Continuous Improvement Progress Report (CIPR) Template

Standards for Accreditation of
Baccalaureate and Graduate Nursing Programs

Official Name of Institution: Montana State University
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Continued Compliance with CCNE Standards & Key Elements

Introduction
In one page or less, summarize under “Program Response” major events that have occurred at the institutional and/or program level since the most recent CCNE on-site evaluation. Include a description of changes at the parent institution if they have had a significant impact on the program.

Program Response:

There have been significant changes in top administrators at Montana State University since 2008. Dr. Waded Cruzado assumed the Office of President in January 2010. Since then a new provost and three new vice-presidents have been appointed. Dr. Cruzado has brought amazing energy, enthusiasm, and commitment to her role resulting in an even more vibrant university. Student enrollment has increased from 13,550 in fall 2010 to 15,294 in fall 2013, a new MSU strategic plan has been adopted (2012), and student retention and six year graduation rates have improved. MSU has retained its designation as a very high research university with the Carnegie Foundation for the Advancement of Teaching and also received the designation as one of 311 schools nationally as an “Institution of Community Engagement” from the Carnegie Foundation.

The College of Nursing began offering a new graduate option in the fall of 2009 to prepare family psychiatric and mental health nurse practitioners (FPMHNP). Approval of this substantive change in the college was received in July of 2009 from the Commission on Collegiate Nursing Education (CCNE). The overall goal of that program was to improve access to quality mental health care for rural and under-served populations. The program was initially funded by a three year grant from the Health Resources and Services Administration (HRSA). There have been 13 graduates from that program with 100% of the graduates passing the national certification examination. The clinical nurse specialist option was put on moratorium due to low enrollment.

An accelerated bachelor of science in nursing degree option (ABSN) was begun in May 2011. CCNE was notified of this substantive change and approval received. This option is available to students who have a baccalaureate degree in any discipline but nursing. Initially 16 students were admitted to the Bozeman campus but because the number of applications was so large, a second cohort of 16 students was admitted to the Great Falls campus and began studies in May 2012. In spite of the limited clinical capacity at many of the practice sites, this change was feasible because the ABSN program was designed to include many hours of clinical learning during the summer months when there is limited use of those resources by the college and other programs in the state. To date, two cohorts of students have graduated from the ABSN program; the NCLEX-RN® pass rate is 100% for these students with some of those results being self-reported.

In September 2013 the first class of doctorate of nursing practice (DNP) students began studies. Students have the option of selecting the family/individual nurse practitioner or family psychiatric mental health nurse practitioner option. CCNE was notified of this substantive change and approval was received in January 2014. Admission to the master’s level nurse practitioner options has ceased but students already enrolled in those options will continue to progress through the master’s curriculum. The advent of the DNP program has resulted in an increased interest in doctoral education among faculty and currently 10 are pursuing a doctoral degree. The spring of 2013 saw two faculty complete a DNP degree both at institutions external to Montana. Admission to the post master’s nurse practitioner certificate options (FNP and FPMHNP) has also been discontinued.

Under the mentorship of the associate dean for research and graduate education, the research mission in the college has expanded. Two faculty were named Robert Wood Johnson Nurse Faculty Scholars. Outreach efforts in the college have also expanded since the 2008. Second semester senior students are given the opportunity to travel to Latin America to provide primary health care and public health services to vulnerable populations. Groups of 14-16 students travel for approximately two weeks along with two faculty; some credit for public health clinical practice hours is given to students who participate in these experiences.

Dr. Elizabeth Nichols, dean of the College, retired in August 2009. Dr. Helen Melland began her tenure as dean at that time and continues to this date. Two of the campus directors have stepped down from their administrative positions. Both have remained in the college but opted to spend more time on their programs of research. Searches are in process to fill both positions.
Assessment by Standard

Following each key element statement, briefly summarize under “Program Response” any pertinent changes or program improvement initiatives that have occurred since the last comprehensive on-site evaluation by CCNE. If “no change” is reported, please provide support for continued compliance with the standard. Before completing this template, refer to CCNE’s FAQs and Guidelines for Preparing the Continuous Improvement Progress Report.

Were you requested to address any specific areas of focus/concern (e.g., a compliance concern at the key element level) according to the most recent CCNE accreditation action letter? If so, please note the specific areas of focus/concern here by indicating which key element(s) this translates to in the 2013 CCNE Standards:

[Please contact CCNE if you need a copy of the most recent accreditation action letter. Refer to the reminder email to access the Crosswalk Table showing the relationship between the former (2009) CCNE Standards and the current (2013) CCNE Standards.]

A response must be provided for each standard and key element below. Give special attention to any specific areas of focus/concern that were identified previously in the CCNE accreditation action letter.
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:
1. congruent with those of the parent institution; and
2. consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

Elaboration: The program’s mission statement, 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. A mission statement may relate to all nursing programs offered by the nursing unit or specific programs may have separate mission statements. Program goals are clearly differentiated by level when multiple degree/certificate programs exist. Student outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms.

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), 2012].

A program may select additional standards and guidelines.

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

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

Program Response:
Montana State University is the state’s first land grant university. As such it is charged, through the Morrill Act of 1862, to provide "liberal and practical education...in the several pursuits and professions of life." As a member of the Montana University System, MSU is further charged with providing programs that "stimulate critical analysis, clear and effective communication, and the creative process." Students should also "broaden their cultural horizons by contact with the creative arts, sciences and the humanities, and achieve an understanding of the political, social, economic and ethical problems of the contemporary world and the relation of their studies to these problems." These expectations are met through a combination of the common core curriculum known as CORE 2.0. The intent of this core curriculum is to ensure a wide-ranging general education of consistent and high quality to all MSU students regardless of their major or area of study.

The mission and goals of the program are consistent with those of the university and are available on the College of Nursing website and in the student handbooks (http://www.montana.edu/nursing/about/index.php). The university’s mission statement is “Montana State University, the State’s land-grant institution, educates students,
creates knowledge and art, and serves communities by integrating learning, discovery, and engagement.” The mission of the College of Nursing which refers to both undergraduate and graduate programs is: “to enhance the health of the people of Montana, our nation, and the global community by providing leadership for professional nursing through excellence in education, research, practice and service. Accordingly, we:

- Inspire baccalaureate and graduate students, within a diverse, challenging, and engaging learning environment, to become leaders in the practice of professional nursing.
- Create an interactive environment in which faculty and students discover, learn, and integrate knowledge into nursing practice.
- Serve as leaders in nursing by generating, translating, and disseminating knowledge through research and scholarly activities.
- Promote health and wellness through professional practice, collaboration, consultation, civic engagement, education, and leadership.”

The College of Nursing has a strategic plan that was adopted in 2012 that identifies four goals in the areas of: Teaching/Leadership – Leaders in Practice; Teaching/Interactive Learning Environment; Discovery and Knowledge – Research and Scholarly Activities; and Outreach – Promotion of Health and Wellness

The following professional standards guide the development of the baccalaureate and master’s curricula:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice*, [American Association of Colleges of Nursing (AACN), 2008];
- American Nurses Association, (2010). *Nursing’s Social Policy Statement: The essence of the profession*. Silver Spring, Maryland;
- *The Essentials of Master’s Education in Nursing* (AACN, 2011);
- *Criteria for Evaluation of Nurse Practitioner Programs* [National Task Force on Quality Nurse Practitioner Education (NTF), 2012];
- *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (AACN, 2013);
- *Population-Focused Nurse Practitioner Competencies* [The National Organization of Nurse Practitioner Faculties (NONPF), 2013].

Student outcomes are defined as expected outcomes for the baccalaureate program and each of the master’s options. The expected outcomes for the baccalaureate program are congruent with the *Baccalaureate Essentials* (AACN, 2008) and are listed below:

1. Use a foundation of community-based professional nursing to provide holistic client-centered health care in a variety of healthcare setting.
2. Synthesize theoretical and empirical knowledge from nursing, the sciences, the arts and the humanities to practice safe and effective professional nursing across the lifespan.
3. Practice basic leadership skills to create a safe caring environment and deliver quality care with an interprofessional healthcare team.
4. Evaluate the applicability of research findings in evidence-based nursing practice.
5. Utilize evidence-based clinical judgments to assist patients with the promotion, maintenance, and restoration of health; prevention of disease; and death with dignity.

6. Demonstrate professionalism by incorporating professional values of altruism, autonomy, human dignity, integrity, social justice, and value-based behaviors into nursing practice and professional career development.

7. Demonstrate basic knowledge of healthcare policy, finance, and regulatory environments, inducing local, state, national and global healthcare trends.

8. Utilize effective communication in professional relationships with clients in order to influence health across the health-illness continuum.

9. Utilize progressive technology and information management systems to support safe nursing practice and deliver effective, quality client care.

10. Collaborate with communities to design, implement, and evaluate population-based approaches to care for diverse populations.

11. Provide culturally sensitive direct and indirect care for patients across a variety of healthcare settings.

The expected outcomes for the clinical nurse leader with a MN degree are congruent with the *Master’s Essentials* (AACN, 2011) and the *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (AACN, 2013) and are listed below:

1. Effect change through advocacy for the client, interdisciplinary health care team and the profession.

2. Communicate effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.

3. Pursue knowledge and skills as the CNL role, needs of clients, and the health care delivery system evolve.

4. Delegate and utilize the nursing team resources (human and fiscal) and serve as a leader and partner in the interdisciplinary health care team.

5. Identify clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and the degree to which they are client-centered.

6. Use information systems and technology at the point of care to improve health care outcomes.

7. Participate in systems review to critically evaluate and anticipate risks to client safety to improve quality of client care delivery.

8. Assume accountability for healthcare outcomes for a specific group of clients within a unit or setting recognizing the influence of the meso-system and macro-system on the microsystem.

9. Assimilate and apply research-based information to design, implement and evaluate clients’ plans of care.

10. Synthesize data, information and knowledge to evaluate and achieve optimal client and care environment outcomes.

11. Use appropriate teaching learning principles and strategies as well as current information, materials and technologies to facilitate the learning for clients, groups, and other health care professionals.

The master's of nursing program prepares family nurse practitioners (FNP) and family psychiatric mental health nurse practitioners (FPMHNPs). These graduates are prepared to assume the advanced practice registered nurse (APRN) role and sit for the certification exam with the population focus related to the curriculum they completed. Since the advent of the doctorate of nursing practice (DNP) program in fall 2013, the College of Nursing (CON) has ceased admitting students to the master’s nurse practitioner program. However, there are still 52 master’s APRN students matriculating through the curriculum. The terminal objectives of that curriculum are congruent with *The Essentials of Master’s Education in Nursing* (AACN, 2011), the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF), 2012, and the *Population-Focused Nurse Practitioner Competencies* (NONPF), 2013 and are listed below:

1. Contribute to the development of nursing knowledge, practice, and health care delivery in rural areas.

2. Participate in nursing research process which expands nursing knowledge, improves nursing care and direct health policy and planning.
3. Provide nursing leadership in the evolution and evaluation of rural health care systems,
4. Manage health of individuals, families, and/or communities in environments characterized by limited health resources.
5. Design nursing care based on theory and research for individuals, families and communities in rural areas.

The Certificate in Nursing Education is designed for nurses who seek professional advancement and preparation for teaching nursing students. Certificate in Nursing Education Objectives are:

1. Use assessment strategies to evaluate educational needs.
2. Facilitate learning in cognitive, affective, and psychomotor domains.
3. Implement teaching strategies in classroom, clinical, or online situations
4. Evaluate course or program outcomes.
5. Participate in curriculum development.
6. Function within an educational environment.

The college has faculty outcomes defined in the promotion and tenure policies for tenure track and tenured faculty and in promotion policies defined in the Collective Bargaining Agreement Between the Associated Faculty of Montana State University [Non Tenure Track Faculty] and the Montana University System [July 1, 2013 to June 30, 2015].

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:
professional nursing standards and guidelines; and
the needs and expectations of the community of interest.

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

Program Response:

The mission, goals and expected student outcomes are all policies thus they are reviewed every five years by faculty per college Policy A-1: Policy on Policies (http://www.montana.edu/wwwnu/pdf/A1.pdf) or more often if deemed necessary. The vision, mission, goals, and philosophy were last reviewed and approved in 2011. The baccalaureate program outcomes, and all graduate program outcomes were last reviewed in 2013. These documents were all found to be congruent with professional standards.

The community of interest has both external and internal constituents. The external constituents include the clinical partners, the health care industry in general, employers, leaders in professional nursing organizations and other nursing education programs, and the dean's advisory council. Input is received from these communities of interest in several ways. For example, as the college was considering launching the accelerated option, directors of other educational programs and employers were surveyed as to potential interest of their students, graduates, or employees. As the DNP program was being planned, again employers and nurse leaders in the state were consulted. The dean's advisory council meets twice a year. Updates of college activities, plans, and student achievements are shared at those meetings. As the strategic plan was being written, progress was shared with this group and input received. Input from clinical partners is gathered on an ongoing basis through annually scheduled meetings with campus directors and faculty, meetings with the campus director and the dean as she makes campus visits, and spontaneous meetings on an "as needed" basis.

The internal constituents include, for example, university and college committees, students, faculty, staff, and administration. The college developed a new strategic plan through a year-long process. An external consultant to the college was used to facilitate this process. Faculty, staff, and college administrators were
involved in all stages as the plan was developed


I-C. Expected faculty outcomes are clearly identified by the nursing unit, are written and communicated to the faculty, and are congruent with institutional expectations.

Elaboration: The nursing unit identifies expectations for faculty, whether in teaching, scholarship, service, practice, or other areas. Expected faculty outcomes are congruent with those of the parent institution.

Program Response:

Procedure #9: Position Description – Faculty Member (http://www.montana.edu/wwwnu/pdf/A5_att9.pdf) identifies the expectations of faculty in terms of requirements for appointment and general work expectations. All faculty are evaluated annually by their campus director and is in keeping with the university and criteria and processes. Tenure track faculty are reviewed in their third year for retention and in their sixth year for tenure. In addition, as a part of the annual evaluation process, faculty members develop individual goals for the coming year. These are discussed with, and approved by their campus directors as a part of the annual evaluation process and become a component of the evaluation process for the subsequent year. Tenure track/tenured faculty develop a research and scholarly activity plan and submit that to the associate dean for research and graduate education. This plan provides a launch for discussion and mentoring between the faculty member and the associate dean.

Promotion and tenure expectations for tenure track faculty are included in Policy E-1: Evaluation of Faculty for Annual and Formal Reviews which is available on the CON’s website at http://www.montana.edu/wwwnu/pdf/E1_Archive/E1_AY08_09.pdf. The university’s expectations for promotion and tenure are being revised as a result of the decertification of the collective bargaining agreement for tenure track faculty in spring 2013. As university policies are reviewed and revised, the college policies are also being revised to be more useable and streamlined, to be consistent with college goals, and to be reflective of the university’s revised expectations.

Faculty voted to unionize in spring 2009. There were two contracts negotiated between faculty, one for tenure track (TT) faculty and one for non-tenure track (NTT) faculty. The tenure track faculty voted to decertify the union in spring 2013. There remains a collective bargaining agreement (CBA) between MSU and the nontenure track faculty (http://www.montana.edu/provost/documents/NTT_CBA.pdf). The CBA defines full-time workload for non-tenure track faculty as 15 credits or credit equivalents per semester as defined by the college. Per the new CBA, NTT faculty who do not hold the terminal degree may not be appointed at the rank higher than instructor/clinical instructor, lecturer/clinical lecturer, or senior lecturer/senior clinical lecturer but current faculty were grandfathered into their current rank. College administrators follow this mandated agreement when hiring NTT faculty, making workload assignments, and evaluating them.

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

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

Program Response:

The role of faculty and students in the governance of the College of Nursing is clearly outlined in the bylaws of the CON which is Policy F-1: Faculty Organization of the College of Nursing Bylaws (http://www.montana.edu/wwwnu/pdf/F1.pdf). Faculty, staff, administrators, and students participate in the decision making within the college and the university. The central unit of faculty governance within the college is the Faculty Organization whose major responsibilities are to facilitate the mission of the College of Nursing, enhance communication among the faculty, and to make recommendations to the dean. The faculty has major responsibility for academic affairs and College of Nursing policy. All members of the faculty who are at least .5 full time equivalent (FTE) for a whole year are voting members of the organization; other members may have voice, but no vote.
There are 10 standing committees of the faculty. Students are represented on two of those committees, the Undergraduate Academic Affairs Committee (UAAC) and the Graduate Academic Affairs Committee (GAAC); they have a voice but no vote on those committees. Student input is also sought informally by faculty on issues of relevance to them. Another option that supports students’ voices is the Nursing Student Forum, a student governance structure that provides a mechanism for students to share and obtain feedback on issues of their concern.

Staff have input in governance of the CON through their representative on the Executive Council, a standing committee that is chaired by the dean and comprised of the four campus directors, the Kalispell site coordinator, the associate deans, the president of the faculty organization and four faculty members each elected to represent their campus, and the director of administration and finance. This group provides advice and consultation to the dean, and is empowered to act on behalf of the faculty when the faculty is not available.

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

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

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

“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education, One Dupont Circle, NW, Suite 530, Washington, DC 20036, 202-887-6791.”

“The (baccalaureate degree in nursing/master’s degree in nursing/Doctor of Nursing Practice and/or post-graduate APRN certificate) at (institution) is accredited by the Commission on Collegiate Nursing Education (http://www.aacn.nche.edu/ccne-accreditation).”

Program Response:

The website for the CON is well-developed, easily navigated, and up-to-date and includes information related to program offerings, outcomes, accreditation/approval status, recruitment and admission policies, and degree requirements (http://www.montana.edu/wwwnu/). The undergraduate and graduate student handbooks which are linked from the CON’s website include information on grading. Currently needed updates on the CON’s website are forwarded to the CON’s part-time web coordinator. To assure best practices, CON administrators are in the process of reviewing and revising processes related to website management to assure that it is always current with relevant and needed information.

The MSU website contains information related to tuition and fees and the academic calendar. Administrators in the CON are responsible for maintaining the currency of documents and publications related to the college whether in electronic or paper format for their areas of responsibility. Transcripts of the master’s advanced practice registered nurse (APRN) FNP and FPMHNP specializations clearly specify the role and area of specialization. Information (including the number of clinical learning hours of students) needed so graduates are

\(^1\) Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education (July 2008).

eligible to sit for national certification exams are tracked by the clinical coordinator for each option and housed in a file located in the office the associate dean for research and graduate education.

