives and learning activities for this event were created by the Interprofessional Education (IPE) center at IUPUI to be used by all IU regional campuses. There are four sequential anchors that begin with introduction to IPE and role clarification, and culminate with a team-based approach to clinical decision making with standardized patients in anchors 3 and 4. After the initial pilot event in Spring 2017, the SON faculty agreed to incorporate IPLA events into one clinical course each semester as a way to further infuse IPE into the curriculum. Since that time, the School of Dental Hygiene and the School of Social Work have been added as participants in the learning activities. The IPLA activities have been threaded throughout the curriculum and IPE objectives added to the appropriate clinical courses.

Interprofessional collaboration is also fostered through courses required by other science and health science disciplines. B231 Communication Skills (in the revised curriculum), C102 Chemistry, M250 and M255 Microbiology, P261 and P262 Human Anatomy and Physiology, and H322 Biostatistics and Epidemiology provide opportunities for future nurses to learn alongside other healthcare profession students.

**Aligning with student learning outcomes.** Clinical and didactic nursing courses are co-requisite courses requiring didactic content and clinical experiences during the same semester in order to meet student learning outcomes. Clinical agencies provide appropriate experiences for didactic course content. There is adequate collaboration between clinical agencies, specialty units, nursing administration, and faculty to provide rich clinical experiences.

**Evaluated by faculty.** The traditional BSN and the RN-BSN completion option program are continually evaluated by faculty and revised as needed based on formal assessment data (see Standard IV) and informal feedback from the community of interest. For example, some clinical agencies are not able to accommodate clinical groups of eight students. After a semester of inadequate census to support student learning, these clinical sites were deemed unusable by nursing administration. Therefore, Elkhart Hospital, St. Joseph Hospital Plymouth campus, and Goshen Hospitals are used only as Capstone experiences. Curriculum evaluation determined the need for a palliative care simulation scenario based on informal student feedback and data from one of the area nurse residency programs. The scenario was created in collaboration with clinical and simulation faculty, and in consultation with the Endowed Chair of Palliative Care. Student and faculty evaluation of this simulation will be reviewed and the simulation will be revised as needed.

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

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

## Program Response

### Student Performance Evaluation of Expected Student Outcomes

**Clinical evaluation.** Clinical evaluation is formative and summative. All practicum courses are graded as satisfactory/fail. Each student is evaluated based on their ability to meet course learning outcomes which are clearly stated in each course syllabus. Clinical behaviors, patient/client interactions, post-conference debriefing discussion, clinical assignments, and performance in simulation all contribute to clinical evaluation.

Clinical faculty provide verbal and/or written weekly feedback to students regarding student performance, strengths, and areas for growth. Faculty with students in precepted and DEU clinicals have weekly discussions with preceptors and clinical instructors regarding student performance, strengths, and areas for growth to provide accurate feedback to the student. Students write weekly reflective journals which focus on their clinical performance toward meeting course outcomes. In the DEU model, clinical faculty and CIs read and provide written feedback to the students on a weekly basis. In other clinical courses faculty provide feedback weekly based on a review of the student journal.

Summative evaluation is given at the end of each clinical course and is a compilation of student development throughout the clinical experience. The student's final grade is reflective of their ability to meet the stated course outcomes at a satisfactory level by the end of the practicum experience. Clinical faculty across the curriculum use a variety of tools for both formative and summative evaluation (see resource room for samples of student clinical evaluations).

**Didactic.** Each didactic faculty member determines the mechanism through which student performance is evaluated. These methods can include formal papers, exams, presentations, and other assignments. A School of Nursing grading scale, published in the BSN Student Handbook and in each course syllabus, is uniformly used to translate percentages/and or points into letter grades. A grade of C is defined as 75% and is required to pass a course. In 2014, a no-rounding policy was established for the School of Nursing. It is expected that faculty treat all students equally, and this principle often comes into consideration when students request extra credit or to rewrite an assignment. Unless the opportunity is given to all students, the requests are denied. Exams and assignment dates are published in the syllabus on a printed calendar or in the Canvas® calendar, usually at the beginning of the semester. The nursing faculty decided to emphasize test scores as the majority of course points following a pattern of increased NCLEX failures by students who passed didactic courses by relying on a high percentage of assignment points. Students are encouraged to contact their faculty if there are circumstances which interfere with meeting deadlines.

Rubrics or grading guidelines are encouraged to assist the student in understanding the expectations related to assignments such as papers, group participation, or completion of other assignments. In addition, these tools assist the faculty member in efforts to apply the same standards to all student work and are published within the syllabus and the Canvas® platform.

ExamSoft® testing software is used by nursing faculty to administer student examinations throughout the curriculum. The SON faculty selected this computerized testing format for enhanced exam security and as a mechanism for creating exam questions and exams stylistically similar to NCLEX. Additionally, ExamSoft® enables faculty to evaluate the reliability and validity of exam questions and track student

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and program achievement of learning outcomes, NCLEX readiness, QSEN competencies, the nursing process, difficulty of question, and NCLEX categories.

**Remediation of learning.** Any needed remediation follows established practices starting with written or verbal explanations of the problem and discussion with the student about possible ways to address weaknesses. Problem Area Assessment Forms provide written expectations and feedback to the student to encourage student success (see Appendix W for Problem Area Assessment form). Remediation strategies may include conferences with the faculty, tutoring or other campus academic support services, extra assignments, study skill assessment and improvement, etc. If an issue persists, a Learning Contract is written by the faculty and provided to the student that describes the problems, unmet learning outcomes, and a mutually developed plan for success. These Learning Contracts remain in place, beyond a single course or semester, until the student clearly demonstrates satisfactory performance. Learning Contracts are tracked by the APG Committee, the BSN Program Director, and nursing advising center manager. Regular communication is provided to the student and faculty from APG regarding the status of the contract. Unsatisfactory student behaviors may result in course failure or program dismissal. The student is informed about the grievance process and the availability of assistance from student support staff throughout the remediation process.

