**2017-2018 Annual Program Assessment Report**

Please submit report to your department chair or program coordinator, the Associate Dean of your College, and to [james.solomon@csun.edu](mailto:james.solomon@csun.edu), Director of the Office of Academic Assessment and Program Review, by September 30, 2019. You may, but are not required to, submit a separate report for each program, including graduate degree programs, which conducted assessment activities, or you may combine programs in a single report. **Please identify your department/program in the file name for your report.**

**College: Health and Human Development**

**Department: Nursing**

**Program: Accelerated BSN**

**Assessment liaison:**

1. **Please check off whichever is applicable:**

**A. \_\_\_\_\_\_\_\_ Measured student work within program major/options.**

**B. \_\_\_\_\_\_\_\_ Analyzed results of measurement within program major/options.**

**C. \_\_\_\_X\_\_\_ Applied results of analysis to program review/curriculum/review/revision major/options.**

**D. \_\_\_\_\_\_\_\_\_ Focused exclusively on the direct assessment measurement of General Education Arts and Humanitieslearning outcomes**

1. **Overview of Annual Assessment Project(s).** On a separate sheet,provide a brief overview of this year’s assessment activities, including:

* an explanation for why your department chose the assessment activities (measurement, analysis, application, or GE assessment) that it enacted
* if your department implemented assessment **option A**, identify which program SLOs were assessed (please identify the SLOs in full), in which classes and/or contexts, what assessment instruments were used and the methodology employed, the resulting scores, and the relation between this year’s measure of student work and that of past years: (include as an appendix any and all relevant materials that you wish to include)
* if your department implemented assessment **option B**, identify what conclusions were drawn from the analysis of measured results, what changes to the program were planned in response, and the relation between this year’s analyses and past and future assessment activities
* if your department implemented **option C**, identify the program modifications that were adopted, and the relation between program modifications and past and future assessment activities
* if your program implemented **option D**, exclusively or simultaneously with **optionsA, B, and/or C**, identify the basic skill(s) assessed and the precise learning outcomes assessed, the assessment instruments and methodology employed, and the resulting scores
* in what way(s) your assessment activities may reflect the university’s commitment to diversity in all its dimensions but especially with respect to underrepresented groups
* any other assessment-related information you wish to include, including SLO revision (especially to ensure continuing alignment between program course offerings and both program and university student learning outcomes), and/or the creation and modification of new assessment instruments

**3. Preview of planned assessment activities for 2019-20.** Include a brief description as reflective of a continuous program of ongoing assessment.

**C. Curriculum Review and Revision**

The Accelerated Bachelors of Nursing; (ABSN) program has been held on State support since its inception. The program is being transitioned to self-support via Tseng College. The program has been on hiatus for approximately 12 months (from January 2018 to present).

In Fall2017, the ABSN program underwent a cumulative five year re-accreditation survey by the Board of Registered Nursing (BRN).

A) The BRN had concerns about the program learning outcomes (PLO) and student learning outcomes (SLO) not being clearly threaded through the curriculum.

B) The BRN was also concerned with the programs lack of “leveling” skills and the lack of a clinical preceptorship in the student’s final semester to effectively prepare them to transition to an entry level Medical-Surgical Registered Nurse (RN) role.

C) Evaluations from faculty and students from the past five years demonstrated a need to revise the curriculum in its totality. Input from the students, faculty and the BRN accrediting body led to the following necessary changes:

1. **The deletion of NURS 319 *Effective Communications in Professional Nursing*.** This course was consistently evaluated poorly over the past five years. Upon evaluation and reflection with the faculty, it was determined that the content that the course covered was covered in other courses within the program making the course redundant. The deletion of this course also frees up units to apply to a clinical preceptorship which is recommended by the CA BRN to effectively prepare RN students as entry level practitioners, recommended by alumni and requested by hospital community partners to ensure a successful transition into providing safe and quality patient care.
2. **The deletion of HSCI 488 *Epidemiology* as a requirement for the program.** This course was previously included in the curriculum due to regulations required by the BRN for the issuance of a Public Health Nurse (PHN) certification. With the changing of regulations and evolution of the curriculum in general over time, the topics that are required for the PHN certification are adequately covered in other courses such as NURS 426, NURS 443, NURS 444 and NURS 428. These topics include: community health (NURS 428); mandated reporter guidelines (NURS 425, NURS 443 & 444) and communicable diseases (NURS 428).
3. **The modification of program/student learning outcomes** to delete a theory based model and adopt industry standards of Quality and Safety Education for Nurses (QCEN) focused outcomes. This allows nursing theorists and other appropriate theories to be utilized specific to each course while keeping consistent program/student learning outcomes. Historically, nursing programs at both the academic and industry level have centered curriculum and programmatic paradigms on specific nursing theorists. For example, CSUNs ABSN program was driven by the tenets of Dorothea Orem’s Self-Care Deficit Nursing Theory (SCDNT). Orem’s SCDNT was the reason many of our course titles and syllabi referred to “self-care” and “self-care deficit” to demonstrate the threading of the guiding framework throughout the curriculum. Evidenced based practice and the growing demands of healthcare have demonstrated the need for a more unifying focus that eliminates the inherent variability of programs choosing nursing theorists. Additionally, the CA BRN recommends the use of QSEN as the organizing framework; in addition, with industry recommendations to provide a more uniform delivery of information and objectives. Ultimately, this paradigm shift will provide nursing students with a more solid foundation on which to build the necessary skills to provide excellent nursing care.
4. **The “leveling” of courses. The need to level courses are two-fold:**

First, each concept and skill that nursing students are required to assimilate and master are introduced in segments. A course acts as the building blocks for the upcoming course and ensures progress. A nurse begins as a novice practitioner and transitions to a beginner, progresses to advanced beginner and eventually turns into expert.