The assistant to the dean sits on a university wide communications committee. In that capacity, she remains informed on format and standards for college web pages and is able to provide input on future policies and developments related to university communications.

The CON began publishing a new document in 2011 titled *The Bobcat Nurse* which focuses on highlights of the past year in the college, student and faculty accomplishments, and external funding received. This publication is mailed to members of the external community of interest including donors to the CON, clinical partners, policy makers, and many others and is also linked to the CON’s website.

I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student 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 student outcomes. A defined process exists by which policies are regularly reviewed. Policy review occurs and revisions are made as needed.*

**Program Response:**

All university and college policies are published and available on the MSU website; many are included in the university catalogue as well. College of Nursing policies are available on the CON’s website and in student handbooks. Some university and CON policies are congruent with each other and support the mission, goals, and expected student outcomes. When appropriate, university policies are followed so as to avoid duplication and perhaps confusion by students. For example, nursing students are referred to the MSU Conduct Guidelines and Grievance Procedures for Students when filing a grievance.

Some CON policies are unique to nursing due to the rigorous demands of the nursing major or expectations of clinical partners. For example, policies related to admission, criminal background checks, drug screening, or health requirements are different for CON students than university students in general. These unique policies are included on the CON’s webpage and in student handbooks.

College of Nursing policies are developed, reviewed, and revised by nursing faculty and appropriate college administrators and staff. Policy A-1: Policy on Policies of the CON Policies & Procedures Manual states that the processes of formulating, distributing, posting, reviewing, revising and retaining or deleting policies may be initiated by administrators, faculty, or staff within the appropriate CON committees (http://www.montana.edu/wwwnu/pdf/A1.pdf). New policies are to be reviewed after one year and current policies every five years thereafter. Policies are grouped into one of six sections in the CON Policies and Procedures Manual (Section A: Executive Council [EC]; Section C: Undergraduate Academic Affairs Committee [UAAC]; Section D: Graduate Academic Affairs Committee [GAAC]; Section E: Faculty Committees; Section F: Bylaws Committee; Section G: Student Forum Liaison. Members of the Executive Committee have recently determined the number of policies within the CON have become unwieldy. A work group has been charged with reviewing the policy structure to differentiate policies from procedures and to ascertain if some policies should simply be placed in student handbooks and not included in the CON Policies and Procedures Manual.

Recommendations from that group will be forwarded to Executive Council for action.
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, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

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

_Elaboration:_ The budget enables achievement of the program’s mission, goals, and expected outcomes. The budget also supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of qualified faculty and staff. Physical space is sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning) are sufficient to achieve the program’s mission, goals, and expected outcomes.

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

Program Response:

_Fiscal resources:_ Fiscal resources are sufficient to enable the program to fulfill its mission, goals, and expected outcomes. The college receives funding from four major sources: state appropriations, program fees, grants, and MSU Alumni Foundation funds. The dean and the director of administration and finance meet on a monthly basis to assess the adequacy of fiscal resources. The dean is responsible for keeping the provost up-to-date on the financial status of the college. The self-evaluation that the dean prepares for the provost includes a section on adequacy of fiscal resources in the college.

_State Appropriations:_ The university budget is set by the State Legislature and the Board of Regents. The allocation of funds assigned to the university is managed by the MSU Budget Office. This office is responsible for coordinating all aspects of the development, allocation, processing and monitoring of the university’s annual budget, as well as its biennial legislative request. There is a University Budget Council whose mission it is to create, communicate and implement logical and easily understood fiscal processes that lead to fair budgetary guidance or resource allocations that directly support university strategic goals and priorities ([http://www.montana.edu/budgetcouncil/](http://www.montana.edu/budgetcouncil/)). Membership on the Budget Council includes representation of the deans and department chairs among others.

State funds are allocated annually to the colleges through the Office of the Provost and support the instructional and administrative components of the colleges. As MSU has experienced an increase in enrollment, there have been opportunities to acquire additional base dollars for all colleges. A strategic investment proposal process was launched whereby colleges could propose the need for additional funds. This process resulted in the College of Nursing being awarded additional base dollars to support the DNP program and an additional faculty line for the graduate program to support the general overall increase in enrollment in recent years.

Faculty salaries continue to be lower than many would like but are at the level to allow for recruitment of qualified faculty and staff. A goal in MSU Strategic Plan 2012 is that “By 2019, increase the average MSU faculty and administrative salary to at least 80% of the representative peer market average.” In each of the past three years all MSU faculty have received a 2-3% raise and some also received merit raises per a clearly defined university level procedure. Additionally the Provost’s Office was able to give market and equity raises to faculty using Oklahoma State data as a benchmark. Only one College of Nursing faculty had a salary that was lower than the goal of the strategic plan which was used as the internal benchmark for those raises; that person did receive a market raise.

_Program Fees:_ Undergraduate and graduate nursing students pay program fees to support the extra expenses of instruction in nursing such as equipping and maintaining the college skills labs, special needs for
courses, faculty travel related to instruction, and some technical support. These funds come directly to the college. Students also pay university fees that support technology, membership in the student organization, activity fee, sustainability fees and others. The college participates annually in a proposal process for university computer and equipment funds generated by those university fees and has been successful with that process. For example, in the past three years the college has been awarded funds to purchase additional simulation manikins and simulation lab enhancement equipment for each of its five campuses. The college relies heavily on interactive technology and has been fortunate to receive funding via this university process for a replacement interactive video control server and high definition videoconference endpoint, and two interactive video multipoint video conferencing control units and dual monitor high definition conference systems totaling approximately $500,000.

A change in student program fees requires Board of Regents approval; the cycle for that review is every two years. The college brought forth a request to equalize fees across all five campuses during the 2013 regental review process which was approved. This request occurred to reverse a trend of charging students at more distant campuses higher distance delivery fees. This was viewed as no longer equitable or logical and the fees have been adjusted.

Grants: Faculty write grants to support special research projects or programs. Program grants received in the last 5 years have supported, for example, the Caring for Our Own Program (CO-OP) for American Indian students (HRSA; Indian Health Service); the Psychiatric Mental Health Nurse Practitioner Program (HRSA) and the Clinical Nurse Leader Program (HRSA). Each of those grants were for three years except the Indian Health Service grant to support the CO-OP program which was for five years. The total dollars awarded exceeded $1,000,000 for each grant.

The college has not received indirect or facilities and administration (F&A) funds on external grants in the past five years. The university adopted a formula that a college must attain a certain level of external funding before any indirect funds are returned to the college. The CON has not reached that level of external funding to benefit from that resource.

Alumni Foundation: Funds from the Alumni Foundation are generated through gifts to the college and are used primarily for scholarships and discretionary spending by the dean. The college has a major gifts officer who works closely with the dean to support philanthropic giving to the college. The major gifts officer’s salary is paid for by the MSU Alumni Foundation. Prior to 2011, the CON paid 50% of this individual’s salary. Donor gifting has increased to support the dean’s discretionary account so that the balance now exceeds $100,000. Those funds are used, for example, to support student travel to national conferences or meetings such as the AACN Student Policy Summit, faculty travel not funded by state appropriations, or for speakers who travel to the college so all can benefit. New endowments have been established for student scholarships and for student domestic and international service learning trips.

Physical Resources: The College of Nursing has instructional sites (campuses) in five Montana communities: Billings, Bozeman, Great Falls, Kalispell, and Missoula. All instructional sites have classrooms equipped with Smart Podiums and audiovisual connectivity. All sites include faculty offices, student computer areas, simulation learning space, and basic skills laboratories. Space on all but the Bozeman campus is rented and paid for by MSU Facilities Services. The space in Bozeman, Great Falls, and Kalispell is good to excellent, but space on the Billings and Missoula campuses is too small, and in need of improvement. The Billings campus is located on two floors of Apsaruke Hall on the Montana State University-Billings campus. Faculty office space is adequate but the simulation and skills laboratory space is small. Classroom spaces do not accommodate the entire cohort of 40 students. The CON may soon have access to an additional floor of that building as it may be vacated. If that were to happen, funding from private donors would be sought to allow for renovation. On the Missoula campus, the faculty offices, classrooms and the learning laboratory are housed in North Corbin Hall on the campus of the University of Montana. Classroom space is adequate on this campus but simulation and skills lab space is too small. There are ongoing efforts to find different space on or off the campus of the University of Montana. Full-time faculty have private offices on all of the campuses; part-time faculty often share office space.

Each of the campuses has a fully equipped lab for the instruction of basic nursing skills. Additionally each campus has a simulation lab space that is equipped with high fidelity simulation manikins including one Laerdal 3-G SimMan, a Noell simulated birthing manikin, a simbaby, and child simulated manikin (on each campus). The
Great Falls campus was the recipient of a generous private gift to support their simulation laboratory thus that learning space is more elaborate than what is found on other campuses.

Review of the adequacy of space on each of the campuses is ongoing. Especially because space on two of the campuses (Billings and Missoula) is lacking, ideas are frequently forthcoming on ways to attain better space. During the past academic year the campus director and dean collaborated closely with the chief nurse officer of a primary clinical partner in Missoula about the possibility of renting unused but highly desirable space. This was appearing to be a viable plan but changes in the health care environment in that community resulted in the space no longer being available. The dean collaborates on an ongoing basis with the major gifts officer of the college and the associate director of the MSU Alumni Foundation regarding potential donors and fundraising plans to support space renovation or relocation on the Missoula and Billings campuses.

**Clinical Resources**: There are excellent clinical resources available to the College of Nursing at both the undergraduate and graduate levels. In all of the communities where there is a CON campus there is a community hospital and/or a level II regional trauma center. Learning resources in, for example, schools, community health clinics, public health departments, and long term care settings are also abundant. College administrators and faculty collaborate with faculty from other nursing programs in the state to assure learning experiences are available for all students. Meetings are scheduled once to twice a year or more often as needed with leaders from other programs to discuss schedules and assure no overlap. Precepted learning experiences for upper level baccalaureate students are adequate. Review of the adequacy of clinical resources occurs annually as campus directors consult with clinical faculty and also as the dean, accompanied by the campus director, meets with the chief nurse officer at the clinical sites on a semi-annual basis. Clinical coordinators review clinical placements, preceptors, and sites used by graduate students on an on-going basis.

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

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

**Program Response:**

Academic support services are sufficient for students and faculty to meet program objectives. The website [http://www.montana.edu/students/](http://www.montana.edu/students/) provides links for students in the areas of Academic Info, MSU Resources, Uniquely MSU, Communication and Snow Reports. The college enjoys a close collaborative relationship with administrators of the various academic support services on campus. If issues arise, college administrators initiate discussion with the appropriate administrator or administrators to discuss ways to improve services for nursing students. Academic support services are evaluated both formally and informally through discussions with college and university administrators and advisors as well as through annual surveys administered by the university and by the college.

**Library Resources**: Library resources are available to students located on the Bozeman campus and all undergraduate or graduate students at a distance through the Renne Library whose mission it is to facilitate student and faculty success by providing access to information and knowledge. The library supports the university’s commitment to teaching and research through its information resources (most of which are electronic), research assistance to students and faculty, and by providing technology-rich learning and study spaces. Students in need of help locating information resources for assignments or research projects get assistance during live or distance connected meetings with librarians ([http://www.lib.montana.edu/forms/rapreq.php](http://www.lib.montana.edu/forms/rapreq.php)). Much of the MSU nursing and health related collection is on-line and full text, making excellent library resources available across all sites through remote access. Each discipline on campus has its own subject librarian ([http://www.lib.montana.edu/instruction/liaisons.php](http://www.lib.montana.edu/instruction/liaisons.php)). The dean meets annually with the librarian assigned to the college to discuss any potential issues or ways to improve services. This librarian generally makes an annual or
biennial visit to a faculty organization meeting to update faculty on what’s new in the library and answer any questions faculty may have. The college also has a representative on the university library committee.

Besides having distance access to the Renne Library, students at a distance also have access to local institutional libraries such as the Mansfield Library at the University of Montana, MSU-Billings library, Flathead Valley Community College (FVCC) library in Kalispell, and the Great Falls College and University of Great Falls libraries in Great Falls. Librarians at these distant sites are helpful and welcoming to students; some of these libraries house MSU nursing collections. Further, local hospitals welcome CON students into their medical libraries.

**Information Technology Resources:** The Information Technology Center (ITC) is a current, rapidly evolving information technology resource for the university (http://www.montana.edu/it/). It is committed to promoting, developing, delivering and facilitating the use of information technology services and resources in support of the MSU mission. This center is the provider of central information technology (IT) services to the university through the campus data network, information security, the campus telephone system, the university-wide administrative software system, web infrastructure, ITC student computing laboratories, Smart Podiums in campus classrooms, and the campus information technology Help Desk. All nursing faculty whether located in Bozeman or at distant campuses have access to support through the IT Help Desk.

The college IT coordinator serves as the architect, implementer, and manager of the college’s information technology infrastructure which includes video and teleconference resources; server and NAS resources; network transversal connections; lecture capture and delivery resources; faculty/staff computational, security and backup needs; and five (four of them remote) student computer labs. This individual works in a coordinated fashion with other service providers at MSU when planning, installing, using, and supporting videoconferencing. The college IT coordinator also advises and assists faculty and staff on all IT related questions and issues including, but not limited to, advanced technical support for computer hardware, software, peripheral devices, and desktop systems. This coordinator visits the distant campuses at least once a year and more often if necessary to install new equipment and trouble shoot if any of the technology or videoconference equipment is malfunctioning. Besides support from the college IT coordinator, campus directors are encouraged to seek local part-time temporary help to provide IT support as needed. The college IT coordinator reports to the director of administration and finance in the college.

As a result of requests by faculty on the Missoula campus for additional IT support as they deliver the undergraduate curriculum via video conference to the Kalispell site, the college recently added an additional .5 full time equivalent (FTE) technology support person on that campus. This person provides additional support for faculty as the entire undergraduate curriculum is delivered via distance to Kalispell. This part-time person collaborates frequently with the college IT coordinator.

**Distance-education support:** The college relies heavily on the use of distance education to deliver courses. All of the didactic content for the undergraduate curriculum is delivered by distance to Kalispell from the Missoula campus using primarily video conference technology. Certain other undergraduate courses are delivered via video conference and/or the internet to students at various campuses. For example, the didactic component of NRS 238-Health Assessment Across the Lifespan is taught to all sites from Bozeman. Based on faculty availability, other courses are sometimes taught via distance to various campuses. The entire didactic portion of the graduate program continues to be offered using distance technology including teleconference, audio visual conferencing, and the internet.

Support services are available for faculty and students who are teaching and learning using distance technologies both within and beyond the college. As previously described, the college IT coordinator maintains the complex video conferencing system and also provides support for other technical issues that may arise. The video conferencing system between Missoula and Kalispell has been a challenge in recent years with intermittent breaks in coverage. College administrators as well as faculty and students were concerned that these technological issues were compromising the quality of education for the students in Kalispell thus the college made a significant investment and upgraded the video conference system between Missoula and Kalispell. The results have been positive with more reliable and higher quality transmission.
Desire2Learn (D2L) is the online learning platform used by MSU. The MSU Extended University (http://eu.montana.edu/) offers a variety of resources for faculty teaching online or via distance. For example, free workshops and learning opportunities are available including the Teaching Online Program (TOP) which is an introductory program to help faculty be successful when teaching online. Upon completion of that program, faculty can enroll in Teaching Online: The Next Level, a three week more intensive course. MSU does not require faculty participation in these learning opportunities although there are discussions to soon begin doing that. Though not required, many faculty have taken advantage of those learning opportunities to refine their skills at teaching online. In addition to the structured learning opportunities, there are many online tools for faculty to assist them to become skillful at teaching online. Support staff from Extended University are available on an as needed basis.

Research support: MSU is ranked as an institution with “very high research activity” by the Carnegie Foundation for the Advancement of Teaching thus support for the research and scholarly endeavors of faculty and students is a high priority. The Office of Research and Economic Development (http://www.montana.edu/research) is responsible for administering MSU’s research enterprise and oversees the Office of Research Compliance, Office of Sponsored Programs, and the Technology Transfer Office. The integration of learning and discovery is a hallmark of the undergraduate experience at Montana State University which offers every student a hands-on research or creative project experience. The university recently hired a new “star” researcher, Dr. Renee Pera, from Stanford University, to serve as its vice president for research and economic development (VPR).

Faculty have many opportunities for involvement in nursing research or multidisciplinary investigations. For example, the Montana IDEa Network for Biomedical Research Excellent (INBRE) grant offers faculty, undergraduate and graduate students throughout Montana enhanced research opportunities in biomedical sciences and health disparities. Two nursing faculty currently have studies supported by that program. The Center for Native Health Partnerships strives to create an environment to improve Native American health through community-based participatory research, a research method of particular interest to nursing faculty. The new VPR recently called for proposals for innovative grants to advance the research mission of the university with funding of up to $200,000 per year with the potential of two years of funding. Nursing faculty and many others on campus have expressed concern that there is not an individual on campus whose role it is to provide statistical support as they design and analyze studies. A search is now underway for such a full-time person funded by the INBRE grant.

Within the college, tenured and tenure track faculty are mentored by the associate dean for research and graduate education. Dr. Donna Williams is a physiologist who maintains an active lab on campus and has a strong commitment to research and advancing the programs of research of faculty. She provides support through monthly individual meetings with faculty to discuss their research progress, reviewing manuscripts, planning and implementing mock reviews prior to grant submissions, and holding group meetings to facilitate peer review. The college receives funds most years from the VPR’s office to be used as block grant or “seed” grants. College faculty apply for those funds through a formal proposal process administered by the College of Nursing Office of Research and Scholarship (http://www.montana.edu/wwwnu/research/index.php).

Students have the option of accessing support for their research through the Undergraduate Scholars Program (USP) (http://www.montana.edu/usp/) which facilitates, encourages, and supports undergraduate research. These students often serve as research assistants to nursing faculty and are mentored by faculty at the same time.