**RN to BSN completion option program.** All RN-BSN courses within the RN-BSN completion option program use a standardized grading scale approved by the faculty and curriculum committees on each campus and the Consortium. Students who fail a course are held to the IU School of Nursing RN-BSN completion option program as well as IU, IU South Bend campus policies. The DCHS student success advisors monitor earned grades and counsel students as needed. IU South Bend nursing progression policies apply to RN-BSN students enrolled as IU South Bend students.

**Student evaluation policies and procedures.** Grading policies as outlined in the BSN Handbook and course syllabi are applied consistently to all students. Grievance procedures are provided in the BSN Handbook and IU South Bend website. Peer evaluation of teaching is one way to identify biases in faculty teaching and evaluation methods. Fairness among students is valued and student complaints about fairness are heard according to the formal complaint policies described in I-G.

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

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

#### **Program Response**

**Evaluation of teaching-learning practices.** Several assessment tools are in place to evaluate teaching-learning practices. Explorance Blue student evaluation system is anonymously and voluntarily completed by students at the end of each course to provide qualitative and quantitative data to faculty. Faculty analyze this information to review, reflect, and improve teaching practices for each course. Course reflection is submitted as part of the faculty annual report. Student evaluation of achievement of course learning outcomes is used each semester for feedback about teaching and learning practices

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(see Appendix H for end of course evaluation form). These data are compiled by the program directors, given to faculty for review and course revision, and trended over time by course faculty. Exam psychometrics and question mapping also evaluate teaching-learning outcomes. Aggregate reports are generated by the assessment committee and results shared with the faculty on the written Systematic Evaluation Plan (SEP) and during the Council of Nursing Faculty meetings. Faculty may seek peer evaluations of their teaching to elicit additional feedback and revise teaching/learning strategies to foster ongoing improvement. Student outcomes in simulation are measured at the conclusion of each simulation experience through student survey (see Appendix X for sample simulation evaluation).

**RN to BSN completion option program.** The RN-BSN completion option program curriculum is evaluated systematically. Course and program learning outcomes are mapped (see Appendix Y for RN-BSN course map). Courses are also mapped to QSEN standards (see Appendix T for QSEN map to program outcomes). For each required course, the course outcomes and teaching-learning activities are linked to the program outcomes and the 2008 AACN *Essentials of Baccalaureate Education for Professional Nursing Practice*.

The e-portfolio is used for evaluating teaching learning outcomes in the RN-BSN completion option consortium program using specified assignments in each course. Under the guidance of an assigned course leader, faculty monitor and suggest revisions, which are then submitted by the course leader and/ or campus representative to the Consortium Curriculum Committee (see evidence room for RN-BSN curriculum committee minutes for 2018). The committee reviews, votes, and forwards suggested changes to the Consortium Steering Committee who oversees the Online Consortium (see Appendix G for RN-BSN steering committee membership). Suggestions for changes that originate from the RN-BSN Consortium Curriculum Committee are referred to all the individual campuses and faculty who teach the courses for their input and vote. Representatives to the consortium are responsible for seeking the counsel of their respective campus and voting per campus decision.

Students complete evaluations (course and faculty) through the same Explorance Blue system used in the traditional BSN program. Benchmarks are set for each of the courses. Student course grades may be based on qualitative and quantitative methods of individual and group written assignments, presentations, projects, and exams. Faculty analyze End of Course Evaluation data for teaching-learning improvements.

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## Standard IV

### Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

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

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

#### Program Response

Indiana University South Bend is committed to systematic program assessments in compliance with the Higher Learning Commission (HLC) and CCNE. The SON Assessment Committee has primary responsibility for collecting and analyzing aggregate data for each standard and report findings to the Council of Nursing Faculty (CNF). Time is dedicated at CNF meetings throughout the academic year to review findings to improve program outcomes.

Full-time faculty are chosen to participate on the SON assessment committee to ensure faculty representation from each nursing curriculum level (semester) of the nursing program. The nursing assessment committee meets monthly to provide ongoing program assessment (see evidence room for assessment committee minutes). The IU South Bend campus assessment committee supports, and at times guides, the work of the nursing assessment. A nursing faculty member has represented the School of Nursing on the campus assessment committee for the past nine years.

The SON assessment committee drafts a systematic evaluation plan (SEP) which is reviewed and revised at least every three years and approved by the CNF (see Appendix Z for 2018-2019 SEP). The SEP outlines how and when each CCNE Standard and Key Element are evaluated and measured.

Benchmarks are set for each measurement. Measures include program completion rates, NCLEX pass rates, employment rates, faculty outcomes and additional measures as determined by the faculty to be important feedback for ongoing program evaluation and improvement. For example, students evaluate how well they met course outcomes at the end of each semester for each didactic course (see Appendix H for end of course evaluations). Faculty also complete end-of-course evaluations following each semester for each didactic course (see Appendix AA for faculty end of course evaluation form). In addition to these quantitative measures, qualitative evaluation is collected through open ended questions on faculty course evaluations, alumni surveys (see Appendix BB for alumni survey form) and exit surveys (see Appendix CC for exit survey form). Further qualitative feedback is elicited through the School of Nursing Advisory Council (SONAC; see Appendix B for SONAC membership list and Appendix C

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for SONAC meeting minutes). Qualitative and quantitative data are aggregated and compared from year to year to trend progress toward the benchmarks. The SEP, and corresponding data for improvements, are stored and available for full faculty review on the shared H drive. Working documents are stored in the nursing assessment committee Box file to which committee members and nursing administration have access. Methods for faculty to assess the program have become more familiar as program assessment has been intentionally embedded into the culture of the nursing program.

### **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.*

### **Program Response**

The nursing program admits students to the clinical nursing program after the completion of required foundational/prerequisite courses. The clinical nursing curriculum is five semesters. The completion rate for the traditional nursing students during the nursing program, compared to the minimum time to completion, is 80%. This number was derived by dividing the 2018 traditional BSN graduates who graduated in the minimum five semesters after admission to the clinical nursing program (n=37) by the total number of BSN traditional graduates (n=46).