The existing curriculum folded many skills into merely two courses: (a) NURS 318 (Introduction to Professional Nursing), also known as Fundamentals, and (b) NURS 321 (Medical-Surgical Nursing). This combination did not reflect the complicated content material. NURS 318 is an introductory course for all nursing students but NURS 321 needed to be ‘leveled’ to reflect the transition of complexity of concepts from acute to chronic diseases.

The second need for this leveling of courses is to provide students the opportunity to interact with adult medical-surgical patients in a consistent manner throughout the curriculum. In the current curriculum, students completed NURS 318 (Introduction to Professional Nursing) and NURS 321 AB/L (Medical-Surgical Nursing) in their first two semesters of the ABSN program. The last two semesters of the program, the students did not see or interact with an adult patient. This made effective evaluation of the student’s ability to enter the workforce as an entry level Medical-Surgical RN difficult. This was also a significant point of dissatisfaction amongst students who felt unprepared to enter the acute care in patient hospital workforce setting.

There are also new regulations from the BRN requiring a course specific to Gerontological Nursing (NURS 321BL).By renaming and refocusing the courses, the program can avoid the logistical proceedings of that title while still providing the necessary content.

In summary, the leveling of NURS 321 will mean the deletion of NURS 321 AB/L (clinical geriatrics) and the addition of NURS 320/L (Intermediate Medical-Surgical Nursing) and NURS 422/L (Advanced Medical Surgical Nursing). This program modification will also allow for a consistent thread of care for the adult patient starting in the first semester (NURS 318/L Introduction to Professional Nursing and Clinical Lab), continuing through the second (NURS 320/L), the third (NURS 422/L) and the final semester of NURS 498/L which is their clinical intensive preceptorship.

1. **Adjust units to reflect coursework.** Students and faculty have expressed concerns about the amount of coursework required to meet the learning objectives for NURS 315 Pharmacology. Recently the BRN adjusted how the national licensure exam is administered, including specific changes to pharmacology, making it increasingly difficult to teach students in a two unit course. Increasing the unit to 3 will allow for the necessary content to be covered and accurately reflect the amount of work that both students and faculty have been already doing. The other course that required unit load modification was NURS 427/L (Leadership).This clinical course has been 2 units but after student and faculty review, along with curriculum revision, decreasing the clinical experience from 2 units to 1 unit will still provide the necessary clinical experience to meet the course objectives while freeing up a unit for Advanced Medical Surgical Clinical Rotations and the Clinical Intensive Course. This will better meet the overall program goals and prepare the student for both a position as an entry level professional RN and also as a future leader.
2. **Overall decrease in the number of units (from 59 to 57 units).** Compared to other ABSN programs, CSUN’s program had a higher number of required units. Removing redundant courses and redefining courses will allow the program to be more efficient in its offerings and provide the student a small relief of financial burden.

**Program Goals and Measurable Student Learning Outcomes (SLO):**

Program goals and measurable SLOs were identified and developed using the six QSEN competencies which are current industry standard. These include:

1. **Patient-Centered Care**

The provision of compassionate, age, and culturally sensitive care that is based on a patient’s physiological, psychological, sociological and spiritual needs as well as preferences, values and beliefs which respects the patient and designee to promote safe, quality care (adapted from Massachusetts Nurse of the Future, 2016; NLN, 2010).

1. **Teamwork and Collaboration**

The delivery of a coordinated approach to patient-centered care in partnership with the patient, other nurses, and interprofessional team members, fostering open communication, mutual respect and shared decision-making to achieve safe, quality care (Adapted from QSEN, 2007; Giddens, 2017).

1. **Evidence-Based Practice**

The integration of best current evidence, clinical expertise and patient involvement to guide nursing practice to achieve optimal patient-centered care (Adapted from Massachusetts Nurse of the Future, 2016; Giddens, 2017).

1. **Informatics**

The design, development, use and management of information science and technology as a communication and information management tool to direct care, mitigate error and support clinical decision making and evidence based nursing practice (Adapted from QSEN, 2007; NLN, 2010).

1. **Quality Improvement**

The use of data and improvement methods consistent with current professional knowledge and evidence to monitor outcomes of care processes for the continuous improvement of health care services (Adapted from Massachusetts Nurse of the Future, 2016; NLN, 2010).

1. **Safety**

The minimization of risk factors and errors of commission and omission that could cause harm to patient, self or others or delay patient recovery through individual, unit, or system performance (Adapted from QSEN, 2007; NLN, 2010; Giddens, 2017).

**Methods of Assessment for Measurable Student Learning Outcomes:**

A. The assessment tools will be linked to the required competencies. Exams, writing assignments, group projects, presentations, case studies and clinical evaluations will be used to assess that students have met the necessary milestones for completion of the courses.

B. Faculty will have SLO's assessed after each course completion in each in semester to identify challenges early in the process, participate in department and college level curriculum committees and share their experiences and insights and also review courses as needed for accreditation purposes or identified problems.