Admission and advising services: Undergraduate students apply to the university and are classified as pre-nursing students until they apply for upper division (junior) placement. Undergraduate pre-nursing students on the Bozeman campus are advised by college student services staff and some faculty. A majority of students actually complete pre-nursing courses prior to enrollment at MSU thus they are advised wherever they attend. MSU holds ongoing information days for prospective students and their families called MSU Fridays and summer and fall orientation events to assure students launch their MSU experience with needed information and support. College student services staff work closely with students transferring into the college to assure all pre-requisite
requirements are met. Admission processes are policies in the college thus they are reviewed every five years or more often if need be per college policy A-1: Policy on Policies. The process of admission to upper division is administered through the College of Nursing and is described in the Undergraduate Student Handbook (http://www.montana.edu/wwwnu/pdf/UGstudenthandbook13-14AY.pdf) or as guided by policy C-16: Upper Division Placement Policy (http://www.montana.edu/nursing/pdf/C16.pdf). Students apply for upper division placement a year prior to beginning upper division studies to allow for time to make personal plans as the majority of students must relocate to a distant campus. This process of upper division placement was evaluated approximately two years ago. After careful analysis, the Executive Council of the college recommended to the dean, who concurred, that it would be more efficient and advantageous to students if the upper division placement process would occur each semester instead of annually. That process is now in place and is working well. Students are each assigned a nursing advisor as they begin upper division coursework. Orientation meetings and on-line registration are conducted at the beginning of the semester on each campus by campus directors and local campus staff. Advisors utilize the software program DegreeWorks when advising students. Nursing students are asked to evaluate the quality of their advising on an annual basis. The admission process varies somewhat between the traditional and ABSN options. Those differences are clearly communicated on the college’s website (http://www.montana.edu/nursing/academic/prospectivebsn.php) and also during personal advisement with prospective students. ABSN students are admitted through a separate process and matriculate through the college as a cohort. Applicants for that option are interviewed prior to admission.

Graduate students are recommended for admission to the Graduate School by the College of Nursing. Admission requirements for the MN degree (CNL option) are on the website at http://www.montana.edu/wwwnu/academic/mn.php and in Policy D-3: Graduate Program Admissions (http://www.montana.edu/nursing/pdf/D3.pdf). Master’s APRN admission processes were the same as for the CNL applicants; these processes are no longer posted on the college website due to the advent of the DNP program for APRNs and the cessation of the master’s APRN program. Qualified applicants are interviewed by two different faculty, the results of interviews and application materials are scored. Final recommendations to admit or not are made by GAAC to the associate dean for research and graduate education who in turn, recommends applicants for admission to the Graduate School. The associate dean for research and graduate education serves as the temporary academic advisor for all entering graduate students until a permanent academic advisor is identified (during the students’ first fall semester). The permanent academic advisor also serves as the student’s chairperson and acts as a channel of communication within the college. If a permanent advisor is not identified by the end of the first semester, the associate dean will assign a temporary academic advisor to guide the student until a permanent advisor-chair is selected. MSU College of Nursing faculty across the state are available in person, by phone, or by e-mail to guide students through their Program of Study and professional project. Faculty teaching in the graduate program can be accessed during the fall, spring, and summer semesters when school is in session.

The college is committed to supporting American Indian students. About 6% of Montana’s population is American Indian. The goal of the Caring for Our Own Program (CO-OP) in the college is to have 6% of the students in the college be American Indian, thus representative of the state’s population. CO-OP does this through providing intense culturally sensitive advisement, mentoring, and tutoring of American Indian students. CO-OP staff and programs are funded through Indian Health Service and HRSA grants and are committed to helping American Indian nursing students succeed.

II-C. The chief nurse administrator:
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 academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;
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 programs outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response:

Helen Melland, PhD, RN began her tenure as dean of the College of Nursing in August 2009 and is well qualified for this position. She earned a bachelor of science in nursing from Pacific Lutheran University, a Master’s of Science from the University of Portland with a major in nursing education and primary care of the adult, and PhD from the University of Minnesota in Higher Education Administration. With over 35 years in nursing education, Dr. Melland has extensive experience as an educator, researcher, and administrator. Prior to coming to MSU, she was employed at the University of North Dakota for 20 years where she served as a department chair for 12 years, associate dean of the undergraduate program for three years, and interim dean (two different tenures) for a total of four years. She is a graduate of the Harvard Management Development Program (2005), a member of the inaugural class of the AACN Wharton Executive Leadership Program (2012), and a graduate of the HERS Institute for Women in Higher Education Administration (Wellesley College, 2011). Dr. Melland has served the profession in a variety capacities at the state and national levels. She served as a member of the North Dakota Board of Nursing for 8 years which included two years as president. Dr. Melland has been an active researcher in the area of pressure ulcers and wound care and also faculty roles and responsibilities. She was a member of the research team awarded the Sigma Theta Tau International Research Dissemination Award in 1999.

Dr. Melland reports to the provost and vice-president for academic affairs of the university as do all deans. By virtue of her position, she is a member of the MSU Deans Council and the University Council. She is the chief academic and administrative officer of the CON and is responsible for the management of the college’s fiscal resources needed to meet its mission and vision to carry out its strategic plan.

Dr. Melland participates in a variety of nursing and health related boards and activities such as the Gallatin Heart Rescue Board of Directors, the steering committee for the Montana Center to Advance Health Through Nursing (MT-CAHN) – the Robert Wood Johnson Action Coalition, the MT AHEC Board of Directors, and the advisory board of One Montana, a non-profit organization with the mission of bridging the rural-urban divide in MT (MSU presidential appointment).

Dr. Melland does an annual self-evaluation which is submitted in writing to the provost and is also evaluated annually by the college faculty and staff through an anonymous electronic survey. Additionally, the MSU Faculty Senate conducts an electronic survey of each administrator every two to three years. Data from both electronic surveys are shared with the provost who also evaluates the dean annually.

The dean meets at least twice a month on a one-on-one basis with each of the administrators in the college which includes the associate dean for undergraduate education, the associate dean for research and graduate education, the campus directors at each of the campuses, and the director of administration and finance. She travels to each of the distant campus sites at least once per semester. During those visits she meets with the campus faculty collectively, with faculty individually if they so desire, and students. The local campus director and the dean also meet with clinical partners during those visits. In addition to those scheduled distant campus visits, the dean collaborates with faculty on an individual basis on an as needed basis, on the Executive Council which she chairs, and during monthly meetings of the general faculty. Semi-annual two day off-site retreats for the administrative team are also scheduled to address college-wide issues, challenges, and plans.

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

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

Faculty who are nurses hold current RN licensure. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues. Faculty teaching in advanced practice clinical courses meet certification and practice requirements as specified by the relevant regulatory and specialty bodies. Advanced practice nursing tracks 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 number and composition of the faculty, whether full-time or part-time, is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. During the 2012-2013 academic year, the college hired 113 full and part-time faculty which translated into 72.7 full-time equivalents (FTE). Of that number, 53 were full-time (52 faculty; one clinical resource registered nurse [CRRN] and 60 part-time [45 faculty and 15 CRRN’s]). Faculty are not designated as graduate or undergraduate faculty as many teach in both programs. The college appoints four to six graduate student assistants (GTAs) each year. These GTAs assist faculty with skills labs, clinical supervision, or other instructional duties related to education of undergraduate students as is appropriate for a GTA. They have a 10-hour a week work commitment in exchange for a stipend.

During the 2012-2013 academic year, 20 of the faculty held tenure track appointments with 15 of those being tenured. A goal of the college as stated in the strategic plan is to increase the net number of doctorally prepared faculty by four by the year 2016. There has been an increase in the number of college faculty enrolling in doctoral education. Currently there are ten faculty enrolled in doctoral study at a variety of institutions who are candidates for a variety of degrees (DN, PhD, EdD). The college has been able to provide the equivalent of one three-credit course release time per year to faculty pursuing the doctorate.

Full-time equivalency of non-tenure track faculty is clearly defined in the NTT collective bargaining agreement (CBA) which requires faculty workload be no less than 15 credits or credit equivalents per semester (30 credits per year) to be considered full-time. The CBA allows for individual colleges to develop credit equivalency policies and to develop guidelines for service responsibilities. The CON workload guidelines state that 1.5 credit equivalents (ce) is given per credit for faculty teaching in the clinical setting, certain designated college labs, and course coordination at the undergraduate level. The guidelines also speak to credit equivalents given for service in the college with the maximum of 1 ce/year except in unusual circumstances. The tenure track faculty no longer have a collective bargaining agreement thus their workloads are not as prescriptive as for those on the non-tenure track. This has created some confusion and challenges at the university level. Three university work groups are currently addressing issues related to the faculty role including promotion and tenure guidelines, grievance procedures, and annual review processes. For now, tenure track workload is based on 24 credits per year. The workload guidelines in the CON tenure track/tenured faculty are: teaching 60-65%; research 30-35%; and service 5-10%. These percentages can vary depending on whether the faculty member has buyout funding to support research. See Appendix A for the College of Nursing Workload Guidelines.

The Montana State Board of Nursing administrative rules require that all faculty members hold at least a master’s degree in nursing, or be enrolled in a master’s degree program. The number of individuals that can be appointed as faculty while still enrolled in a master’s program is restricted by Board of Nursing Administrative Nursing Education Rules to 2 FTE or 10% of the faculty full-time equivalents (whichever number is greater). These board rules require that faculty members have clinical experience in their field of instruction and that they
report annually the activities they have engaged in to maintain/enhance their practice. The college can hire baccalaureate prepared nurses to serve as clinical resource registered nurses (CRRNs); these individuals can only teach clinicals and must be supervised by a master’s prepared faculty.

The college faculty to student ratio in junior and senior level clinical groups is one to eight; in sophomore courses it is sometimes one to ten, the maximum allowed by Board of Nursing rules. The actual ratio in any one clinical setting may depend on additional variables such as, for example, the size of clinical unit, patient acuity, and patient census. Faculty members are assigned to courses by campus directors based on matching the clinical specialty of the faculty with the focus of the course.

All nursing faculty hold current RN licensure in Montana. Faculty who teach clinical learning experiences in the undergraduate program are experienced in the area that they teach and maintain expertise through ongoing practice or continuing education. Fifty-two faculty are certified in their specialty areas including all faculty who teach clinical in the FNP or FPMHNP options. The clinical coordinator of the family nurse practitioner MN option is American Nurses Credentialing Center (ANCC) certified as a family nurse practitioner and practices part-time at a nurse owned clinic. The coordinator of the family psychiatric mental health nurse practitioner program MN degree option is ANCC certified as a psychiatric mental health nurse practitioner and as a psychiatric mental health clinical nurse specialist. She practices in the area of child and adolescent mental health. One-half of each of the director’s workload is as clinical coordinator of their respective graduate program option.

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

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are: clearly defined; congruent with the mission, goals, and expected student outcomes; and congruent with relevant professional nursing standards and guidelines.

Preceptors have the expertise to support student achievement of expected outcomes. Preceptor performance expectations are clearly communicated to preceptors and are reviewed periodically. The program ensures preceptor performance meets expectations.

Program Response:

Policy C-9: Preceptorship for Required Undergraduate Nursing Courses defines and describes the use of preceptors in the undergraduate program (http://www.montana.edu/wwwnu/pdf/C9.pdf). The faculty is responsible for appropriately utilizing preceptors for educational experiences, selection and training of preceptors, and organizing and evaluating the preceptorship experience. Preceptors should be in a role that legitimately facilitates a student’s ability to successfully achieve the clinical learning objectives. The MT State Board of Nursing requires that clinical preceptors be used to enhance, but not replace, faculty-directed clinical learning experiences and that no more than 20 percent of a student’s total clinical hours in the program be guided by a preceptor. Preceptors of undergraduate students are primarily used for the elective summer internship course and during the senior leadership and management course. In order to serve in the role, potential preceptors must be considered an expert in the role and a good role model by peers and their supervisor, be willing to provide experiences deemed appropriate for the course level, agree to act in this role, agree to engage in orientation, agree to be involved in evaluation of student performance and the course in general, possess organizational knowledge (i.e. agency policy and procedure), identify an interest in teaching, and demonstrate effective communication skills. Those expectations are communicated to those agreeing to serve as preceptors.

Graduate students in the FNP, FPMHNP, and CNL options are provided with a clinical manual that includes a section “Who can be a preceptor?” http://www.montana.edu/wwwnu/pdf/grad/FNP%20Clinical%20Manual%202012-2013.pdf (example from the FNP Clinical Manual). FNP students can be precepted by nationally certified NP’s, nurse midwives, or physician assistants who are licensed in MT and actively practicing, as well as physicians licensed in MT who are practicing. Preceptors for the FPMHNP students must be either nationally certified psychiatric mental health practitioners or nationally certified clinical nurse specialists with at least one year experience and licensed in MT,
or practicing and licensed in MT psychiatrists, or psychologists or mental health counselors who are practicing, are licensed in MT, and have at least one year of clinical practice. Because the role of the CNL is varied, a wide range of providers have the expertise to precept CNL students including clinical nurse leaders, APRN’s, nurse educators, nurse managers, expert clinicians, administrators, or physicians. Each preceptor must hold the appropriate educational preparation and/or certification required of his/her position. All preceptor/student agreements must be approved by the appropriate clinical option coordinator.

Individuals agreeing to serve as preceptors for both undergraduate and graduate students receive a packet that includes a letter outlining their responsibilities and expectations of the experience and also evaluation forms to be completed by the preceptor of the student’s clinical performance. Other packet contents may include course objectives and description, a preceptor data form, a form for the preceptor to evaluate the experience of serving as preceptor, and a courtesy affiliate appointment request form.

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

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

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

Program Response:

Faculty have multiple development opportunities in the areas of teaching, scholarship, service and practice in keeping with the mission and goals of the program and institution, and expected faculty outcomes. At the university level, the Center for Faculty Excellence supports the professional enhancement of all faculty across all career stages in the areas of teaching, research/creative activity, outreach/service, and work/life integration. (http://www.montana.edu/teachlearn/). This center offers multiple faculty development opportunities throughout the year such as an early career mentoring program, brown bag lunches and webinars that focus on topics relevant to the role of the faculty, and mini summer courses. Grants are available to support faculty development opportunities. The Teaching Excellence Action Committee which is housed in the Center for Faculty Excellence is charged with allocating funds to support the development of teaching related projects, supporting assessment and outcomes on campus by sponsoring teaching improvement activities, and supporting attendance at instructional development workshops that provide the potential to impact teaching methods on campus. A nursing faculty member serves on that committee. Faculty can earn a Certificate of Teaching Enhancement that provides evidence of the faculty member’s involvement in activities such as workshops, seminars, training sessions, tutorials that are oriented to the enhancement of teaching. That certificate can be earned after completing 12 units of teaching enhancement activities and submitting documentation of how learning was incorporated into classes taught. The certificate can be included in annual review and promotion and tenure materials as well as in applications for teaching awards.

Even though there are many faculty development opportunities offered on campus, the opportunities for faculty at College of Nursing distant campuses is not equivalent. The college recently received funding from the university to purchase audio visual projection equipment for a room in the student union where many of faculty development events on campus occur so that they can be transmitted in real time to faculty at distance campuses as opposed to viewing archived versions after the fact. This will provide faculty at distant sites significantly improved access to faculty development opportunities.

Both the Provost’s Office and the office of the Vice President for Research and Economic Development support ongoing faculty development by offering grants to support faculty initiatives that focus on, for example,
pedagogy or scholarship. During the fall of 2013, one of the professors in the college was awarded a sabbatical that provided 75% of her salary to support her program of research. This was partially funded by the Provost's office.

The College of Nursing supports faculty development in a variety of ways. The college Faculty Development Committee is charged with advocating for the professional development of faculty. The dean allocates funds to this committee at the beginning of each academic year to support faculty travel to national conferences. The dean has been able to provide $20,000 for each of the last three years to that committee. A policy guides their decision-making as to the allocation of funds (http://www.montana.edu/nursing/pdf/E2.pdf). That committee also plans a faculty development event at the beginning and end of each academic year where faculty gather at one site for one to two days. Usually at least half of this time is devoted to faculty development. The exact format of that development time varies. For example, one year faculty applied to present some of their most innovative teaching strategies. Faculty enjoyed learning from and hearing of their peers’ successes. About every other year an outside speaker presents to faculty. At the May 2013 faculty development meeting, a workshop was conducted by a speaker from Nurse Tim, Inc.; this was well received.

Additionally, the dean’s office supports individual travel to conferences that support the development of the entire college or a specific program in the college, as opposed to the development of an individual faculty member. For example, the dean generally supports one to two faculty to attend the AACN baccalaureate, master’s and doctoral conferences. Faculty are expected to make a report to the entire college upon their return. The dean’s office has also been able to support up to four faculty to attend the AACN Faculty Development Conference for the past three years. The Faculty Organization meets monthly and frequently a component of that meeting focuses on some kind of faculty development often including a speaker external to the college.

Nurse practitioner faculty practice in a variety of settings to maintain clinical currency and retain certification. Several have part-time practices or are employed by agencies. In Great Falls, the college contracts with the University of Great Falls to provide nurse practitioner services to their students. Many faculty who are not required to practice do so especially during the summer months. The Collective Bargaining Agreement is silent on the issue of faculty practice, however, the MT Board of Regents policy allows faculty to consult up to one day per week beyond their college employment and to retain that income. Some choose to be employed less than 100% (often 80%) and then practice approximately one day per week. Individual faculty negotiate these practice arrangements with their campus directors. If a faculty chooses to be employed full-time and practice 20% beyond the full-time college contracted work assignment, there are no alterations in workload assignment in the college; this sometimes becomes a challenge in that faculty who have this practice arrangement are not always as available as would be expected especially for college service activities.

Faculty get a small amount of workload credit for service to the college and university. Professional service is lauded but no workload credit is given for it. Many faculty hold positions on local, regional, and national boards, committees, and task forces. See Appendix A for College of Nursing Workload Guidelines.
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, and with the roles for which the program is preparing its graduates.

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:

The outcomes for the programs (baccalaureate and master’s) are consistent with the mission of the university and of the college. The undergraduate and graduate program outcomes are listed under Standard I, Key Element I-A. These program outcomes for both the undergraduate and graduate levels are reviewed and revised as appropriate every five years as is specified in the College of Nursing Master Evaluation Plan (http://www.montana.edu/wwwmu/pdf/A9.pdf).