The RN-BSN completion option program completion rate benchmark is determined by the nursing assessment committee to be three years (see Appendix Z for SEP standard IV-B). In 2018, 96% of RN-BSN students graduated within three years from admission to the nursing program. This number was derived by examining the 2018 RN-BSN graduates within three years (N=25) divided by the total number of RN-BSN graduates (n=26).

In 2018, the IU SOUTH BEND nursing program surpassed the benchmark of 70% completion rate in each of the BSN programs.

**IV-C. Licensure pass rates demonstrate program effectiveness.**

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

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

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

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

**Program Response**

The NCLEX pass rates for IU South Bend traditional BSN graduates have been consistently above 90%. For 2018, one graduate failed NCLEX on the first attempt, resulting in a program pass rate of 98.04% (see evidence room 2018 NCSBN report). That student passed on the second attempt. See table below for quarterly details. The IU South Bend NCLEX pass rate exceeds the benchmark of 80%.

Table IV-C-1 IU South Bend NCLEX-RN Pass Rates for First Time Takers

Time frame (2018)	Number of Takers	Number of Passers	% Passing
1 <sup>st</sup> quarter	23	22	95.65%
2 <sup>nd</sup> quarter	25	25	100%
3 <sup>rd</sup> quarter	3	3	100%
4 <sup>th</sup> quarter	0	0	---
<b>Total</b>	51	50	98.04%

**IV-D. Certification pass rates demonstrate program effectiveness.**

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

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

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

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

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

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

**Program Response**

Not applicable. Indiana University South Bend is not seeking accreditation of a certification program.

**IV-E. Employment rates demonstrate program effectiveness.**

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

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

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

**Program Response**

Students complete a survey in the eighth semester just prior to graduation identifying intent to seek employment after graduation. The nursing faculty also track employment through informal means including personal contact with graduates and feedback from clinical agencies during the first 6 months after graduation. RN to BSN graduates from 2018 remained with the employer at the time of graduation as evidenced by informal information gathered by nursing faculty. Graduates of the Indiana University South Bend School of Nursing are highly valued and successfully find employment when it is sought. Approximately 65% of IU South Bend graduates remain in the South Bend area. In 2018, about 80% of nursing graduates gained employment in the South Bend area (see Table IV-E-1 for aggregate 2018 graduate employment, see evidence room for list of 2018 graduates and place of employment).

Table IV-E-1 Employed 2018 Graduates

<b>Program</b>	<b>Number of Graduates</b>	<b>% employed</b>
Traditional BSN	54	94%
RN-BSN	28	100%

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

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

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

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

### **Program Response**

**Discrepancies.** Completion rate, licensure pass rates, and employment rates for IU South Bend nursing students exceed the CCNE expected outcomes. There are no discrepancies to report.

**Program changes.** While assessment data does not indicate the need for changes to the program, the revised curriculum implementation beginning in January 2020 necessitates continuous monitoring in order to maintain the standards and outcomes for which the program is known (see Standard III). Specifically, the faculty understand that the senior level Capstone course (S483) is a key element in the success of nursing students. The implementation of the Capstone course will be altered in the new curriculum (from 7 weeks to 5 weeks). Group NCLEX preparation currently overlaps the Capstone course. However, there will be less time for group NCLEX preparation in the revised curriculum. The faculty and nursing administration are engaged in ongoing discussions about NCLEX preparation and Capstone implementation for the revised curriculum in Fall 2021. NCLEX pass rates will be monitored carefully during the transition.

**Faculty engagement.** Assessment data are collected by the nursing assessment committee which consists of nursing faculty from the MSN and BSN programs. The committee is chaired by a nursing faculty member and directed by the CCNE assessment standards. The Systematic Evaluation Plan (SEP) guides the work of the nursing assessment committee (see Appendix Z for 2018-2019 SEP). The DCHS student advising and support staff assist the assessment committee to determine completion rates, support student success and on-time completion, and track students for on-time graduation. It is not uncommon for IU South Bend students to have out-of-classroom situations that influence their success in the classroom. The advising team assists faculty to minimize the negative impact of these situations for program completion.

NCLEX pass rates are reported to the faculty informally from the 8<sup>th</sup> semester faculty who monitor the licensure website for the IU South Bend graduates, and formally from the CNA who reports the data to the assessment committee and faculty during nursing faculty meetings.

Employment rates are informally reported (because it is the most accurate way to get the information) via faculty who keep in touch with graduates. It is a testament to the investment of the faculty that at

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least one faculty member knows the employment location of nearly every graduate within one year of graduation. All faculty informally assist students making employment decisions when approached by a student. However, the 8<sup>th</sup> semester clinical faculty provide formal employment mentoring during the Capstone course. Employment is discussed weekly with students during Capstone when instructors meet individually with students.

The faculty are proud of the student outcomes, are vested in the continued success of the program, and contribute to the success of individual students through mentoring and support beyond the classroom. These individual efforts positively influence the aggregate outcomes of IU South Bend nursing students for completion rates, NCLEX pass rates, and employment.

### IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

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

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

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

### Program Response

Aggregated faculty outcomes contribute to program effectiveness, achievement of the program mission and goals, and are in congruence with institution and program expectations. All faculty teach in the undergraduate program; some also teach in the graduate program. Two faculty members were tenured Associate Professors in January 2018, one became tenured in Spring 2018. One faculty member is several years into a PhD program, another several years into an education doctorate, and a third began a DNP program in 2018. Expected graduations for these faculty members are in 2020-2021.

Table IV-G-1 Aggregate Full-Time Faculty Outcomes for January 2018 and August 2018.

January 2018 (n=18)	Number by Rank	Number by Degree	Number by Teaching Load
	Tenure: 2	PhD: 4	25%: 1 (75% admin)
	Tenure track: 4	DNP: 3	50%: 1 (50% admin)
	Clinical: 10	MSN: 12	75%: 7 (Tenure, TT, or doctoral study)
	Visiting: 2		100%: 9
August 2018 (n=15)	Number by Rank	Number by Degree	Number by Teaching Load
	Tenure: 3	PhD: 4	25% 1 (75% admin)
	Tenure Track: 2	DNP: 2	50%: 2 (50% admin)
	Clinical: 9	MSN: 9	75%: 6
	Visiting: 1		100%: 6

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Full-time faculty who are tenured, appointed to the tenure track, or in a doctoral program receive a 25% course release for scholarship or doctoral study. One faculty member is DNP prepared but is not in a tenure or tenure track position, and consequently, is assigned 100% teaching load. One visiting clinical assistant professor is in a MSN program with an expected graduation date in December, 2019. The faculty member teaches psychiatric nursing, a specialty that is difficult to recruit. Following a search and screen process, they emerged as the most qualified candidate. Student learning outcomes for this faculty's courses have been monitored and have been successfully met.

Part-time faculty outcomes also contribute to program effectiveness, achievement of the program mission and goals, and are in congruence with institution and program expectations. All part-time faculty hold a minimum of a BSN with three years clinical experience as required by the Indiana State Board of Nursing (ISBN). Some hold a master's degree in nursing. See table IV-G-2 for aggregate data of part-time faculty by degree and teaching load. Please note that the ISBN requires that a school of nursing employs more full-time faculty than part-time faculty. IU South Bend SON meets this requirement.

Table IV-G-2 Part-time Faculty Outcomes for January and August 2018

January 2018	Number by Degree	Range of teaching load
N=5	MSN: 4	21.6%-45%
	BSN: 1	
August 2018	Number by Degree	Range of teaching load
N=11	PhD: 1	21.6%-64.8%
	MSN: 7	
	BSN: 3	

Faculty outcomes for the consortium RN-BSN completion option consortium program contribute to program effectiveness, achievement of the program mission and goals, and are congruent with the institution and program expectations. All consortium faculty members are employed by a consortium Indiana University School of Nursing from the nine campuses within the IU system. IU campuses pool resources and students to provide a robust and efficient RN-BSN completion option program. See faculty outcomes for the RN-BSN completion option program in the table IV-G-3.

Table IV-G-3 Faculty Outcomes RN-BSN Completion Option Program

January 2018	MSN Prepared	DNP Prepared	PhD Prepared	IUSB Faculty
N=26	14	6	5 (1 EdD)	3
May 2018	MSN Prepared	DNP Prepared	PhD Prepared	IUSB Faculty
N=14	6	3	4 (1 EdD)	1
August 2018	MSN Prepared	DNP Prepared	PhD Prepared	IUSB Faculty
N=26	14	5	6 (1EdD)	4

IU South Bend does not have written aggregate benchmarks for faculty achievement. Expectations for individual faculty are outlined as previously discussed in the DCHS PTR criteria. Table IV-G-4 summarizes aggregate faculty outcomes for 2018. These data provide evidence that the IU South Bend SON faculty adequately contribute to teaching, research, service, and clinical practice which adequately promote the achievement of student learning outcomes.

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Table IV-G-4

Criteria	2018 Outcome
<b>Teaching</b>	95% of undergraduate faculty received mean of 3 or higher on Student Evaluation of Teaching.  End of course student learning outcomes self-assessment evaluations for 2018 revealed that aggregate mean scores of 3.81 on a 4-point Likert-type scale.
<b>Scholarship</b>	35-37% of nursing faculty held doctoral degrees. Additionally, 15% were enrolled in a doctoral program. 100% of doctoral prepared faculty have evidence of scholarship as evidenced by faculty CVs.
<b>Service</b>	100% of nursing faculty participated in shared governance as evidenced by CNF meeting minutes and committee meeting minutes.  60% of nursing faculty (100% of tenure and tenure track faculty) participated in shared governance at the college, campus, professional, or community level as evidenced by CVs.
<b>Clinical Practice</b>	53% of nursing faculty practiced in a clinical setting in addition to academic teaching.

## 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.*

*4) Faculty outcome data are used to promote ongoing program improvement.*

*5) Discrepancies between actual and expected outcomes inform areas for improvement.*

*6) Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*

*7) Faculty are engaged in the program improvement process.*

### Program Response

**Promote program improvement.** IU South Bend is a regional campus that primarily serves the five counties around South Bend. Of the academic areas of teaching, research, service, and clinical practice, teaching practices contribute the most directly to student outcomes. The aggregated faculty preparation spans a variety of nursing preparation and perspectives: Clinical Nurse Specialist, Nurse Educator, Nursing Administration, and Nurse Practitioner. Faculty discussions are robust, and the voice of every member is sought. Alternate ideas are entertained and deliberated as decisions are made jointly. The Council of Nursing Faculty meeting structure and agendas were re-evaluated in Fall 2018 resulting in more time for faculty to participate in shared governance to foster faculty driven ongoing program improvement.

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**Discrepancies.** There are no discrepancies in faculty outcomes. The nursing faculty desire more doctoral prepared, tenure track faculty FTEs. Not only do the students benefit from doctoral prepared faculty, but the nursing department and the DCHS benefit from representation on key university-wide committees eligible only to tenure and tenure track faculty. It is essential for the continued success of the program that IU South Bend SON have more tenured doctoral faculty.

**Changes to foster achievement.** IU South Bend struggles to draw faculty from a national pool due to the geographic location, size of the university and community, and lack of an academic health system. The SON is therefore dedicated to supporting their own faculty to earn doctoral degrees. Faculty members who do so are supported with 25% course release. In 2018, four faculty members were enrolled in doctoral studies, two in a PhD program, one in a DNP program, and one in an EdD program. One of these faculty resigned from a full-time position but continued as part-time adjunct faculty.

In 2018, two full-time positions were eliminated due to budget constraints. Academic Affairs manages faculty FTE positions. The DCHS Dean and the Assistant Dean of Nursing have advocated for more faculty lines for nursing, especially more tenure track lines, in order to retain faculty after graduation from doctoral programs. Discussions with Academic Affairs are ongoing.

**Faculty engagement in program improvement.** Faculty engagement in program outcomes is most clearly evidenced by the quantity and quality of committee involvement within the SON, DCHS, and IU South Bend Faculty Senate. The nursing faculty are deeply involved in service, even though service is not included in the calculation of assigned workload. The nursing faculty commits to service solely to improve the program and student outcomes.