All courses in the College of Nursing have clear statements of expected student outcomes that are congruent with the program’s missions and goals, and with the professional nursing standards and guidelines identified in Standard One, Key Element I-A. Statements of expected learning outcomes for each course are published in course syllabi and in the master resource outline (MRO) for each course in both the baccalaureate and the master’s curricula. The MRO includes course credits, course description, course objectives, recommended content and concepts, and suggested learning activities and is used at all campus sites. The MRO for each course is developed by course faculty and then approved by either the Undergraduate Academic Affairs Committee or the Graduate Academic Affairs Committee and next voted on by the entire nursing faculty. During the approval process in the relevant undergraduate or graduate curriculum committee, the course objectives are reviewed to assure they reflect the program’s mission and goals as well as professional standards. The MRO for each course cannot be changed without going through that committee and college faculty approval process (http://www.montana.edu/wwwmu/pdf/C4.pdf). A similar procedure is followed for graduate courses. However, this self-study revealed the absence of a specific policy related to MROs at the graduate level. A policy is under development for the graduate program and should be in place by mid-fall, 2014. All MRO’s for the college can be found on the college website at: http://www.montana.edu/wwwmu/facstaff/mro.htm

The undergraduate program has identified Foundational Objectives which are level objectives that students must meet by the time they complete the junior year. These objectives are:

1. Discuss the philosophy of community-based professional nursing.
2. Investigate the relationship of sciences, arts, and humanities to professional nursing practice.
3. Utilize critical thinking in the clinical decision-making process in providing safe care to clients with a focus on limited, well-defined problems.
4. Explain the relationship of research to professional nursing practice.
5. Discuss rationale for evidence-based nursing interventions used to assist clients with problems that have predictable outcomes.
6. Examine professional values and legal/ethical responsibilities that influence nursing practice.
7. Demonstrate responsibility and accountability for own behavior in learning environments and professional growth.
8. Utilize professional communication skills in interprofessional relationships.
9. Discuss the changes in societal and individual health care needs that influence nursing practice in this ever-changing global environment.
10. Examine roles and responsibilities of professional nursing within the interdisciplinary health care team.
11. Examine knowledge and skills in leadership to provide high quality and efficacious health care.
12. Describe how health care is organized and financed for patient and system

These objectives were last reviewed in 2012 and are reviewed at least every five years per college policy to assure they reflect program objectives and that the junior level course objectives meet these level objectives.

III-B. 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).

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, 2012).

Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

DNP program curricula incorporate professional standards and guidelines as appropriate.

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, 2012).

Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

Elaboration: Each degree/certificate program incorporates professional nursing standards and guidelines relevant to that program, area, role, population focus, or specialty. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

APRN education programs (degree and certificate) (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 has deemed this necessary.

Master’s programs that have a direct care focus but are not APRN education programs (e.g., nursing education and Clinical Nurse Leader), Incorporate graduate level content addressing the APRN core. They are not required to offer this content as three separate courses.

Program Response:
Baccalaureate: The baccalaureate program curriculum incorporates *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008). The college has three mechanisms to assure content, knowledge, and skills required by these essentials are incorporated into the curriculum and that courses remain reflective of professional nursing standards upon which the curriculum was built. It is understood that there will be variations in clinical and classroom learning experiences at each of the campuses, but that curricular consistency, quality, and integrity will be maintained across all campuses. The master resource outline (MRO) contains the official course description, course credits, course objectives, recommended content and concepts, and suggested learning activities and was described in the previous key element. The individual faculty syllabus (IFS) specifies how specific faculty on each campus implements the objectives of the course and is developed by individual faculty after teaching a course for the second time or a newly developed course for the first time. The IFS validates that there is a level of consistency in the method used to teach a course at the different campuses. The IFS is reviewed by UAAC after a course has been taught for the second time. The course syllabus is developed by instructional faculty to provide course detail such as assignments, schedules, course policies etc. Policy C-5: Individual Faculty Syllabi (IFSs) for Undergraduate Courses elaborates on IFSs (http://www.montana.edu/wwwmu/pdf/C5.pdf).

The college applies a concept of community-based professional nursing to the undergraduate curriculum which is derived from its vision, mission, goals, and philosophy. Threads identified throughout the curriculum include critical thinking, communication, self-directed learning, professional socialization, leadership, and evidenced based practice. Foundational and terminal program objectives reflect these concepts and were last reviewed and approved in 2012. Curricular concepts are described in Policy C-13: Community-Based Professional Nursing, Curricular Threads, Foundational Objectives, and Terminal Objectives (http://www.montana.edu/wwwmu/pdf/C13.pdf).

The Undergraduate Academic Affairs Committee undertook a systematic review of the curriculum to assure its consistency after the release of the AACN 2008 Baccalaureate Essentials. To assure integration of essential baccalaureate concepts in the curriculum, all course coordinators were charged with reviewing their courses using the AACN Essentials Integration Grid, a tool developed by members of UAAC. After review of the completed grid, UAAC concluded deficiencies did exist in the curriculum in certain content areas such as genomics, informatics, and interprofessional education. Work groups were then identified to review relevant MRO’s and to report their findings of that review to UAAC. These findings were reviewed by UAAC and then brought to the general faculty. Strategies were identified and implemented to address these concerns including meetings of faculty teaching common concepts across the curriculum to discuss a consistent approach to the integration of these concepts, faculty development opportunities including attendance at national conferences, and the provision of support to one faculty member as she became certified in nursing informatics. There continues to be a need for faculty development in the area of genetics/genomics.

Master’s: The master’s program curricula incorporate professional standards and guidelines. Both the nurse practitioner curricula and the clinical nurse leader curriculum incorporate *The Essential of Master’s Education in Nursing* (AACN, 2011). In addition to the *AACN Master’s Essentials* (2011), the CNL curriculum incorporates the *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (AACN, 2013) and educates an advanced generalist who is prepared in theory and practice to assume leadership positions in meeting the health care needs of individuals, families and communities. The master’s level nurse practitioner options, though no longer admitting students since the advent of the DNP program, still has students completing the MN degree who are prepared to provide care as advanced practice nurses to individuals or families (FNP) or individuals experiencing mental health disorders (FPMHNP) throughout the life span. Beyond the *AACN Master’s Essentials* (2011), the APRN curricula is based on the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012) and the *Population-Focused Nurse Practitioner Competencies* (NONPF, 2013). The two specialty tracks, family psychiatric mental health nurse practitioner (FPMHNP) and family nurse practitioner (FNP), adhere to appropriate national standards for such programs. All the master’s options prepare graduates for the roles for which they are being prepared (FNP, FPMHNP, CNL). The graduate program also uses MRO’s to assure content, knowledge, and skills required by those essentials are incorporated into the curriculum and that courses remain reflective of professional nursing standards upon which it was built. IFSs are not used by the graduate program as the graduate program is not located on specific campuses, rather is
administered from the central campus in Bozeman to students at a distance. Instructional graduate faculty develop their own course syllabi that is reflective of the course MRO to provide course detail such as assignments, schedules, course policies etc. GAAC regularly reviews course syllabi as well to assure that essentials content is covered in all graduate level courses.

The curricula for the master’s APRN and CNL students incorporate core content. FNP students complete the following four one-credit core courses in advanced pharmacology: NRSG 517 – Foundations of Pharmacotherapeutics; NRSG 518 – Pharmacotherapeutics for Infants, Children, and Adults of Childbearing Age; NRSG 519 – Pharmacotherapeutics for Middle Aged Adults; and NRSG 520 – Pharmacotherapeutics for Older Adults. FPMHNPN students complete the foundations pharmacotherapeutics course (NRSG 517) and then take NRSG 529 Psychopharmacotherapeutics Across the Lifespan (3 credits). All APRN students complete NRSG 560 – Advanced Physiology and Pathophysiology (4 credits) and NRSG 550: Advanced Health Assessment (3 credits; 2 lecture and 1 college lab). The master’s APRN curriculum is no longer posted on the web site as students are no longer being admitted to the master’s APRN program since the launch of the DNP program. See Appendices B and C for the program of study for the FNP and FPMHNPN options.

Prior to the advent of the DNP curriculum, CNL students completed NRSG 517 – Foundations of Pharmacotherapeutics (1 credit), NRSG 560 – Advanced Physiology and Pathophysiology (4 credits), and NRSG 550 – Advanced Health Assessment (3 credits; 2 lecture and 1 college lab). As the DNP curriculum was being developed the CNL curriculum was also reviewed and revised to reflect the current standards and program outcomes. CNL students now complete NRSG 511: Pathophysiology/Pharmacology (3 credits) and NRSG 601: Advanced Health Assessment (3 credits; 2 lecture and 1 college lab). The CNL program of study is available in Appendix D and on the following web site (http://www.montana.edu/nursing/pdf/grad/CNL%205%20Semester%20Program%20of%20Study.pdf). Table 1 screens for AACN Master’s Essentials in the FNP, FPMHNPN, and CNL curricula. MRO’s that include the objectives for each of the courses on that table are available at http://www.montana.edu/nursing/facstaff/mro.htm.

<table>
<thead>
<tr>
<th>AACN Masters Essential</th>
<th>FNP Option Course</th>
<th>FPMHNPN Option Course</th>
<th>CNL Option Course</th>
</tr>
</thead>
<tbody>
<tr>
<td>Essential I: Background for Practice from Sciences and Humanities</td>
<td>NRSG 560: Advanced Physiology and Pathophysiology</td>
<td>NRSG 560: Advanced Physiology and Pathophysiology</td>
<td>511 Pathophys/Pharm</td>
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<tr>
<td>Essential II: Organizational and Systems Leadership</td>
<td>NRSG 552: Administration and Organization of Health Care Systems</td>
<td>NRSG 565 Principles of Population-Based Health</td>
<td>611 Program Planning and Eval, Outcomes, &amp; QI (required)</td>
</tr>
<tr>
<td>Essential III: Quality Improvement and Safety</td>
<td>NRSG 552: Administration and Organization of Health Care Systems</td>
<td>NRSG 565 Principles of Population-Based Health</td>
<td>611 Program Planning and Eval, Outcomes, &amp; QI (required)</td>
</tr>
<tr>
<td>Essential IV: Translating and Integrating Scholarship into Practice</td>
<td>N521 Theory and Research in Nursing</td>
<td>N521 Theory and Research in Nursing</td>
<td>604 Evidence-based Practice I (required)</td>
</tr>
<tr>
<td>Essential V: Informatics and Healthcare Technologies</td>
<td>NRSG 565 Principles of Population-Based Health</td>
<td>NRSG 565 Principles of Population-Based Health</td>
<td>611 Program Planning and Eval, Outcomes, &amp; QI</td>
</tr>
<tr>
<td>Essential VI: Health Policy and Advocacy</td>
<td>NRSG 565 Principles of Population-Based Health</td>
<td>NRSG 565 Principles of Population-Based Health</td>
<td>612 Ethics, Law, and Policy</td>
</tr>
</tbody>
</table>
III-C. The curriculum is logically structured to achieve expected student outcomes. Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. Master's curricula build on a foundation comparable to baccalaureate level nursing knowledge. DNP curricula build on a baccalaureate and/or master's foundation, depending on the level of entry of the student. Post-graduate APRN certificate programs build on graduate level nursing competencies and knowledge base.

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

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

DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

Program Response:
The BSN program builds upon a foundation of the arts, sciences, and humanities. A requirement of all baccalaureate students graduating from any school in the Montana University System (MUS) is completion of the CORE 2.0 curriculum (http://www.montana.edu/core2/). This curriculum is designed to enhance students' intellectual experience in all realms of academia, with the express goal of providing students with a broad exposure to and knowledge of multiple and varied methods of scholarship. The CORE 2.0 curriculum consists of required classes that focus on clear verbal and written expression(s) of critical analysis and evaluation of academic fields of study at the heart of human intellectual and artistic inquiry and achievement. Completion of the CORE 2.0 curriculum requirements will introduce students to the theories, methods, and foundations of these academic fields, enable them to critically evaluate information in these subjects, and teach them to present their knowledge clearly in both verbal and written form. Specific CORE 2.0 requirements include:
- Foundation courses: university seminar, college writing, quantitative reasoning, diversity, and contemporary issues in science;
- Ways of knowing: rational and student learning outcomes – arts, humanities, natural sciences, and social sciences (one three-credit course in each area);
- Research and creative experience course: one three-credit course.

In addition to CORE 2.0 requirement, all BSN students must complete pre-requisite non-nursing courses and sophomore nursing courses prior to beginning the upper division (junior year) of the curriculum. Nursing students complete 30 credits in the natural and social sciences including human development across the lifespan, introduction to psychology and sociology, general chemistry, human anatomy and physiology, organic and biochemistry and microbiology. Students must complete all pre-requisite courses with a “C” or better to progress to the upper division nursing courses.

Nursing courses build on and integrate content and knowledge from the CORE 2.0 foundation that students bring to the nursing curriculum. Baccalaureate program objective two states: “Synthesize theoretical and empirical knowledge from nursing, the sciences, the arts and the humanities to practice safe and effective professional nursing across the lifespan.” The nursing curriculum is logically organized and builds from simple at the sophomore level, to complex at the junior level, to care for individuals, families, and communities at the senior level. The curricular threads are woven throughout the curriculum with students being expected to demonstrate increasing abilities to integrate those threads into their practice as they advance.

The nursing curriculum for the ABSN option is identical to that which traditional students complete. They must also complete the same pre-requisite courses but are exempt from CORE 2.0 requirements because they already have a baccalaureate degree. The number of hours assigned for clinical learning experiences is the same as for traditional students. The only variation is that ABSN students complete the nursing curriculum in four academic terms (summer, fall, spring, summer) as opposed to the five academic term schedule traditional students follow with summers off.

An option is available for licensed practical nurses (LPN’s) to obtain advanced placement in the baccalaureate curriculum. They can waive four credits of the curriculum (NRSG 115: Nursing as a Profession and NRSG 220: Foundations of Ethical Nursing) and challenge 11 credits (NRSG 225: Foundations for Planning and Providing Clinical Nursing Care; NRSG 238: Health Assessment Across the Lifespan and NRSG 258: Principles of Pathophysiology). They can also enroll in those 11 credits. The LPN students must complete the CORE 2.0 curriculum and nursing curriculum pre-requisite courses (http://www.montana.edu/wwwnu/pdf/C11.pdf).

Master's: The master’s curriculum is based on foundations of baccalaureate nursing education. Requirements for admission to the graduate program include a BSN degree from an accredited program, RN licensure, and successful completion of undergraduate courses in research, statistics (including inferential content), physical assessment, and community health. Applicants to the FPMHN option must have an undergraduate course in mental health nursing.

The core courses build on baccalaureate pharmacology, health assessment across the lifespan, and pathophysiology. These courses lead to specialty courses with specific prerequisites when applicable. The FNP and FPMHN options have the common courses of NRSG 521: Theory and Research in Nursing; NURS 531: Rural Health Nursing; NRSG 555: Concepts of Family Care; and NRSG 565: Principles of Population-Based Health. These courses build on baccalaureate courses in research, statistics, population based care, community health, and family health courses. All degree seeking students have the choice of completing a thesis or a professional project.

Students in the FNP and FPMHN options also complete 24 credits of primary care courses specific to their area of specialization. The FNP and FPMHN options require clinical practice hours in excess of those required for eligibility for certification. In addition to the Foundations in Pharmacotherapeutics course, FNP students take 3 one-credit pharmacotherapeutics courses that focus on various aged groups (infants, children, childbearing age; middle age; elderly). Students in the FPMHN option take a three credit psychopharmacotherapeutics across the life span course.

The focus of the Clinical Nurse Leader (CNL) master’s degree is to prepare graduates with advanced leadership skills to be applied in the healthcare delivery system across a wide range of settings. Functions of the
CNL include client advocacy, team manager, information manager, outcomes manager, systems analyst/risk anticipator, educator, and active professional. The curriculum is built to prepare graduates to fulfill those functions.

**Certificate in Nursing Education:** The Certificate in Nursing Education program consists of four theory courses (total of 10 credits) that prepare students for careers in nursing education. These courses are open to all graduate nursing students and also to nurses with at least a BSN who are interested in taking such coursework for personal enrichment or professional advancement.

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

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

**Program Response:**

Faculty at both the undergraduate and graduate levels are committed to providing a challenging yet supportive learning environment to facilitate students’ achievements of expected learning outcomes. In the classroom, faculty have moved away from relying solely on traditional lecture approaches to more interactive approaches including, for example, seminars, case studies, and role play. Clinical laboratory experiences occur on each of the five campuses in traditional skills lab settings or in simulation labs using high fidelity manikins. The college has committed .5 of a faculty full-time equivalent on each of the five campuses to support simulation and skills lab learning. Simulation learning experiences are planned strategically to meet objectives identified in the course MRO's. Debriefing is implemented post-simulation and understood to be a critical element to student learning. Live patient actors are also used to create low fidelity simulated learning experiences.

All courses are enhanced by the learning management system Desire to Learn (D2L). Certain undergraduate courses (NRSG115 – Nursing as Profession; NRSG 220 – Foundations of Ethical Nursing; NRSG 258 – Health Assessment Across the Lifespan [theory only]) are taught wholly online using that system. The didactic portion of each the graduate courses is taught using distance technology including the internet via D2L, audiovisual connections, JABBER (remote desktop audio-video conferencing), or teleconferencing. Students in the graduate program meet face-to-face at the beginning of the school year for a two to three day “intensive” which, for first year students, includes orientation to the graduate program and the university. Faculty are creative as they teach using distance technologies using a variety of strategies. Two nursing faculty in the past four years have won the university’s “Outstanding Online Teaching” award and one faculty recently earned an Educator’s Certificate in Health Care Informatics from the University of Colorado – Denver School of Nursing. The university provides excellent support to faculty who teach online as well as professional development opportunities to strengthen their skills.

The college identified the need to offer more elective courses in its strategic plan. A three credit summer internship course for undergraduate students has been offered for many years. This internship course is offered to students after completion of at least the first semester junior level nursing courses by providing an experience in clinical agencies, including those not regularly utilized for student experiences. Students have an opportunity to apply the nursing process in a variety of settings and within a variety of philosophies/models of care. Faculty provide oversight and supervision of the students electing this experience. Additionally, a course on complementary therapies is offered and a new critical care course was recently approved and will be offered for the first time in fall 2014. Elective courses can be offered twice as a special topics course before being assigned a permanent number.

The college has also begun offering the opportunity for students to participate in domestic or international off-campus service-learning experiences. Junior students on the Bozeman campus travel to an Indian reservation for a one week experience living in that setting while providing primary care to American Indian children. The same course objectives must be met by these students as those on other campuses but the teaching learning environment is significantly different. Undergraduate students on all campuses and graduate students have the
opportunity to travel to Ecuador or the Dominican Republic with faculty to provide primary care and public health services for two weeks. This experience counts for some of the clinical hours required in NRSG 477: Population Based Nursing Care in the Community course for the undergraduate students and for primary care clinical hours for the FNP students.