All SON faculty serve on either SON or DCHS committees, and several serve of Senate committees. The SON has two committees (Assessment and Curriculum) on which 12 of 17 nursing faculty are members. Nursing faculty also serve on DCHS committees (Faculty Affairs, Student Affairs, and Admission, Progression, and Graduation) of which two are chaired by nursing faculty. The DCHS has three ad hoc committees related to strategic goal initiatives. Of these, two are chaired by nursing faculty. While the members of the nursing assessment committee are the most directly involved with program improvement, the work of all SON, DCHS, and IU South Bend Faculty Senate committees broadly improve program outcomes.

### **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.*

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## Program Response

The IU South Bend SON assesses program outcomes beyond completion rates, licensure pass rates, employment rates, and faculty outcomes as outlined in the Systematic Evaluation Plan (SEP). These include faculty end-of-course evaluations, employer surveys, graduate exit and alumni surveys, and ExamSoft® data for the traditional BSN program. The consortium RN-BSN completion option program assessment data are collected and compiled by the Director of the RN-BSN Degree Completion Option and disseminated to all consortium campuses (see resource room for 2018 RN-BSN consortium assessment data.). E-portfolio is used for program evaluation through the selection of assignment artifacts in all courses in the curriculum to demonstrate student achievement of program outcomes.

**Faculty end of course evaluations.** The School of Nursing is committed to evaluating students' perception of their performance in meeting the BSN program outcomes. Initiated in May 2018, faculty disperse a Student Learning Outcomes (SLO) survey to all students at the end of each semester to obtain data on how the students perceive they have met each SLO for the course (see Appendix H for end of course student survey). The aggregate course data are summarized in Table IV-I-1 below. These data provide evidence that the BSN program is achieving the expected program outcomes. The data were disseminated to faculty members for future course planning. Twenty-five nursing courses were evaluated. The Student Learning Outcome (SLO) survey was initiated in didactic courses (n=15 courses) in May 2018 and was extended to clinical and didactic courses in December 2018 (n=25 courses). In Fall 2018, one course did not meet the benchmark of 3.0. The course faculty was informed, and changes were made for the following semester.

Table IV-I-1 Faculty End of Course Survey

Semester	Measurement	Benchmark	Actual Data
Spring 2018	4 Point Likert-type Scale	$\geq 3$	M = 3.93
Fall 2018	4 Point Likert-type Scale	$\geq 3$	M = 3.70

**Employer survey.** In order to assess the preparedness of graduates to practice as safe and competent registered nurses, the School of Nursing sends distributes an employer survey via Qualtrics, every three years to nurse managers and unit educators to evaluate the graduates from IU South Bend (see Appendix DD for employer survey). Tables IV-I-2 and IV-I-3 show results for data collected in 2016 and 2019. Unfortunately, the response rate is very low for employer surveys (n=3 in 2016, n=4 in 2019), which limits data interpretation. Data were compiled and reviewed by the Assessment Committee and shared with faculty at the Council of Nursing Faculty meetings. These data provide evidence that the BSN program is achieving the expected program outcomes. In October 2019, a member of the SONAC suggested that the assessment committee meet with employers in a focus group format in order to elicit better assessment data. The suggestion was communicated to the assessment committee in November 2019.

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Table IV-I-2. Employer Survey 2016

Graduate Competencies	Measurement	Benchmark	Actual Data
Clinical Competence	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.5
Complete Documentation	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.5
Commitment to Professional Development	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.0
Knowledge of Patient Safety Guidelines	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.75

Table IV-I-3. Employer Survey 2019

Graduate Competencies	Measurement	Benchmark	Actual Data
Clinical Competence	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.0
Complete Documentation	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.0
Commitment to Professional Development	5 Point Likert Scale	Greater than or Equal to 3.5	M = 3.67
Knowledge of Patient Safety Guidelines	5 Point Likert Scale	Greater than or Equal to 3.5	M = 5.0

Of the employers who returned the survey in 2019, 33% rated IU South Bend nursing graduates as among the best compared to other recent hires. An additional 33% rated IU South Bend nursing graduates as better prepared than other recent hires, and 33% rated IU South Bend graduates as prepared. These data also revealed that 100% of students hired often demonstrate clinical and safety competence, and 100% of employers would recommend IU South Bend graduates for hire. See Table below for comparison with 2016 data. These data provide evidence that employers are satisfied or highly satisfied with the graduates of IU South Bend nursing.

Qualitative data from these surveys also indicate employers are mostly pleased with the clinical experiences provided in the curriculum, especially the Capstone experiences, and that the IU South Bend graduates are well prepared. Employers requested that the curriculum provide more experience in cath lab, interventional radiology, and the post-anesthesia care unit (PACU). Employers also commented that new graduates of IU South Bend struggle with prioritization and organization. The faculty will develop strategies to promote better prioritization and organization skills which are known to be lacking in new graduate nurses from national research studies.

IU South Bend has a good reputation in the community and area healthcare agencies for well-prepared graduates. Although the response rate was low, the School of Nursing is encouraged by the results of this survey which indicate that we are producing well prepared nurses who engage in safe practice.

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Employers also note that they would not hesitate to recommend IU South Bend nursing graduates for hire.

**BSN graduate exit survey.** Every semester, the School of Nursing distributes an exit survey to the current graduating class (see Appendix CC for exit survey). This survey asks questions about employment, plans for additional education, preparation for expanding career options, satisfaction with the knowledge and skills necessary to succeed, and ability to meet the program outcomes (see table IV-I-4 for program outcome measures). Graduates often commend the program in general, as well as specific faculty, for providing a great nursing education. These data provide evidence that the BSN program is achieving the expected outcomes.

The May 2018 survey had 15 responses from 27 graduates. Of the graduates that responded, 92.31% indicated they were employed full time and 7.69% indicated they were employed part time with 90% working in a hospital setting and 10% (n=1) participating in a full time DNP program. Most of the graduates (66.67%) felt the program expanded their career options extremely well, 70% of the graduates felt the program provided them the necessary knowledge to be successful (rated 4 or 5 on a 5-point scale), and 70% of the graduates felt the program provided the necessary skills to succeed (rated 4 or 5 on a 5-point scale). Overall, May 2018 graduates are employed in some capacity, with 60% planning to pursue further education.

The December 2018 survey had 18 responses from 28 graduates. Of the graduates that responded, 77.78% indicated they were employed full time, 11.11% indicated they were employed part time, and 11.11% indicated they were not employed but seeking employment. Of those employed, 76.92% were working in a hospital setting, 7.69% in a physician office, and 7.69% in a nurse-managed health/urgent care setting. Most of the graduates (53.85%) felt the program expanded their career options extremely well and felt the program provided them the necessary knowledge to be successful (rated 4 or 5 on a 5-point scale). Over 46% (46.15%) of graduates felt the program provided the necessary skills to succeed. These results meet all the benchmarks determined by the nursing faculty and documented on the SEP.

Table IV-I-4 Exit Survey of Program Outcomes

Program Outcomes	Measurement	Benchmark	Actual Data
Critical Thinker	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.45
Culturally Competent	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.64
Politically Aware	5 Point Likert Scale	Greater than or Equal to 3.5	M = 3.90
Conscientious Practitioner	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.27
Effective Communicator	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.55
Therapeutic/Competent Care Provider	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.64
Professional Role Model	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.73
Responsible Manager of Resources	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.09

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Surveys from 2018 also revealed some problems in the program, including one professor who left mid-semester, too big of a focus on the NCLEX exam, and wanting more time in the simulation lab. In addition, there were multiple policy changes which negatively impacted the clinical experiences. Graduates suggested that students receive stress management strategies, have more open times in the skills lab for practice, and be included in decision making. In response, student tutoring through the ACE program has been implemented, the skills lab has been open throughout the week during non-class hours for student practice, and the nursing committees have been more mindful of student participation. The assessment committee plans to add an additional item to the exit survey in the future about intent to seek graduate education within five years of pre-licensure graduation.

**Alumni survey.** Surveys are sent to Alumni every three years (see Appendix BB for alumni survey form), via Qualtrics. The most recent data for the Alumni survey are from May 2017 (see table IV-I-5). The survey requests feedback about program outcomes, employment, and graduate education. A poor return rate for this survey resulted in a small sample size. Data are insufficient for generalization. However, all program outcomes surpassed the benchmark set by nursing faculty; when graduates reflected on their nursing education, they believed they successfully met program outcomes. Graduates often commended the program and faculty for providing a quality nursing education. Graduates also recognized that IU South Bend nursing provided a good education for a reasonable cost.

Most respondents indicated that they are employed in some capacity (28.57 % full-time, 42.86% part-time), and 100% of the participants who work do so in the hospital setting. The School of Nursing is pleased that 85.71% of our alumni believe our program provided them with the knowledge and skills necessary to succeed; 85.71% believed the program helped them to expand their career options. The assessment committee plans to add an additional item to the exit survey in the future about holding professional leadership roles.

Table IV-I-5 Alumni Survey May 2017 (n=7)

Program Outcomes	Measurement	Benchmark	Actual Data
Critical Thinker	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.67
Culturally Competent	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.67
Politically Aware	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.5
Conscientious Practitioner	5 Point Likert Scale	Greater than or Equal to 3.5	M = 5.0
Effective Communicator	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.83
Therapeutic/ Competent Care Provider	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.0
Professional Role Model	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.83
Responsible Manager of Resources	5 Point Likert Scale	Greater than or Equal to 3.5	M = 4.33

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**ExamSoft® data.** The School of Nursing uses ExamSoft®, an exam software program, for all BSN nursing class exams. This program allows faculty members to categorize each exam question for NCLEX client needs, cognitive level, curriculum outcomes, body systems, nursing process, and QSEN. Exam blueprints are used by faculty to create test plans specific to unit and course outcomes. ExamSoft® data also provide aggregate student outcomes across courses. These data are collated by the nursing assessment committee, recorded on the SEP, reported to the faculty during a CNF meeting, and used by the curriculum committee for curricular changes. Basic care and comfort is a persistent area of concern for the IU South Bend nursing program (this is also an area of concern in many nursing program nationally). The faculty are aware of this area of concern and strategies to address it are being discussed.

Table IV-I-6 ExamSoft® Data 2018

Program Outcomes	Benchmark	2018 Junior level courses (6 <sup>th</sup> semester)	2018 Senior level courses (8 <sup>th</sup> semester)
Basic Care and Comfort	> 80%	75%	72%
Health Promotion and Maintenance	> 80%	84.2%	No questions assessed
Management of Care	> 80%	80%	92.4%
Pharmacology	> 80%	80%	87%
Physiological Adaption	> 80%	81%	84%
Reduction of Risk	> 80%	84.3%	79.4%
Safety and Infection Control	> 80%	84%	89.1%

**ATI predictor exam.** The ATI predictor exam is given to each graduating cohort during the last month of the last semester of study. The main purpose of the ATI exam is to provide students with a benchmark as to their preparedness for the NCLEX exam. Each student is counselled individually by a faculty member. An individual study plan is created based on the student's ATI exam findings. The ATI predictor exam also provides aggregate data used for program assessment (see table IV-I-7 and IV-I-8 for ATI predictor exam data by graduating cohort, see evidence room for full ATI predictor reports).