All clinical and lab courses in the undergraduate program have a designated course coordinator who is the instructor of record for a course. This responsibility is assigned by the campus director. The course coordinator assures learning experiences are planned in accordance with the course MROs and the individual faculty syllabus (IFS), coordinates the use of clinical resources with other faculty, is a point person for student or faculty course concerns that may arise, and coordinates the course, student, and clinical setting evaluations (http://www.montana.edu/nursing/pdf/A5-8-Course%20Coordinator.pdf).

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

Elaboration: To prepare students for a practice profession, each track in each degree program and postgraduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Program Response:
The college has contracts with 85 clinical learning sites which provide opportunities for undergraduate and graduate students to integrate new knowledge and demonstrate attainment of course and program objectives. Clinical contracts are reviewed by MSU Legal Counsel and are reviewed at least every five years or more often as needed. Letters of agreement are used when only a very few students are participating in a clinical learning experience such as for the summer elective senior internship course. These agreements are good for only one year. Learning sites have a wide geographic range across the state of Montana and include acute care settings, homes, schools, community care agencies, primary care clinics, public health departments, Indian reservations, and industry. Montana is a geographically large state and students are sometimes required to travel long distances for certain clinical experiences. The Montana Area Health Education Consortium (AHEC) often provides some financial support to students for that travel. As stated in the previous key element, international learning experiences are available for undergraduate and graduate students.

Clinical learning experiences for both undergraduate and graduate students are designed to meet course and program objectives. Clinical sites are chosen as to their fit with the curriculum, and agency characteristics such as population served, geographic location, and availability of qualified personnel to serve as preceptors or mentors for students. As previously described, the course and learning objectives in the MROs and IFSs (undergraduate program only) are reviewed periodically by either the undergraduate or graduate academic affairs committee to assure consistency with program terminal objectives. Clinical experiences are designed to meet those course objectives. Undergraduate students complete 1035 clock hours of clinical learning experiences. Graduate master's APRN students (FNP and FPMMHN) complete 675 hours. CNL students have 450 hours of faculty supervised clinical practicum including 360 hours in an immersion experience.

The process of orienting students to clinical agencies has become more complex as the agencies become more heavily regulated and with the advent of electronic medical records. Attendance at orientation is now a requirement of all students. Policy #C-7: Student Attendance at Clinical and Laboratory Orientation (http://www.montana.edu/wwwnu/pdf/C7.pdf) clearly outlines expectations of attendance and implications if a student must be absent.

The Montana State Board of Nursing does not allow the student faculty ratio in undergraduate clinical experiences to exceed 10:1. Generally the ratio for undergraduate clinical learning is 8:1 in upper division courses. Students at the senior level in the NRSG 487: Nursing Leadership and Management Development course are
supervised by faculty but also work closely with assigned preceptors. Faculty evaluate student performance in clinical often with input from agency staff and in the case of NRSU 487, from preceptors.

The clinical experiences for the APRN (FNP and FPMHNP) students are planned and implemented by their respective clinical coordinators. The faculty in these positions must be nationally certified in their respective area of advanced practice and licensed as an APRN in the state of Montana with full prescriptive authority and have a minimum of two years APRN practice experience. The coordinators of the APRN students are responsible for networking with professional colleagues to maintain a positive relationship with Montana health care practitioners and to facilitate and coordinate clinical placements for incoming and continuing APRN students. The APRN coordinators are expected to maintain a clinical practice. As outlined in the Master Evaluation Plan, these clinical coordinators assure that all evaluations from preceptors, clinical supervisors and students for the clinical course work are completed and reviewed by the associate dean for research and graduate education. Issues are addressed and improvements made as indicated. (http://www.montana.edu/nursing/pdf/A5-10-Program%20Coordinator.pdf).

Graduate faculty evaluate the clinical performance of each assigned graduate student. On-site visits are made to all clinical sites at least twice per semester for students enrolled in the first primary care clinical course, and once per semester for students enrolled in second, third, and fourth primary care clinical courses. More frequent visits are made by faculty in any of those courses if necessary. Policy D6: Clinical Site Visits and Performance in Required Graduate Clinical Nursing Courses (http://www.montana.edu/wwwmu/pdf/D6.pdf) elaborates on the evaluation of clinical performance of graduate students. Preceptors evaluate students and share those evaluations with course faculty. This input is considered by the faculty, but faculty ultimately grade the students. Graduate students for the CNL option and both the APRN options are provided a clinical manual specific for their area of specialization. Links to those manuals are available on the following website: (http://www.montana.edu/wwwmu/student/graduate.php).

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

Elaboration: The curriculum and teaching-learning practices (e.g., use of distance technology, didactic activities, and simulation) are appropriate to the student population (e.g., adult learners, second language students, students in a post-graduate APRN certificate program) and consider the needs of the program-identified community of interest.

Program Response:

The community of interest was defined in Standard I, Key Element I-B. Strong collaborative relationships have evolved over the years between the college and its clinical partners. The nurse leaders at those agencies eagerly welcome students and hire many graduates of the college. This relationship is evidenced by the amount of student scholarship support that is provided by some of our partners. An example of that support occurred this year when Benefis Health System surprised each of the 16 ABSN option students studying on the Great Falls campus with a $2,000 scholarship. A hospital in Billings pays for part of the salary of a faculty member who teaches students in that facility.

Even though Montana is large geographically, it has a low population base thus it is easy to get to know and collaborate with nurse leaders in the state. Leaders in the Robert Wood Johnson Action Coalition, MT-CAHN, have encouraged the college to develop an RN – MN program. As a result of that collaborative relationship, an initiative is underway to develop such a curriculum. The Montana State Board of Nursing is apprised of all proposed changes in the baccalaureate curriculum, progress toward goals, changes in policies, faculty, and clinical agencies through the annual report required by the Board.

The program outcomes are also consistent with the needs and expectations of the community of interest. For example, even though the ABSN option is not a new program, it represented a substantive change in the programmatic offerings in the college. This change occurred as a result of the responses to an interest survey that indicated a strong interest in and need for such a program among potential students. The options available at the master’s level, including the certificate programs, have been developed following assessment of the stated needs of the health care industry and potential students, and the resources and needs of the nursing education
community in rural Montana and the west. At the graduate level, the development of the family psychiatric mental health nurse practitioner option occurred in response to a request for more primary care mental health providers in the state.

The dean’s advisory council meets twice a year. Most meetings occur on the Bozeman campus, but to meet the needs of many cabinet members who live a long distance from Bozeman, occasionally a meeting is done using the video conferencing network. Members then only need to travel to the closest campus site and can be connected to the meeting electronically. Their input regarding curricular issues, college priorities, and potential donors to the college is valuable.

Internally, faculty have opportunities to provide input as curricular and programmatic decisions are made. A representative from each campus sits on UAAC and GAAC. Students also sit on those academic committees. College faculty collaborate with faculty from other disciplines on campus with the goal of increasing the amount of interprofessional educational efforts. An example of one collaboration is between the industrial engineering faculty and college faculty who teach CNL students. Systems issues are addressed from a nursing perspective as well as an engineering perspective as students sit together in cross-listed courses and collaborate on solving complex problems.

Being that Montana is such a geographically large and rural state, the multi-campus structure of the college meets the need of current and prospective students. The didactic component of the graduate program has been delivered by distance for many years and meets the needs of many students who are place bound due to family and career responsibilities. In spite of the fact that graduate students are located broadly around the state and beyond, clinical faculty are able to travel to students’ precepted clinical sites to assure the quality of the learning experiences and to evaluate student learning. Undergraduate students have the opportunity to rank their five choices for upper division placement and every effort is made to accommodate their desires, within established policies. These requests are often based on personal needs such as where their family resides.

III-G. 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:

While the college has multiple campuses and a large variety of clinical resources are used for student learning, the faculty support one approach to evaluation. All course syllabi describe the method of evaluation including the strategy to be used to evaluate student achievement, dates of evaluation procedures such as exams, and the weight of the evaluation. Acceptable performance in undergraduate nursing courses requires students earn a grade of “C” or better which is translated to a 70% or higher. Students must achieve a passing grade in both the didactic and clinical or college laboratory section of a course to pass the course in both the undergraduate and graduate programs.

Student achievement of didactic objectives occurs most commonly via written examinations, written assignments, and classroom presentations. Faculty are generally prompt in their feedback to students on written assignments, most commonly within a week. Many faculty post exam grades on the course D2L website. Faculty do item analysis of their exams thus providing them feedback as to the quality of exam questions. Exam items that demonstrate poor quality as a result of that analysis are often deleted or revised.

Evaluation of clinical performance occurs throughout the academic term with students being provided formative feedback on an ongoing basis. Students are apprised of the status of their clinical performance (S or U) during a mid-term evaluation and given the opportunity during the time between the mid-term evaluation and the
final evaluation to demonstrate achievement of all clinical objectives. The final clinical evaluation in the course in
the undergraduate program is conducted by the faculty member and presented to the student after theoretical
content has been presented and learning experiences related to clinical application have been completed.
Unsatisfactory completion of required nursing courses with a clinical component in two different semesters
prohibits continuation in the nursing curriculum. Students who wish to seek reinstatement in the nursing program
may file an appeal for review by the college Scholastic Appeals Committee (http://www.montana.edu/nursing/pdf/A8.pdf). Students are informed of these policies related to evaluation and
academic progression in the Undergraduate Student Handbook.

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

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

Program Response:
The curriculum and teaching-learning practices in both the undergraduate and graduate programs are evaluated at
regularly scheduled intervals. The Undergraduate Academic Affairs Committee (UAAC) has overall
responsibility for the baccalaureate curriculum and the Graduate Academic Affairs Committee (GAAC) has
overall responsibility for the master’s curriculum. The curriculum is evaluated at the course level, overall
curriculum level and the program level.

Faculty review their courses at the end of each academic term as they review student outcomes in the
course. Students anonymously evaluate all courses through a clearly defined university process. Faculty receive
student feedback after courses are completed and grades are submitted. Other teaching learning evaluation
practices include campus director evaluations, evaluation of distance delivery technologies by students and
faculty, preceptor evaluations for those courses using preceptors, and evaluation of clinical sites as faculty meet
with agency personnel. Both UAAC and GAAC review the master resource outlines (MROs) for each course in
the curriculum at least every three years or more often as needed. As previously described, UAAC also reviews
the IFS for any new course and at the end of the second semester that a new faculty teaches a course. The
outcomes of these reviews are shared with college faculty at general faculty meetings or retreats. The course
faculty on all campuses have been charged by UAAC to meet once per semester over the video network as course
groups to discuss strategies, challenges, successes and other course issues occurring on each of the campuses.
With five campus locations, it has been found that these meetings must be intentionally planned as faculty who
live far apart from one another do not tend to meet spontaneously like they often do when all faculty are teaching
in the same location.

At the curriculum level, faculty members have initiated level meetings that often occur at the beginning or
end-of-the-year meetings when faculty gather at one location. The discussions at these meetings focus on
consistency of application of the course MRO’s, gaps and overlaps of content or learning experiences, and sharing
of innovative teaching strategies. The graduate faculty meet for a full-day retreat annually to discuss, for example,
curriculum, scholarly projects, and new technologies in distance education.

At the programmatic level, the college evaluates the curriculum through the use of surveys of alumni,
regularly scheduled meetings with clinical partners, NCLEX-RN® and certification exam outcome rates,
completion rates, discussions with the dean’s advisory council, and the university administered senior satisfaction
survey. Key Element III-B describes the process that was undertaken after the release of the AACN 2008
Baccalaureate Essentials to systematically review the curriculum to assure its consistency with those essentials.
Programmatic evaluation is discussed more fully under Standard IV.
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 uses a systematic process to obtain relevant data to determine program effectiveness. The process:
is written, 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; and other program outcomes);
identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;
includes timelines for collection, review of expected and actual outcomes, and analysis; and
is periodically reviewed and revised as appropriate.

Program Response:
In order to ensure program quality, every program at MSU is reviewed on a regularly scheduled basis per Board of Regents policy. The provost consults with the college deans to make decisions about whether internal or external reviewers will be used for the departmental reviews for each year. External reviews are conducted by a team of two or three disciplinary experts from other institutions, who may be assisted by an MSU faculty member from a closely related field. Internal reviews are conducted by a team of two or three MSU faculty selected from related fields. Deans work with the provost to identify appropriate reviewers. Departments must prepare self-studies in advance of reviews and the teams are asked to submit final reports within a few weeks of completing their visits. The next review for the College of Nursing will be in the 2018-2019 academic year.

Policy A9: Master Evaluation Plan (MEP) (http://www.montana.edu/wwwnu/pdf/A9.pdf) provides the structure for the systematic internal college process used to determine program effectiveness. This plan coordinates the evaluation of all program components and guides the college analysis, dissemination and utilization of the outcomes of evaluation. At the beginning of every academic year the dean and the president of the Faculty Organization meet to identify tasks to be completed by the standing committees in the college as outlined in the MEP. At the end of the year, the president of the Faculty Organization is to assure mandated evaluations have been completed, results summarized and reports filed.

The MEP is structured around the four CCNE accreditation standards: Mission and Governance, Institutional Commitment and Resources, Curriculum and Teaching-Learning Practices, and Program Effectiveness. The MEP was last updated in spring 2014 and reflects the 2013 Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (AACN). Table 2 shows the template of the MEP:

<table>
<thead>
<tr>
<th>TABLE 2: Template of Master Evaluation Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCNE STANDARD:</td>
</tr>
<tr>
<td>Key Element</td>
</tr>
</tbody>
</table>

The MEP is a policy in the college thus it is reviewed every 5 years or more often if needed. Assessment of program outcomes data (completion, licensure, certification, assessment, employment rates) is included in the plan in the appropriate accreditation standard.

IV-B. Program completion rates demonstrate program effectiveness.
Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program:

The completion rate for each of the three most recent calendar years is provided. The program specifies the entry point and defines the time period to completion. The program describes the formula it uses to calculate the completion rate. The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher 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.

A program with a completion rate less than 70% for the most recent calendar year provides a written explanation/analysis with documentation for the variance.

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

Program Response:
The completion rate for the traditional BSN program (not accelerated) is defined as the percent of traditional nursing majors who complete the program in four consecutive semesters of upper division coursework (on-time) beginning with the first semester of upper division (junior 1 semester) and ending with the semester they were scheduled to complete the program (graduate). For the ABSN option, the completion rate is defined as the percent of ABSN students who begin the option in mid-May of one year and complete the option the beginning of August the following year. The calculation of the completion rates is based on the following formula: number of students who completed the program on time per the above definition divided by the number who started in the described timeframe multiplied by 100 (e.g. 90 students completed a program on time and 100 started in the described timeframe = .9 X100 = 90% completion rate). Table 3 shows the undergraduate completion rates for traditional and ABSN students for the past three years. The first ABSN class graduated in 2012, thus there is no data for 2011.

<table>
<thead>
<tr>
<th>TABLE 3: Undergraduate Student Completion Rates 2011-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Traditional Student Completion Rate</strong></td>
</tr>
<tr>
<td>2011: 88.6%</td>
</tr>
<tr>
<td>2012: 85.34%</td>
</tr>
<tr>
<td>2013: 91.1%</td>
</tr>
<tr>
<td><strong>ABSN Student Completion Rate</strong></td>
</tr>
<tr>
<td>2011: 100%</td>
</tr>
<tr>
<td>2012: 96.8%</td>
</tr>
</tbody>
</table>

For both APRN options students have the option to select a two year or four year (FNP) or two or three year (FPMHNP) program of study. Students have the option of selecting to progress through the CNL curriculum in 1 ½ or 2 ½ years. The completion rate (%) is calculated as the number of students who completed the curriculum in the maximum allowed time for each option (CNL = 2 1/2, FNP = 4, and FPMHNP = 3 years) divided by the number of students who started in the described timeframe multiplied by 100. Table 4 shows the graduate student completion rates for the past three years.

<table>
<thead>
<tr>
<th>TABLE 4: Graduate Student Completion Rates 2011-2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CNL</strong></td>
</tr>
<tr>
<td>2011: 80.0%</td>
</tr>
<tr>
<td>2012: 44.4%</td>
</tr>
<tr>
<td>2013: 66.7%</td>
</tr>
<tr>
<td><strong>FNP</strong></td>
</tr>
<tr>
<td>2011: 69.2%</td>
</tr>
<tr>
<td>2012: 100%</td>
</tr>
<tr>
<td>2013: 100%</td>
</tr>
<tr>
<td><strong>FPMHNP</strong></td>
</tr>
<tr>
<td>2011: 100%</td>
</tr>
<tr>
<td>2012: 100%</td>
</tr>
<tr>
<td>2013: 100%</td>
</tr>
</tbody>
</table>
As is evident in table 3, the completion rate for the baccalaureate program was above 70% in each calendar year. For the master's degree program, the overall average completion rate was 84.5% and in the most recent calendar year the average completion rate was 88.9%. In general, students in both programs complete on time except for those who experience personal crisis such as personal or family illness or other devastating life circumstances.

IV-C. Licensure and certification pass rates demonstrate program effectiveness.

Elaboration: The pre-licensure program demonstrates achievement of required program outcomes regarding licensure.

The NCLEX-RN® pass rate for each campus/site and track is provided for each of the three most recent calendar years. 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. However, if the NCLEX-RN® pass rate for any campus/site and track is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that campus/site or track is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that campus/site or track is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A campus/site or track with an NCLEX-RN® pass rate of less than 80% for first-time takers for the most recent calendar year provides a written explanation/analysis with documentation for the variance and a plan to meet the 80% NCLEX-RN® pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, data relative to specific campuses/sites or tracks, and data on repeat takers.

The graduate program demonstrates achievement of required program outcomes regarding certification. Certification results are obtained and reported in the aggregate for those graduates taking each examination, even when national certification is not required to practice in a particular state.

Data are provided regarding the number of graduates and the number of graduates taking each certification examination. The certification pass rate for each examination for which the program prepares graduates is provided for each of the three most recent calendar years. The certification pass rate for each examination is 80% or higher for first-time takers for the most recent calendar year. However, if the pass rate for any certification examination is less than 80% for first-time takers for the most recent calendar year, (1) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) for the most recent calendar year, (2) the pass rate for that certification examination is 80% or higher for first-time takers when the annual pass rates for the three most recent calendar years are averaged, or (3) the pass rate for that certification examination is 80% or higher for all takers (first-time and repeat) when the annual pass rates for the three most recent calendar years are averaged.