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Table IV-I-7 ATI predictor group performance profile April 2018

Sub-Scale	Group Score	National Mean	Description
Management of Care	76.5%	77.1%	The nurse coordinates, supervises and/or collaborates with members of the health care team to provide an environment that is cost-effective and safe for clients.
Safety and Infection Control	62%	67.3%	The nurse uses preventive safety measures to promote the health and well-being of clients, significant others, and members of the health care team.
Health Promotion and Maintenance	73%	68.9%	The nurse directs nursing care to promote prevention and detection of illness and support optimal health.
Psychosocial Integrity	68.9%	71.5%	The nurse directs nursing care to promote and support the emotional, mental and social well-being of clients and significant others.
Basic Care and Comfort	74.6%	70.9%	The nurse provides nursing care to promote comfort and assist clients to perform activities of daily living.
Pharmacological and Parenteral Therapies	72.1%	72.2%	The nurse administers, monitors, and evaluates pharmacological and parenteral therapy.
Reduction of Risk Potential	71.6%	70.3%	The nurse directs nursing care to decrease clients' risk of developing complications from existing health disorders, treatments, or procedures.
Physiological Adaptation	75.1%	72.0%	The nurse manages and provides nursing care for clients with an acute, chronic, or life-threatening illness.

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Table IV-I-8 ATI predictor group performance profile November 2018

Sub-Scale	Group Score	National Mean	Description
Management of Care	75.6%	77.1%	The nurse coordinates, supervises and/or collaborates with members of the health care team to provide an environment that is cost-effective and safe for clients.
Safety and Infection Control	61.5%	67.3%	The nurse uses preventive safety measures to promote the health and well-being of clients, significant others, and members of the health care team.
Health Promotion and Maintenance	71.7%	68.9%	The nurse directs nursing care to promote prevention and detection of illness and support optimal health.
Psychosocial Integrity	66.5%	71.5%	The nurse directs nursing care to promote and support the emotional, mental and social well-being of clients and significant others.
Basic Care and Comfort	69.2%	70.9%	The nurse provides nursing care to promote comfort and assist clients to perform activities of daily living.
Pharmacological and Parenteral Therapies	68.6%	72.2%	The nurse administers, monitors, and evaluates pharmacological and parenteral therapy.
Reduction of Risk Potential	68.1%	70.3%	The nurse directs nursing care to decrease clients' risk of developing complications from existing health disorders, treatments, or procedures.
Physiological Adaptation	70.1%	72.0%	The nurse manages and provides nursing care for clients with an acute, chronic, or life-threatening illness.

Over time, the ATI predictor exam has revealed that the IU South Bend program is weak in the areas of safety and infection control and basic care and comfort. These data are reported to the faculty in CNF meetings. Infusion of the QSEN competencies throughout the current and revised curriculum assist faculty in addressing issues with safety. See Standard III for threads of QSEN throughout the revised curriculum.

**RN-BSN degree completion option program.** The RN-BSN degree completion option program assessment committee determines whether program outcomes are met by assessing the grades of various assignments throughout the program. A score of 73% on the designated assignments is used as the benchmark (see Table IV-I-9 for program outcomes 2017-2018). All but one program outcome was met for the 2017-2018 assessment period. The outcome of information technology was not met for fall, 2017. IU South Bend had eight students enrolled in B404-Information Technology during that semester; one student achieved an F. Due to the one failure, the benchmark was below the acceptable 73%.

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Table IV-I-9 RN-BSN Degree Completion Option Program Outcomes 2017 – 2018

Outcome	Measurement	Benchmark	Data
Critical Thinking	<ol style="list-style-type: none"> <li>EBP Project (R470)</li> <li>Data Analysis Project (H355)</li> <li>Critical Appraisal Research Critiques (R375)</li> </ol>	≥ 73%	<ol style="list-style-type: none"> <li>97% Met Outcome</li> <li>95% Met Outcome</li> <li>85% Met Outcome</li> </ol>
Culturally Sensitive	<ol style="list-style-type: none"> <li>Community Health Assessment (S475)</li> <li>Health Promotion and Education Plan (S475)</li> </ol>	≥ 73%	<ol style="list-style-type: none"> <li>100% Met Outcome</li> <li>100% Met Outcome</li> </ol>
Knowledgeable Coordinator	<ol style="list-style-type: none"> <li>Community Health Assessment (S475)</li> <li>Health Promotion and Education Plan *S475)</li> <li>Genetics Paper (K499)</li> <li>Emergency Preparedness Activity (S475)</li> </ol>	≥ 73%	<ol style="list-style-type: none"> <li>100% Met Outcome</li> <li>100% Met Outcome</li> <li>100% Met Outcome</li> <li>100% Met Outcome</li> </ol>
Health Policy	<ol style="list-style-type: none"> <li>Policy Issue Paper (B304)</li> <li>Forum #4- Health Care Reform (ACA)(B304)</li> </ol>	≥ 73%	<ol style="list-style-type: none"> <li>100% Met Outcome</li> <li>100% Met Outcome</li> </ol>
Ethical and Legal Practice	<ol style="list-style-type: none"> <li>Ethical Political Paper (S474)</li> <li>Case Study Analysis (S474)</li> </ol>	≥ 73%	<ol style="list-style-type: none"> <li>80% Met Outcome</li> <li>80% Met Outcome</li> </ol>
Communicator	<ol style="list-style-type: none"> <li>Community Health Assessment (S475)</li> <li>Forum Discussion (B331)</li> <li>Health Promotion Education Plan (S475)</li> </ol>	≥ 73%	<ol style="list-style-type: none"> <li>100% Met Outcome</li> <li>100% Met Outcome Goal</li> <li>100% Met Outcome</li> </ol>
Competent Care Provider	<ol style="list-style-type: none"> <li>Community Health Assessment (S475)</li> <li>Health Promotion Plan (S475)</li> <li>Adult Assessment (B344)</li> <li>Pediatric Assessment (B344)</li> <li>Family History (K499)</li> <li>Clinical Change PDSA Project (K305)</li> <li>Elder Interview (B403)</li> <li>Medication Education Project (P345)</li> </ol>	≥ 73%	<ol style="list-style-type: none"> <li>100% Met Outcome</li> <li>N/A – (n=0)</li> <li>100% Met Outcome</li> <li>100% Met Outcome</li> <li>100% Met Outcome</li> </ol>

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Outcome	Measurement	Benchmark	Data
	9. Country Data/Information Health Paper (K434) 10. CAM EBP Poster (K301)		
Leader/Manager	1. Leadership Assignment (S487) 2. Interview Project (S487) 3. Career Goals Assignment (R470) 4. Budget and Finance Assignment (S487)	≥ 73%	1. 100% Met Outcome 2. 100% Met Outcome 3. 100% Met Outcome 4. 100% Met Outcome
Information Technology	1. Information and data base retrieval project (B404)	≥ 73%	1. 71% Met Outcome

In addition to monitoring various assignments to determine if RN-BSN degree completion option program learning outcomes have been met, the graduating students are also surveyed via Skyfactor at the end of the program to determine their satisfaction with the various components of the program, such as their overall satisfaction, learning, and program effectiveness among other criteria (see table IV-I-10 for student survey). The RN-BSN degree completion option consortium program has not yet set a benchmark for these data.