A program with a pass rate of less than 80% for any certification examination for the most recent calendar year provides a written explanation/analysis for the variance and a plan to meet the 80% certification pass rate for first-time takers. The explanation may include trend data, information about numbers of test takers, and data on repeat takers.

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

Program Response:

NCLEX-RN® pass rates are obtained from the Montana State Board of Nursing for students who write the exam in Montana, and Mountain Measurement, Inc., Pearson VUE and The National Council of State Boards of
Nursing (NCSBN) for all students. Mountain Measurement provides results twice a year and provides detailed performance data based on the NCLEX-RN® Test Plan. Because the college has one program code with the National Council of State Board of Nursing (NCSBN) used by students as they register for the NCLEX-RN®, passing rate data is reported in aggregate and it is not possible to sort results by campus site. There is some self-reporting of NCLEX-RN® results by graduates to faculty and campus directors, but it is not complete and not verifiable. With no individual results, it is also difficult to analyze the results in terms of teaching strategies used by different faculty, clinical resources in different campus communities, or other data. Table 5 shows the first time NCLEX-RN® pass rates for the past three years as reported by the NCSBN to the Montana State Board of Nursing. Pass rates are above 80% for each of the past three calendar years. The program is unable to track those who do not pass as to their success on future attempts as that data is not reported by the NCSBN. Some anecdotal data is available as to those results but again not verifiable.

<table>
<thead>
<tr>
<th>Year</th>
<th>#Students Taking NCLEX-RN® for 1st Time</th>
<th>NCLEX-RN® Pass Rate for 1st Time Test Takers</th>
<th>NCLEX-RN® Pass Rate for All Test Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>214</td>
<td>91.12%</td>
<td>Unknown</td>
</tr>
<tr>
<td>2012</td>
<td>189</td>
<td>92.59%</td>
<td>Unknown</td>
</tr>
<tr>
<td>2011</td>
<td>162</td>
<td>89.51%</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

APRN graduates write the American Academy of Nurse Practitioners (ANPP) or the American Nurses Credentialing Center (ANCC) certification exam. CNL graduates write the Commission on Nurse Certification exam. Pass rates are reported by the graduates themselves and by the certification organization. Only aggregate data are provided to the school and when the number of graduates is very small, it is difficult to get results from the certifying organization. Table 6 shows the certification results for the past three years.

<table>
<thead>
<tr>
<th>Year</th>
<th>Certification Exam (by population focus area)</th>
<th>Number of Students Taking Exam</th>
<th>Certification Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>FNP</td>
<td>13</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>FPMHNP</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>CNL</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>FNP</td>
<td>18</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>FPMHNP</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>CNL</td>
<td>5</td>
<td>40%</td>
</tr>
<tr>
<td>2013</td>
<td>FNP</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>FPMHNP</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>CNL</td>
<td>1</td>
<td>100%</td>
</tr>
</tbody>
</table>

The certification pass rates are greater than 80% for each of the master’s options for 2013, the most recent calendar year. The pass rate in the CNL option did drop below 80% in 2012. These were the first graduates of that option to ever fail that exam out of a total of 27 graduates. They all passed on their second attempt. In response to those failures, a task force was convened to examine the curriculum, learning experiences, teaching strategies, and any other variables that may have been significant. The outcome was a modification in the CNL curriculum which was then approved by GAAC and the general faculty.

IV-D. Employment rates demonstrate program effectiveness.
Elaboration: The program demonstrates achievement of required outcomes regarding employment rates. The employment rate is collected separately for each degree program (baccalaureate, master’s, and DNP) and post-graduate APRN certificate program. Data are collected within 12 months of program completion. For example, employment data may be 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.

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance. This key element is not applicable to a new degree or certificate program that does not yet have individuals who have completed the program.

Program Response:

There continues to be ample job opportunities for both baccalaureate and master’s graduates in the state of Montana. Anecdotally, most students report having found jobs at the time of graduation, if they are looking. Some choose not to seek employment immediately but wait until they have successfully passed the NCLEX-RN®. Once students graduate, it becomes more challenging to track them as to employment status. The Career, Internship, & Student Services office at MSU conducts a survey to determine placement rates and salary information for recent MSU graduates. This survey is forwarded to graduates by the university electronically beginning six months after graduation and continues to be compiled for six months thus the data for the 2013 graduating class was not available for this report.

Because the ABSN students graduate in August, their data are not captured in the MSU Career, Internship, & Students Services office survey. It seems an unusually close relationship is established between CON faculty and ABSN students as they remain in contact after graduation thus for the first two classes, all graduates have self-reported they have found employment within 3 months of graduation. Since this is a new program a process has not been clearly defined by the college for tracking employment rates of graduates but this effort is in process with the hope that those rates can also be tracked through the MSU Career, Internship, & Students Services office.

As is evident on Tables 7 and 8, the employment rate of the undergraduate and graduate students in all specializations of those who responded is greater than 70%. The state of Montana has only two baccalaureate entry programs and Montana State University is the largest. Second semester seniors are recruited quite eagerly by the health care agencies in the state. The CON offers the only graduate program in nursing in the state again resulting in graduates being recruited quite aggressively. The MSU Career, Internship, & Students Services data revealed that 82% of the 2010 MSU nursing graduates (includes both degree levels) remained in Montana, 62% of the 2011 class, and 86% of 2012 class.

<table>
<thead>
<tr>
<th></th>
<th>Total Graduates</th>
<th>Respondents</th>
<th>FT in Field</th>
<th>FT not in Field</th>
<th>Part Time</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>168</td>
<td>110</td>
<td>65</td>
<td>101</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2011</td>
<td>162</td>
<td>110</td>
<td>68</td>
<td>89</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>2010</td>
<td>171</td>
<td>101</td>
<td>69%</td>
<td>70</td>
<td>69</td>
<td>2</td>
</tr>
</tbody>
</table>
TABLE 8: Employment Rates of MN Graduates 2010-2012

<table>
<thead>
<tr>
<th></th>
<th>Total Graduates</th>
<th>Respondents</th>
<th>Full-time in Field</th>
<th>Full-time not in Field</th>
<th>Part-time</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>2012</td>
<td>25</td>
<td></td>
<td>16</td>
<td>64</td>
<td>11</td>
<td>69</td>
</tr>
<tr>
<td>2011</td>
<td>19</td>
<td></td>
<td>12</td>
<td>63</td>
<td>9</td>
<td>75</td>
</tr>
<tr>
<td>2010</td>
<td>11</td>
<td></td>
<td>9</td>
<td>82</td>
<td>5</td>
<td>56</td>
</tr>
</tbody>
</table>

IV-E. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. Program outcomes are appropriate and relevant to the degree and certificate programs offered and may include (but are not limited to) student learning outcomes; student and alumni achievement; and student, alumni, and employer satisfaction data.

Analysis of the data demonstrates that, in the aggregate, the program is achieving its outcomes. Any program with outcomes lower than expected provides a written explanation/analysis for the variance.

Program Response:

The undergraduate program assesses student achievement during the last semester of the senior year as students write the Kaplan Diagnostic Exam. This test is administered early enough in the semester so that students can use the data as they study during their last semester and as they decide if they are going to take an NCLEX-RN® review course. The aggregate results of the Kaplan exam are reviewed by UAAC to assess if there is any data that would indicate a need for curricular change. These results can be aggregated by campus so the campus directors and campus faculty also review the results looking for any issues or trends related to individual campuses.

Alumni satisfaction is considered a measure of determining program effectiveness. Alumni satisfaction is measured by the undergraduate program through surveys that are mailed to alumni within a year after they graduate. The survey was developed by UAAC. Table 9 reflects a summary of a sample of the questions on the survey and a summary of the results. For each question in the survey there is space for qualitative comments so this survey has become a rich data source for the CON. UAAC reviews these results annually and brings recommendations for change related to the survey results to the appropriate individual or group such as the associate dean for undergraduate education, the campus directors, or the general faculty. Surveys are sent to employers of students who gave permission to contact them, but to date, no employers have responded. UAAC plans to discuss this lack of response and to strategize as to better approaches to get employer data. The expected outcomes for the undergraduate program are that 80% of the alumni responding to the survey will state they are either satisfied or very satisfied in all areas assessed.

TABLE 9: BSN Alumni Survey Results

<table>
<thead>
<tr>
<th></th>
<th>2012 (N=65)</th>
<th>2013 (N=18)</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Very Satisfied or Satisfied</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

37
<table>
<thead>
<tr>
<th>Question</th>
<th>95.3%</th>
<th>92%</th>
</tr>
</thead>
<tbody>
<tr>
<td>To what extent are you satisfied with your undergraduate education preparation in the following CRITICAL THINKING SKILLS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To what extent are you satisfied with your undergraduate education preparation in COMMUNICATION SKILLS:</td>
<td>96%</td>
<td>95.6%</td>
</tr>
<tr>
<td>To what extent are you satisfied with your undergraduate education preparation in THERAPEUTIC NURSING INTERVENTION:</td>
<td>96.6%</td>
<td>92.6%</td>
</tr>
<tr>
<td>To what extent are you satisfied with your undergraduate education preparation in ACHIEVEMENT OF PROGRAM TERMINAL EDUCATIONAL OBJECTIVES: (Respondents can then respond to each of the terminal objectives)</td>
<td>&gt;90% for all program objectives except for one objective.</td>
<td>&gt;90% for all program objectives except for three objectives</td>
</tr>
<tr>
<td>In general, how satisfied are you with the baccalaureate education you received from the MSU College of Nursing</td>
<td>96.9%</td>
<td>93.8%</td>
</tr>
<tr>
<td>In general, how satisfied are you with the instruction you received during your undergraduate education</td>
<td>93.8%</td>
<td>81.3%</td>
</tr>
<tr>
<td>How satisfied are you with nursing as a career?</td>
<td>93.8%</td>
<td>81.3%</td>
</tr>
</tbody>
</table>

**Other Responses**

<table>
<thead>
<tr>
<th>Question</th>
<th>98.5% - Yes</th>
<th>100% - Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you currently employed in nursing?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>How would you evaluate your overall performance as compared to other entry level RNs?</td>
<td>90% - Better than average to excellent</td>
<td>86.5% - Better than average to excellent</td>
</tr>
<tr>
<td>Do you plan to pursue a graduate degree?</td>
<td>7.7% - Enrolled</td>
<td>73.3% - Considering</td>
</tr>
<tr>
<td>By completing the form below I hereby give consent to the MSU College of Nursing to send a survey to my employer seeking feedback regarding the educational preparation I received to be successful in my position as a professional nurse.</td>
<td>43.1% - Yes</td>
<td>28.6% - Yes</td>
</tr>
</tbody>
</table>

The graduate program surveys new alumni within two months of graduation. The exit survey is comprised of qualitative questions related to all aspects of the graduate program, such as, the admissions process, new student orientation, communication within the program, students’ perception of their preparation, clinical opportunities, etc. The associate dean for research and graduate education and GAAC review the survey results annually and when themes or patterns arise changes may be recommended to campus directors or individual faculty by the associate dean or to the general faculty by GAAC regarding curriculum. For example, there was some confusion with clinical placements when the FPMHNP option first started, which has since been changed due, in part, to the survey results. CNL and FNP students have voiced some concerns about academic advising and a process for systematic evaluation of advisor/chairs is being developed. Survey data is also considered with other data sources such as certification rates. In general, alumni are very satisfied with the educational preparation provided by the MSU graduate program. The associate deans, UAAC, and GAAC are working on developing a process that will yield an adequate response rate on employer satisfaction.

IV-F. Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

*Elaboration:* The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes are identified for the faculty as a group;
incorporate expected levels of achievement; reflect expectations of faculty in their roles and evaluation of faculty performance; are consistent with and contribute to achievement of the program's mission and goals; and are congruent with institution and program expectations.

Actual faculty outcomes are presented in the aggregate for the faculty as a group, analyzed, and compared to expected outcomes.

Program Response:
The expectations for the outcomes of faculty work are described in their role descriptions and clearly outline expectations that are consistent with the mission of the college and university. Faculty are expected to be effective teachers, productive in research and scholarly work, and active engaged members of the university community through participation in service activities. Specific expectations are outlined in the promotion and tenure criteria and collective bargaining agreement for the non-tenure track faculty only.

**Teaching:** The first goal in MSU's Strategic Plan 2012 refers to Learning and states that “MSU prepares students to graduate equipped for careers and further education.” ([http://www.montana.edu/strategicplan/documents/montanastate-strategic-plan.pdf](http://www.montana.edu/strategicplan/documents/montanastate-strategic-plan.pdf)). Quality teaching is essential to the achievement of that goal. Faculty performance in teaching is evaluated in terms of a wide range of criteria including quality and relevant course content and objectives, classroom effectiveness, student learning and achievement and student advising. Faculty are accomplished teachers and have received recognition of that accomplishment. Faculty regularly participate in faculty development opportunities offered through the Center for Faculty Excellence. Four faculty have earned a Certificate of Teaching Enhancement through that center that provides evidence of having completed twelve units of teaching enhancement activities and documenting how they have incorporated what they have learned into their teaching. Nine faculty were nominated by students this past year for MSU teaching awards. In the past three years, one faculty received the “MSU Teaching with Technology Award” and another the “MSU Outstanding Online Teaching Award”.

**Research and Scholarship:** MSU's Strategic Plan 2012 identifies Discovery as its second goal and states: “Innovative and significant research and creative activities distinguish the 21st century university and are a recognized hallmark of MSU, where faculty, students and staff all participate in the creation of knowledge and art.” Faculty are productive scholars as evidenced by the grants submitted and awarded and dissemination of their work in the form of refereed publications and presentations. Two faculty in the CON were named Robert Wood Johnson New Faculty Scholars. Topics that are currently being investigated by faculty include:

- Generational and cultural difference in end-of-life decision making, especially among Japanese and American Indians
- Oral health and health disparities in rural and American Indian communities
- Environmental health and health disparities in Native American communities
- Radon exposure in vulnerable populations specifically rural dwellers and Native Americans
- Incivility in nursing and nursing education
- Family bereavement experiences after sudden cardiac death; palliative care
- Characteristics of advanced practice nurses that support independent practice and primary care for patients especially in rural Montana
- Utilization of complementary therapies for the treatment of chronic conditions
- Stressors experienced by military families as they transition to parenthood especially during deployment
- Health literacy about complementary care among rural residents
- How power can impact patient outcomes
- Resilience in older adults living with fibromyalgia and the relationship between pain and function
- Microcirculation and the control of permeability by intact living capillaries
- Chronic illness with a particular interest in asbestos related disease
- Wounds and pressure ulcers
Table 10 provides information on faculty research and scholarly activities. The Office of Sponsored Programs list includes both research and program grants under the category of External Funding thus that line in the table reflects research expenditures and program grants. Faculty do podium and poster presentations at regional, national and international meetings.

<table>
<thead>
<tr>
<th></th>
<th>FY 11</th>
<th>FY 12</th>
<th>FY 13</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>External Funding</strong></td>
<td>$1,324,783.00</td>
<td>$1,824,464.00</td>
<td>$1,888,334.00</td>
</tr>
<tr>
<td><strong>Peer Reviewed Journals</strong> and Book Chapters</td>
<td>17</td>
<td>12</td>
<td>16</td>
</tr>
<tr>
<td><strong>Presentations</strong></td>
<td>44</td>
<td>43</td>
<td>49</td>
</tr>
</tbody>
</table>

Because of their expertise and reputations as scholars, faculty are frequently sought out to serve in a variety of capacities that require those abilities. For example, one faculty serves on the editorial board of *Nursing Research* and another as the Research Editor of the *Systems Update Newsletter, King International Nursing Group*. Three faculty serve on institutional review boards or research councils at local health care agencies including the Billings Area Institutional Review Board, Research Council – Bozeman Deaconess Hospital and St. Patrick’s Hospital Research Council. One faculty is an NIH grant reviewer and another a reviewer for grant proposals for the American Heart Association. Others serve as a reviewer for *Nurse Education Today*, the *Journal of Professional Nursing*, and *NLN Perspectives in Nursing Education*. One faculty is the editor of the 4th edition of *Rural Nursing: Concepts, Theory, and Practice* (2013, Springer).

The college has identified a goal in its strategic plan to “serve as leaders in nursing by generating, translating, and disseminating knowledge through research and scholarly activities.” A goal under that strategy is to increase the number of TT/T faculty by 4 by the year 2016. The processes used to recruit TT/T faculty have been examined but challenges remain related to low salaries, the aging of the faculty thus more retirements, and the geographic isolation of Montana.

**Engagement**: The third goal of the MSU Strategic Plan 2012 is Engagement stating: “Engagement is the collaboration between MSU and its local, state, national and global communities for the mutually beneficial exchange of knowledge and resources in a context of partnership and reciprocity” (Carnegie Foundation, 2006).

Examples of faculty professional service at the local and state levels include: Montana Comprehensive Geriatric Education advisory board; board member – Suicide Prevention Coalition of Yellowstone Valley; King International Nursing Group – President; Steering Committee member (2 faculty) for MT-CAHN (Robert Wood Johnson Action Coalition); Western Institute of Nursing (WIN) – Board of Governors member; Gallatin City County Board of Health – Vice President; Technical Expert panel member for the AHRQ Effective Health Care report; advisory committee for a HRSA State Partnership Regionalization of Care Program Grant; Institute of Medicine review panel for Human Biological Effects of Low Level Ionizing Radiation: Research Directions and the Role of the Armed Forces Radiobiological Research Initiative; PCORI Standing Panel for Improving Methods for Conducting Patient Centered Outcomes Research; Board of Directors (one year as President ) of Benefis Hospital; Board member – Providence Health & Services; National Emergency Management and Preparedness Committee for Emergency Nurses Association; NLN Education Research Review Panel; Committee member, Liaison to the Missoula City County Board of Health, Maternal Child Advisory Council, Board Member of the Missoula City-County Health, Air Pollution Control & Water Quality District Boards; EPA Child Health Protection Advisory Committee; Asia Pacific Disaster & Emergency Nursing Network, Committee Member; Missoula Aging Service Advisory Board. One faculty was recognized for her steady, long term service activities as she was awarded the MSU Presidential Award for Excellence in Service Learning.

**Practice**: All faculty who teach clinical courses to the nurse practitioner students are required to practice in some capacity. Many of the undergraduate clinical faculty practice part-time during the academic year and/or
during the summer as well. One faculty member was recognized this past year as she was inducted as a Fellow of the American Association of Nurse Practitioners. Nurse practitioner faculty from the Great Falls campus staff the student health center on the campus of the University of Great Falls. One faculty member has served as a nurse practitioner at the Billings Rescue Mission for over 25 years.