Table IV-I-10 RN-BSN Student Survey

Criteria	Measurement	Actual Data 2017	Actual Data 2016	Actual Data 2015
Satisfaction: Quality of Nursing Instruction	7 Point Likert Scale	M = 5.38	M= 5.48	M= 5.22
Satisfaction: Work and Class Size	7 Point Likert Scale	M = 5.54	M= 5.64	M= 5.69
Satisfaction: Course and Lecture Interaction	7 Point Likert Scale	M = 5.86	M= 5.87	M= 5.81
Satisfaction: Facilities and Administration	7 Point Likert Scale	M = 5.33	M= 5.62	M= 5.65
Satisfaction Classmates	7 Point Likert Scale	M = 5.82	M= 5.65	M= 5.72
Satisfaction: Advisor	7 Point Likert Scale	M = 6.15	M= 5.81	M= 6.17
Learning: Professional Values	7 Point Likert Scale	M = 6.03	M= 6.02	M= 5.84
Learning: Core Competencies	7 Point Likert Scale	M = 5.89	M= 5.80	M= 5.68
Criteria	Measurement	Actual Data 2017	Actual Data 2016	Actual Data 2015

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Learning: Technical Skills	7 Point Likert Scale	M = 5.78	M= 5.92	M= 5.42
Learning: Core Knowledge	7 Point Likert Scale	M = 5.88	M= 5.84	M= 5.73
Learning: Role Development	7 Point Likert Scale	M = 5.58	M= 5.57	M= 5.56
Overall: Satisfaction	7 Point Likert Scale	M – 6.09	M= 6.23	M= 6.19
Overall: Learning	7 Point Likert Scale	M = 6.09	M= 6.24	M= 5.83
Overall: Program Effectiveness	7 Point Likert Scale	M = 5.97	M= 6.14	M= 5.90

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

*Elaboration: For program outcomes defined by the program:*

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

### Program Response

**Outcomes and discrepancies are used to promote program improvement.** Outcome data are used to promote program improvement. Discrepancies between benchmarks and analyzed data are communicated to the faculty at CNF meetings where decisions are made about program improvement strategies. For example, ExamSoft© and ATI data indicated that the IU South Bend nursing students scored poorly in the NCLEX area of basic care and comfort. The SON assessment committee reported these data at the September 2018 meeting of the Council of Faculty meeting. SON faculty reinforced this content more intentionally throughout the entire program (it is introduced at the beginning of the program) and particularly emphasized it for students when preparing for NCLEX at the end of the program. Further data collection will reveal if these efforts were effective.

**Program changes foster improvement deliberately, ongoingly, and through analysis.** Since 2015, when the nursing assessment committee drafted the first Systematic Evaluation Plan (SEP), program improvement has been deliberate, organized, and routine. The assessment committee meets monthly to fulfill the SEP and report to the CNF. The nursing department administrative assistant is a member of the committee and attends committee meetings to support the work of survey distribution and collation. A schedule for data collection is written and followed to ensure that assessment is ongoing. Two student members were added to the committee for the 2017-2018 school year at which time they graduated. Another student was added in August 2018. Students contribute to data analysis with their own insights and perspective.

Data analysis is done as a committee when results are collated. Patterns of successful and concerning program outcomes are noted and shared with the CNF. The same data points have now been tracked for at least 4 years. Since response rates for some measures are low, it is critical to track several years to gain enough respondents before making curricular changes in the program. Ongoing, routine,

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scheduled assessment measures assists the committee to have more robust data which is more meaningful for guiding changes in the program.

In addition to formal assessment data collection, nursing students and faculty are vocal about what works and what doesn't work in the program. For example, there have been changes in expectations about immunizations which was burdensome to students to schedule and finance. Following complaints from students, nursing administration met with student cohorts and responded with improved planning and communication. The IU South Bend Health and Wellness Center now schedules several planned immunization sessions for nursing students before classes begin. For another example, faculty and students expressed dissatisfaction with semester-long clinical rotations implemented in Fall 2017, which resulted in an every-other-week clinical rotation schedule for most clinical courses. Meetings and discussions revealed a need for change, and clinicals were reverted to block scheduling in the Fall 2019 semester.

The SON recognizes the importance of both systematic and informal evaluation of the program in order to improve student outcomes. Informal evaluation is not often well documented as it sometimes occurs outside formal meetings with minutes. The advantage of a small faculty is that change can be more nimble than with a large faculty. The disadvantage is that changes more easily occur outside the structure of formal faculty assessment and planning meetings. A future goal of the nursing faculty is to better explicate decision making through formal meetings and minutes for accurate tracking and sharing of institutional knowledge. The nursing faculty have become aware of this need due to recent faculty and administration turnover in the SON.

**Faculty engaged.** IU South Bend nursing faculty are highly engaged in program assessment. The SON faculty assessment committee is active and effectively measures and analyses program assessment data. The chair of the assessment committee is guided by the faculty approved SEP without additional direction from the Assistant Dean of Nursing. In 2018, the program directors of the undergraduate and graduate programs were both members of the assessment committee which enhanced communication about findings and data analysis to enhance program improvement. The work and responsibility of program assessment rests with the faculty on this committee. Other faculty and administration are engaged in the process, when needed, if discrepancies in assessment data are found. Program assessment for the SON exemplifies the model of shared governance.