As the partnership with the Ft. Peck Indian Reservation in northeastern Montana has strengthened, faculty have become more involved in providing service in that setting. During the summer of 2013, two faculty who are certified nurse practitioners traveled to that reservation on their own time and spent a week doing sports physicals for children on that reservation so that they would be able to participate in such activities in the fall. Faculty who have become certified as Question, Persuade, and Refer (QPR) instructors, have also volunteered time as they have conducted suicide prevention education sessions on the Ft. Peck Reservation.

**University Service:** Faculty provide service to the college, university, the local health care community, and the profession. At the university level, faculty serve on the university councils and faculty senate. Even though faculty are located on distant campuses, they are encouraged to serve on standing university councils and committees, ad hoc committees, and search committees. They often participate via teleconference or video conference; some faculty chose to drive to Bozeman for meetings and the college does reimburse that travel. Service in the college is an expectation of all faculty who are full-time.

**IV-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 definition and process of formal complaints related to grade grievances is included in the MSU Conduct Guidelines and Grievance Procedures for Students, section 500.00 and are easily accessible to undergraduate and graduate students on MSU’s website: [http://www.montana.edu/policy/student_conduct/#academicgrievances](http://www.montana.edu/policy/student_conduct/#academicgrievances).

Both undergraduate and graduate students are informed about this policy in their respective handbooks. These guidelines are reviewed annually by the Dean of Students Office. These procedures state that students who disagree with an academic decision made by an instructor or administrator, including the assignment of grades or the decision about program or degree requirements or eligibility, may file a grievance under these procedures. There is also a process for students who have complaints about instructors whom they believe have failed to meet their instructional responsibilities in section 200.00 of those same conduct guidelines.

As outlined in the policy cited in the previous paragraph, when a student files a grade grievance it is reviewed by the campus director and then, if not settled, the grievance advances to the dean. The decision of the dean is the final decision of the university in grievances concerning grades for undergraduate students. Occasionally a student will violate policy and notify the provost of a grievance thus common practice is for the dean to alert the provost’s office and even occasionally the president’s office of a grievance just so all are informed. University legal counsel is also consulted if there is a question about the grievance.

Grievances are rare at the undergraduate level and essentially non-existent at the graduate level. A record of grievances are retained in either the Office of Associate Dean for Undergraduate Education or the Office of the Associate Dean for Research and Graduate Education, if there are any.

Policy A-8: College of Nursing Scholastic Review Committee provides for an appeal process for undergraduate students having an issue with course substitutions, variances in progression, or reinstatement into the College ([http://www.montana.edu/wwwmu/pdf/A8.pdf](http://www.montana.edu/wwwmu/pdf/A8.pdf)). Inclusion of such a committee in the college’s administrative structure protects the rights of students to an impartial hearing, fosters an attitude of trust in the due process structure of the college, and enables faculty to participate in the administration of standards they have established. This process of appeal is included in the Undergraduate Student Handbook. Records of all student appeals are retained in the Associate Dean for Undergraduate Programs Office. When issues of a similar nature arise for graduate students, students are referred to policies in the Graduate School ([http://www.montana.edu/gradschool/cat_academic_prob.html](http://www.montana.edu/gradschool/cat_academic_prob.html)).
IV-H. Data analysis is used to foster ongoing program improvement.

Elaboration: The program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement.

Data regarding actual outcomes are compared to expected outcomes.
Discrepancies between actual and expected outcomes inform areas for improvement.
Changes to the program to foster improvement and achievement of program outcomes are deliberate, ongoing, and analyzed for effectiveness.
Faculty are engaged in the program improvement process.

Program Response:
The Master Evaluation Plan includes a “feedback loop” for each of the CCNE key elements, the framework around which the plan is developed. The scheduled five year review of all policies provides opportunities for faculty assessment and discussion as to if the policy is reflective of current practice and consistent with the mission of the program and expected outcomes. Outcome data are reviewed and analyzed by various constituencies within the college including the undergraduate and graduate academic affairs committees, as well as the administrative team, to determine the effectiveness of the baccalaureate and master’s programs. Summarized data are shared with the faculty, the college’s advisory council, the university Assessment and Outcomes Committee, the Montana State Board of Nursing, and others. The data are predominately positive, although occasionally, recommendations are made to improve program effectiveness at either degree level.

The undergraduate and graduate curriculum committees review program outcome data each year. An example of the use of data to improve program outcomes occurred recently when the Undergraduate Academic Affairs Committee recommended to the general faculty that the undergraduate program begin the use of Kaplan’s integrated testing program each semester. The committee’s recommendation was based on the belief that this approach may improve NCLEX-RN® scores and that it would also increase participation in the Kaplan NCLEX-RN® review course in that the cost of the course would be absorbed in the cost of the total testing program. This recommendation is still under consideration. A second example occurred when there were two undergraduate student grievances at the end of a semester. Students on different campuses identified that the passing grade on exams varied from campus to campus and believed that was unfair. Those grievances prompted a review of best practices by UAAC and a policy change standardizing the passing grade at 70%. An example of program improvement in the graduate program occurred after GAAC reviewed student outcomes and discovered there had been failures on the CNL certification exam, the first time ever in the history of the program. The associate dean for research and graduate education promptly convened a task force to review the CNL program including the curriculum, program goals, teaching strategies, clinical experiences, and faculty qualifications. As a result of that review, recommendations for minor curricular changes were recommended by the task force to GAAC, and ultimately approved by the general faculty.
Checklist for Writing the CIPR

Before finalizing and submitting the CIPR, please verify that:

☑️ the font size is a minimum of 10;
☑️ the document is single spaced;
☑️ the document is no longer than 50 pages (the appendices are excluded from the page limit);
☑️ the institution has provided a Program Response for each key element/elaboration statement;
☑️ the Program Response to each key element/elaboration statement adequately addresses all nursing degree programs and/or post-graduate APRN certificate programs that were directed to submit the CIPR;
☑️ the standard, key element, and elaboration statements provided in the CIPR template have not been altered or deleted by the institution; and
☑️ the Chief Nurse Administrator has approved the program information form and completed report, and confirms its contents as of Dr. Helen Melland, 5/29/14. (DATE)

Submission Instructions:

All reports must be submitted on or before the due date (but no sooner than 30 days before the due date) to ensure that the information provided is current. Email the program information form and completed report (and appendices, if any, as one document) in PDF format, to Crystal Pool at cpool@aacn.nche.edu. Please do not send hard copies to CCNE....
APPENDIX A

College of Nursing Work Load Guidelines
2012-2013 Academic Year

Below are the updated guidelines to follow as you prepare teaching assignments for AY 2012-2013 only. These guidelines supersede any previous workload related documents.

TEACHING:

1. Non-tenure track (NTT) who were employed at 0.5 FTE or greater (clarification to follow) as of fall 2011 will have a choice as to the number of credits they may carry based on the Collective Bargaining Agreement (CBA). Refer to section 7.03 “Workload” of CBA.
   a. Remain at 12-credit equivalents (CE) per semester (24 CE/academic year[AY]) as a 1.0 FTE
   b. Transition to 15-credit equivalents per semester (30 CE/AY) as a 1.0 FTE and receive a commensurate increase in compensation

2. New hires in fall 2012 will teach 15 CE a semester, or 30 CE for the Academic year to be a 1.0 FTE

3. Tenure-track and tenured faculty normally have a 60-65%, 30-35%, 5-10% teaching/research-scholarship / service expectation. This equates to an approximately 15.6 credit teaching expectation over the AY, or two three credit courses one semester and three the other, plus a few thesis students.
   a. A teaching assignment less than this can be given if the faculty member has “bought out” time or if there are particular circumstances that have been negotiated with the dean, the campus director, and the faculty member. For example, first semester for a new tenure-track faculty member to get a step up on the research or a special assignment negotiated with the dean and campus director.
   b. The initial Letter of Hire indicates distribution of effort for the first year only. They are subject to change and negotiation based on the needs of the college/campus.

4. The 24-30 CE per AY do not need to be evenly distributed between semesters.

5. Credit equivalents (CE) means that you can give a larger number of credits (1.5 CE/cr) for clinical supervision for full time NTT faculty.

6. Workload CE for thesis/professional paper support are provided only once per student and with the following guidelines: Chair of committee – 1 CE, Committee member – 0.5 CE.

7. Workload adjustments for teaching a course for first time is not to be given, except as indicated in #3 above for tenure-track faculty.

8. Courses that are taught totally on-line can be taught by any appropriate faculty from any campus. You will need to coordinate this amongst yourselves. I would suggest you not assign all the on-line sections or on-line discussion sections until you see where you need to fill in workloads.

9. Individuals who have full-time appointment, but are split between faculty and professional LOAs will be considered full time faculty and not be subject to the per-credit pay scale for that portion of their appointment that is on a NTT faculty LOA.

10. Skills/simulation lab coordinator work can carry a maximum of 6 CE/semester/campus or 0.5FTE/sem. If additional support is needed, the campus director(s) must negotiate individually with the dean.
SERVICE:

1. No one should get more than 1 CE for service for the AY, except the individuals chairing UAAC, GAAC, and Faculty Organization who may receive up to 1 CE each semester.

2. Except in extremely unusual circumstances, part-time (0.5 FTE or less) NTT/clinical faculty should not get CE for service or advising.

3. To get any credit equivalents for advising, the faculty must carry an advising load of at least 15 students (1.5 CE/semester max).

4. With the exception of those special cases noted in #1 above, no NTT faculty should receive more than three CE/AY for a combination of service and advising.

GENERAL:

1. Benefits are available only to employees working 0.5 FTE or more for a minimum of six (6) months. The six-months or more can be fall and spring or spring and fall. When benefits start depends upon the initial appointment. If an individual is appointed for the complete academic year, benefits start in the fall. If they are appointed on a semester-by-semester basis, benefits do not start until the subsequent LOA extending their employment to the 6th month and beyond id submitted to Human Resources.

2. Faculty who are 0.5 FTE or greater are expected to attend general faculty meetings. These individuals have voting privileges, and should be participating in the activities of the college. They are not expected to serve on college committees, but certainly may serve on campus committees.
APPENDIX B

MSU College of Nursing
Family Nurse Practitioner (FNP) Option
2 Year Program of Study

<table>
<thead>
<tr>
<th>Semester 1 - Fall</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 517 Foundations of Pharmacotherapeutics</td>
<td>1 (1 lecture)</td>
</tr>
<tr>
<td>NRSG 521 Theory and Research in Nursing</td>
<td>5 (5 lecture)</td>
</tr>
<tr>
<td>NRSG 550 Advanced Health Assessment</td>
<td>3 (2 lecture; 1 college lab)</td>
</tr>
<tr>
<td>NRSG 560 Advanced Physiology and Pathophysiology</td>
<td>4 (4 lecture)</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td><strong>13</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 2 - Spring</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 518 Pharmacotherapeutics for Infants, Children, and Adults of Childbearing Age</td>
<td>1 (1 lecture)</td>
</tr>
<tr>
<td>NRSG 531 Rural Health Nursing</td>
<td>3 (2 lecture; 1 college lab)</td>
</tr>
<tr>
<td>NRSG 555 Concepts of Family Care</td>
<td>2 (2 lecture)</td>
</tr>
<tr>
<td>NRSG 561 Primary Care I</td>
<td>6 (3 lecture; 3 clinical lab)</td>
</tr>
<tr>
<td>NRSG 590 Thesis or NRSG 575 Professional Project*</td>
<td>3 or 2*</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td><strong>15 or 14</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3 – Summer</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 519 Pharmacotherapeutics for Middle Aged Adults</td>
<td>1 (1 lecture)</td>
</tr>
<tr>
<td>NRSG 562 Primary Care II</td>
<td>6 (3 lecture; 3 clinical lab)</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4 – Fall</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 520 Pharmacotherapeutics for Older Adults</td>
<td>1 (1 lecture)</td>
</tr>
<tr>
<td>NRSG 552 Administration and Organization of Health Care Systems</td>
<td>2 (2 lecture)</td>
</tr>
<tr>
<td>NRSG 563 Primary Care III</td>
<td>6 (3 lecture; 3 clinical lab)</td>
</tr>
<tr>
<td>NRSG 565 Principles of Population-Based Health</td>
<td>3 (2 lecture; 1 college lab)</td>
</tr>
<tr>
<td>NRSG 590 Thesis or NRSG 575 Professional Project*</td>
<td>3 or 2*</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td><strong>15 or 14</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 5 - Spring</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 553 Financing and Budgeting of Health Care Systems</td>
<td>2 (2 lecture)</td>
</tr>
<tr>
<td>NRSG 571 Primary Care IV: Clinical Preceptorship</td>
<td>6 (6 clinical lab)</td>
</tr>
<tr>
<td>NRSG 590 Thesis or NRSG 575 Professional Project*</td>
<td>4 or 2*</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td><strong>12 or 10</strong></td>
</tr>
</tbody>
</table>

**TOTAL PROGRAM CREDITS:** 62 or 58

* Student selects either thesis or professional project with assistance from faculty committee chairperson.
## APPENDIX C

### MSU College of Nursing

**Family Psychiatric Mental Health Nurse Practitioner Option**

*2 Year Program of Study*

<table>
<thead>
<tr>
<th>Semester 1 - Fall</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 517</td>
<td>Foundations of Pharmacotherapeutics</td>
</tr>
<tr>
<td>NRSG 521</td>
<td>Theory and Research in Nursing</td>
</tr>
<tr>
<td>NRSG 550</td>
<td>Advanced Health Assessment</td>
</tr>
<tr>
<td>NRSG 560</td>
<td>Advanced Physiology and Pathophysiology</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td>13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 2 - Spring</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 525</td>
<td>Family Mental Health Nursing I</td>
</tr>
<tr>
<td>NRSG 531</td>
<td>Rural Health Nursing</td>
</tr>
<tr>
<td>NRSG 555</td>
<td>Concepts of Family Care</td>
</tr>
<tr>
<td>NRSG 590</td>
<td>Thesis or NRSG 575 Professional Paper/Project *</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td>14 or 13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 3 - Summer</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 526</td>
<td>Family Mental Health Nursing II</td>
</tr>
<tr>
<td>NRSG 529</td>
<td>Psychopharmacotherapeutics Across the Lifespan</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td>9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 4 - Fall</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 527</td>
<td>Family Mental Health Nursing III</td>
</tr>
<tr>
<td>NRSG 565</td>
<td>Principles of Population-Based Health</td>
</tr>
<tr>
<td>NRSG 590</td>
<td>Thesis or NRSG 575 Professional Paper/Project *</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td>12 or 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Semester 5 - Spring</th>
<th>Credits &amp; Format</th>
</tr>
</thead>
<tbody>
<tr>
<td>NRSG 528</td>
<td>Family Mental Health Nursing IV</td>
</tr>
<tr>
<td>NRSG 553</td>
<td>Financing and Budgeting of Health Care Systems</td>
</tr>
<tr>
<td>NRSG 590</td>
<td>Thesis or NRSG 575 Professional Paper/Project *</td>
</tr>
<tr>
<td><strong>Total Semester Credits</strong></td>
<td>12 or 10</td>
</tr>
</tbody>
</table>

**TOTAL PROGRAM CREDITS:**

60 or 56

* Student selects either thesis or professional project with assistance from faculty committee chairperson.
APPENDIX D

Masters of Nursing (MN) Degree
Clinical Nurse Leader (CNL)
5 Semester Program of Study

Fall (semester 1)
601 Advanced Health Assessment (required) 3
604 Evidence-based Practice I (required) 4
606 Statistical Applications for Graduate Nursing (recommended) 2
607 (lec; 1 college lab)

Spring (semester 2)
608 Design of Healthcare Delivery Systems (required) 3
613 Finance and Budget (required) 2

Fall (semester 3)
509 Clinical Nurse Leader Laboratory I (required) 2
511 Pathophys/Pharm (required) 3
575 Professional Paper/Project (required) 1

Spring (semester 4)
611 Program Planning and Eval, Outcomes, & QI (required) 3
612 Ethics, Law, and Policy (required) 3
575 Professional Paper/Project (required) 2

Fall (semester 5)
508 Clinical Leadership Practicum (required) 7
7 (7 clinical lab)
7 (required)

CNL Program Total – 34 credits (required)

GAAC Approval: 12/9/2013
Faculty Approval: 1/7/2014
Continuous Improvement Progress Report (CIPR)
Program Information Form
Baccalaureate & Graduate Nursing Programs

General Information
Official Name of Institution: Montana State University

Type of Institution (check one): ☑public       ☐private, secular       ☐private, religious       ☐proprietary
Institution’s Carnegie Classification: Very high research activity

Chief Executive Officer of Institution (Full Name and Title): Dr. Waded Cruzado, President
Chief Executive Officer of Institution’s email address: president@montana.edu
Official Name of Nursing Unit: College of Nursing
Chief Nurse Administrator (Full Name, Title and Credentials): Helen Melland, PhD, RN
Address: 115 Sherrick Hall, P.O. Box 173560
City: Bozeman State: MT Zip Code: 59717-3560
Phone: 406-994-3784 Fax: 406-994-6020
Email address: helen.melland@montana.edu

Web site address (URL) of institution: http://www.montana.edu/
Web site address (URL) of nursing unit: http://www.montana.edu/wwwnu/
Web site address (URL) of institution’s catalog (if available electronically): http://catalog.montana.edu/

☑Check here to verify that the Chief Nurse Administrator, identified above, has approved this completed form and confirms its contents as of May 26, 2014. (Date)
Accreditation and Approval

Institutional Accreditation

<table>
<thead>
<tr>
<th>Institutional Accréditeur (identify agency name)</th>
<th>Current Status (e.g., full accreditation, probation, warning, show cause)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northwest Commission on Colleges and University</td>
<td>Full accreditation</td>
</tr>
</tbody>
</table>

If the current accreditation status of the institution is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the institutional accrediting agency’s most recent accreditation action letter to this form. Also provide (below) an explanation of the institution’s current accreditation status and how the nursing unit is impacted and/or implicated, if at all:

N/A

Specialized Accreditation

<table>
<thead>
<tr>
<th>Specialized Accréditeur</th>
<th>Last Review (year or N/A)</th>
<th>Current Status (e.g., full accreditation, probation, warning, show cause, N/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council on Accreditation of Nurse Anesthesia Educational Programs</td>
<td>Master’s Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse Anesthesia Certificate Program N/A</td>
<td>Master’s Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse Anesthesia Certificate Program N/A</td>
</tr>
<tr>
<td>Accreditation Commission for Midwifery Education</td>
<td>Master’s Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse-Midwifery Certificate Program N/A</td>
<td>Master’s Degree Program N/A Doctoral Degree Program N/A Post-Graduate Nurse-Midwifery Certificate Program N/A</td>
</tr>
<tr>
<td>Commission on Collegiate Nursing Education</td>
<td>Baccalaureate Degree Program 2008 Master’s Degree Program 2008 Doctor of Nursing Practice N/A Post-Graduate APRN Certificate Program N/A</td>
<td>Baccalaureate Degree Program Full accreditation Master’s Degree Program Full accreditation Doctor of Nursing Practice N/A Post-Graduate APRN Certificate Program N/A</td>
</tr>
<tr>
<td>Accreditation Commission for Education in Nursing (ACEN, formerly NLNAC)</td>
<td>Baccalaureate Degree Program 1991</td>
<td>Baccalaureate Degree Program N/A</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Master's Degree Program 1991</td>
<td>N/A</td>
<td>Master's Degree Program N/A</td>
</tr>
<tr>
<td>Doctor of Nursing Practice N/A</td>
<td>N/A</td>
<td>Doctor of Nursing Practice N/A</td>
</tr>
<tr>
<td>Post-Graduate Certificate Program N/A</td>
<td>N/A</td>
<td>Post-Graduate Certificate Program N/A</td>
</tr>
</tbody>
</table>

If the current accreditation status of a nursing program is anything other than full accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the accrediting agency’s most recent accreditation action letter to this form. Also provide (below) an explanation of the program’s current accreditation status and what specific deficiencies were noted:
N/A

State Board of Nursing Approval

Name of applicable state board of nursing: Montana State Board of Nursing

<table>
<thead>
<tr>
<th>Nursing Program</th>
<th>Last Review (year or N/A)</th>
<th>Current Status (e.g., full approval/recognition/accreditation, probation, warning, show cause, N/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baccalaureate Degree Program</td>
<td>2008</td>
<td>Full approval</td>
</tr>
<tr>
<td>Master's Degree Program</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Doctor of Nursing Practice Program</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Post-Graduate APRN Certificate Program</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If the current approval/recognition/accreditation status of the program is anything other than full approval/recognition/accreditation (e.g., probation, warning, show cause, or other equivalent status), please attach a copy of the board of nursing’s most recent action to this form. Also provide (below) a brief explanation of the current status of the program with regard to the state board of nursing and what specific deficiencies were noted:
N/A
Nursing Program Information

Degree Programs Offered (Student Data)
Regardless of whether the program is under review, please identify all baccalaureate, master’s, and Doctor of Nursing Practice tracks offered by the nursing unit. For each track, list current enrollment data, as well as graduation data for the previous academic year. For the baccalaureate program, include only nursing students (not pre-nursing students).

<table>
<thead>
<tr>
<th>Nursing Degree Program (identify all tracks)</th>
<th>Month*/Year Track Became Operational</th>
<th>Number of Students Enrolled</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baccalaureate Degree</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic/Traditional/Pre-licensure</td>
<td>1937</td>
<td>378</td>
<td>186</td>
</tr>
<tr>
<td>RN-BSN/Post-licensure</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Second Career/Fast Track/Accelerated</td>
<td>2011</td>
<td>32</td>
<td>30</td>
</tr>
<tr>
<td>Other (specify) LPN to BSN</td>
<td>2003</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td><strong>414</strong></td>
<td><strong>216</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Master’s Degree (Identify all tracks offered)</th>
<th>Month*/Year Track Became Operational</th>
<th>Number of Students Enrolled</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Nurse Practitioner</td>
<td>1995</td>
<td>33</td>
<td>12</td>
</tr>
<tr>
<td>Family Psychiatric Mental Health Nurse Practitioner</td>
<td>2009</td>
<td>12</td>
<td>5</td>
</tr>
<tr>
<td>Clinical Nurse Leader</td>
<td>2007</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td><strong>53</strong></td>
<td><strong>24</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Doctor of Nursing Practice (Identify all tracks/majors offered and indicate whether post-baccalaureate or post-master’s)</th>
<th>Month*/Year Track Became Operational</th>
<th>Number of Students Enrolled</th>
<th>Number of Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual/Family - Post-baccalaureate</td>
<td>August, 2013</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Individual/Family - Post-master’s</td>
<td>August, 2013</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Mental Health - Post-baccalaurete</td>
<td>August, 2013</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Psychiatric Mental Health - Post Master’s</td>
<td>August, 2013</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td><strong>Totals:</strong></td>
<td></td>
<td><strong>20</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

*Month needs to be identified only if the track began operation in the current or past two calendar years.
Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall baccalaureate degree program in nursing?

☐ yes  ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

---

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall master’s degree program in nursing?

☐ yes  ☒ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):

---

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the overall Doctor of Nursing Practice program in nursing?

☐ yes  ☒ no

Identify any doctoral degree programs (other than the Doctor of Nursing Practice program) offered by the nursing unit, e.g., PhD or DNSc (note that research doctorates are not eligible for CCNE accreditation):

N/A

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

N/A

Post-Graduate APRN Certificate Programs (Student Data)

Regardless of whether the program is under review, please identify all post-graduate APRN certificate program tracks offered by the nursing unit. For each track, include role and population focus, student enrollment data, and whether the track is also offered as a track in the graduate degree program (master’s and/or DNP).

<table>
<thead>
<tr>
<th>List each track (role and population focus) in the post-graduate APRN certificate program (e.g., post-master’s FNP certificate, post-master’s community health CNS certificate).</th>
<th>Current Number of Students Enrolled in Each Track</th>
<th>Identify whether each track in the post-graduate APRN certificate program is also offered as a track in the graduate degree program (e.g., type “Yes” if there is an FNP certificate track and also an FNP track in the master’s degree and/or DNP program).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post-master’s FNP certificate (no longer admitting students since DNP began)</td>
<td>4</td>
<td>Yes</td>
</tr>
<tr>
<td>Post-master’s FPMHN P certificate (no longer admitting students since DNP began)</td>
<td>5</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Has there been a 50% or greater increase in student enrollment (headcount) during the past three years for the post-graduate APRN certificate programs?

☐ yes  ☐ no

If Yes, please provide the enrollment numbers in each of the past three years, describe the growth and how, specifically, the program accommodated the growth (e.g., in terms of faculty and other resources):
Identify any post-graduate certificate programs that are offered by the nursing unit that do not prepare APRNs, e.g., a certificate in nursing education or nursing administration (note that such certificate programs are not eligible for CCNE accreditation):

Nursing Education Certificate Program

NCLEX-RN® Pass Rates
Please identify the NCLEX-RN® pass rate for each campus/site and track for each of the three most recent calendar years (January 1-December 31)*

<table>
<thead>
<tr>
<th>Track</th>
<th>Campus/Site</th>
<th>Year</th>
<th>Number of Students Taking NCLEX-RN® for 1st Time</th>
<th>NCLEX-RN® Pass Rate for 1st Time Test Takers</th>
<th>NCLEX-RN® Pass Rate for All Test Takers</th>
</tr>
</thead>
<tbody>
<tr>
<td>BSN</td>
<td>MSU</td>
<td>2013</td>
<td>214</td>
<td>91.12%</td>
<td>Unknown</td>
</tr>
<tr>
<td>BSN</td>
<td>MSU</td>
<td>2012</td>
<td>189</td>
<td>92.59%</td>
<td>Unknown</td>
</tr>
<tr>
<td>BSN</td>
<td>MSU</td>
<td>2011</td>
<td>162</td>
<td>89.51%</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

*If data from all three years are not available due to the newness of the program, report the data that are available.

Campus Site: Data is only available for the entire MSU College of Nursing as students from all campuses register with the same National Council of State Boards of Nursing program code. We are unable to sort ABSN graduates by NCSBN data but by self-report of graduates, 100% have passed on their first attempt. Their results are subsumed in the table above.

Results for ALL test takers: The National Council of State Boards of Nursing reports only the results of first time test takers.

Certification Pass Rates
Please identify the certification pass rate for each examination for which the program prepares graduates, for each of the three most recent calendar years (January 1-December 31)*

<table>
<thead>
<tr>
<th>Year</th>
<th>Certification Organization</th>
<th>Certification Exam (by population focus area)</th>
<th>Number of Students Taking Exam</th>
<th>Certification Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>AANP, ANCC</td>
<td>FNP</td>
<td>13</td>
<td>92%</td>
</tr>
<tr>
<td></td>
<td>ANCC</td>
<td>FPMHN P</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>CNC</td>
<td>CNL</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>AANP, ANCC</td>
<td>FNP</td>
<td>18</td>
<td>89%</td>
</tr>
<tr>
<td></td>
<td>ANCC</td>
<td>FPMHN P</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>CNC</td>
<td>CNL</td>
<td>5</td>
<td>40%</td>
</tr>
<tr>
<td>2013</td>
<td>AANP, ANCC</td>
<td>FNP</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>ANCC</td>
<td>FPMHN P</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td>CNC</td>
<td>CNL</td>
<td>1</td>
<td>100%</td>
</tr>
</tbody>
</table>

*If data from all three years are not available due to the newness of the program, report the data that are available.

Program Completion and Employment Data
Baccalaureate Program (for the three most recent calendar years):

<table>
<thead>
<tr>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRAD 2011</td>
<td>2009</td>
<td>192</td>
<td>170</td>
<td>88.6%</td>
<td>94.54%*</td>
</tr>
<tr>
<td>TRAD 2012</td>
<td>2010</td>
<td>192</td>
<td>164</td>
<td>85.34%</td>
<td>95.45%*</td>
</tr>
<tr>
<td>TRAD 2013</td>
<td>2011</td>
<td>192</td>
<td>175</td>
<td>91.10%</td>
<td>Unknown at this time (less than 12 months since graduation)</td>
</tr>
<tr>
<td>ABSN 2012</td>
<td>2011</td>
<td>16</td>
<td>16</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>ABSN 2013</td>
<td>2012</td>
<td>31</td>
<td>30</td>
<td>96.8%</td>
<td>Unknown at this time (less than 12 months since graduation)</td>
</tr>
</tbody>
</table>

* Based on the entry point and time period to completion as defined by the program.
++Provide employment rate within 12 months of program completion.

Percent of graduates employed based on those who responded to the MSU Career, Internship, and Student Services office survey sent to all graduates within six months of graduation.

Please explain how program completion rates are calculated:
The completion rate for the traditional BSN program (not accelerated) is defined as the percent of traditional nursing majors who complete the program in four consecutive semesters of upper division coursework (on-time) beginning with the first semester of upper division (junior 1 semester) and ending with the semester they were scheduled to complete the program (graduate). For the ABSN option, the completion rate is defined as the percent of ABSN students who began the option in mid-May of one year and completed the option the beginning of August the following year. The calculation of the completion rates is based on the following formula: number of students who completed the program on time per the above definition divided by the number who started in the described timeframe multiplied by 100.

Master’s Program (for the three most recent calendar years):

<table>
<thead>
<tr>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>2006-2009</td>
<td>21</td>
<td>18</td>
<td>86%</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>2008-2010</td>
<td>32</td>
<td>28</td>
<td>88%</td>
<td>100%</td>
</tr>
<tr>
<td>2013</td>
<td>2009-2011</td>
<td>21</td>
<td>19</td>
<td>90%</td>
<td>100%</td>
</tr>
</tbody>
</table>

* Based on the entry point and time period to completion as defined by the program.
++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

For both APRN options, students have the option to select a two year or four year (FNP) or two or three year (FPMHN) program of study. Students have the option of selecting to progress through the CNL curriculum in 1 1/2 or 2 1/2 years. The completion rate (%) is calculated as the number of students who complete the curriculum in the maximum allowed time for each option (CNL = 2 1/2, FNP = 4, and FPMHN = 3 years) divided by the number of students who started in the described timeframe multiplied by 100.

Doctor of Nursing Practice Program (for the three most recent calendar years):
<table>
<thead>
<tr>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>2013</td>
<td>25</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

+ Based on the entry point and time period to completion as defined by the program.
++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

Though no students have yet completed the DNP program, the completion rate (%) will be calculated in the same manner as for the other options—the number of students who complete in the curricular time frame divided by the number who started multiplied by 100.

Post-Graduate APRN Certificate Programs (for the three most recent calendar years):

<table>
<thead>
<tr>
<th>Track</th>
<th>Term/Year of Graduation</th>
<th>Term/Year of Admission</th>
<th># Students Admitted</th>
<th># Students Graduated+</th>
<th>% Students Graduated</th>
<th>% Graduates Employed++</th>
</tr>
</thead>
<tbody>
<tr>
<td>FNP</td>
<td>2011</td>
<td>2011</td>
<td>1</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FPMHNP</td>
<td>2011</td>
<td>2011</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FNP</td>
<td>2012</td>
<td>2012</td>
<td>4</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FPMHNP</td>
<td>2012</td>
<td>2012</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FNP</td>
<td>2013</td>
<td>2013</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>FPMHNP</td>
<td>2013</td>
<td>2013</td>
<td>0</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

+ Based on the entry point and time period to completion as defined by the program.
++Provide employment rate within 12 months of program completion.

Please explain how program completion rates are calculated:

We don’t define program completion rates in that students do not progress as a cohort. Individual transcript analysis is done and students progress individually. This program has been terminated since the advent of the DNP program.
Nursing Program Faculty
CCNE recognizes that faculty may teach across program levels. Nonetheless, please estimate the faculty full-time-equivalent by program level for the academic year in which this form is submitted.

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

<table>
<thead>
<tr>
<th>Number Full-Time</th>
<th>Number Part-Time</th>
<th>Total Number of Faculty</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>61</td>
<td>106</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>34.74</td>
<td>57.74</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>8.77</td>
<td>4.16</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>3.99</td>
<td>2.86</td>
</tr>
</tbody>
</table>

Identify the faculty full-time-equivalent (FTE) currently devoted to the post-graduate APRN certificate program:

<table>
<thead>
<tr>
<th>Full-Time FTE</th>
<th>Part-Time FTE</th>
<th>Total Faculty FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The overall headcount includes the dean, associate deans, and four campus directors.

We are unable to count faculty FTE devoted to the post-graduate APRN certificate program as those students enroll in classes with the master’s degree students and are reflected in that table.
### Additional Campuses/Sites

Identify any additional campuses/sites where the nursing degree/certificate program is offered (within the United States and/or internationally), the distance from the main campus (unless outside the United States), the average number of nursing students currently enrolled at each location, and the programs offered at each location.

<table>
<thead>
<tr>
<th>Campus/Site (City, State/Country)</th>
<th>Distance From Main Campus (in miles)</th>
<th>Number of Students Enrolled</th>
<th>Programs Offered (check all that apply)</th>
</tr>
</thead>
</table>
| Billings, MT                      | 143                                 | 157 upper division; 10 sophomores in lower division courses | ☑ Baccalaureate Degree Program
☐ Master’s Degree Program
☐ Doctor of Nursing Practice Program
☐ Post-Graduate APRN Certificate Program |
| Great Falls, MT                   | 184                                 | 65 upper division; 10 sophomores in lower division courses | ☑ Baccalaureate Degree Program
☐ Master’s Degree Program
☐ Doctor of Nursing Practice Program
☐ Post-Graduate APRN Certificate Program |
| Missoula, MT                      | 201                                 | 97 upper division; 16 in lower division courses | ☑ Baccalaureate Degree Program
☐ Master’s Degree Program
☐ Doctor of Nursing Practice Program
☐ Post-Graduate APRN Certificate Program |
| Kalispell, MT                     | 291                                 | 29 upper division; 8 sophomores in lower division courses | ☑ Baccalaureate Degree Program
☐ Master’s Degree Program
☐ Doctor of Nursing Practice Program
☐ Post-Graduate APRN Certificate Program |
| Bozeman, MT                       | 0                                   | 30 upper division; 65 sophomores in lower division courses | ☑ Baccalaureate Degree Program
☐ Master’s Degree Program
☐ Doctor of Nursing Practice Program
☐ Post-Graduate APRN Certificate Program |

Please provide a brief description of any nursing degree/certificate program that is offered at a campus/site located outside of the United States:
Professional Nursing Standards and Guidelines

Baccalaureate Program:

Identify the professional nursing standards/guidelines that are used by the baccalaureate program (note different dates of documents):

The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008)
☒ yes ☐ no ☐ not applicable (no baccalaureate offerings)

Other (please specify):


Master’s Program:

Identify the professional nursing standards/guidelines that are used by the master’s program:

The Essentials of Master’s Education in Nursing (AACN, 2011)
☒ yes ☐ no ☐ not applicable (no master’s offerings)

Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012)
☒ yes ☐ no ☐ not applicable (no nurse practitioner offerings)

Other (please specify):

- Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice (AACN, 2013);
- Population-Focused Nurse Practitioner Competencies [The National Organization of Nurse Practitioner Faculties (NONPF), 2013].

Doctor of Nursing Practice Program:

Identify the professional nursing standards/guidelines that are used by the Doctor of Nursing Practice program:

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006)
☒ yes ☐ no ☐ not applicable (no DNP offerings)

Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012)
☒ yes ☐ no ☐ not applicable (no nurse practitioner offerings)

Other (please specify):

- Population-Focused Nurse Practitioner Competencies [The National Organization of Nurse Practitioner Faculties (NONPF), 2013].
Post-Graduate APRN Certificate Program:

*Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012)

☐ yes  ☐ no  ☐ not applicable (no nurse practitioner offerings)

Other (please specify):

- *Population-Focused Nurse Practitioner Competencies* [The National Organization of Nurse Practitioner Faculties (NONPF), 2013].
Distance Education
The Commission utilizes the definition of distance education established in the Higher Education Opportunity Act of 2008, as follows:

(A) Education that uses one or more of the technologies described in subparagraph (B) --
(i) to deliver instruction to students who are separated from the instructor; and
(ii) to support regular and substantive interaction between the students and the instructor, synchronously or asynchronously.
(B) INCLUSIONS. -- For the purposes of subparagraph (A), the technologies used may include--
(i) the Internet;
(ii) one-way and two-way transmissions through open broadcast, closed circuit, cable, microwave, broadband lines, fiber optics, satellite, or wireless communications devices;
(iii) audio conferencing; or
(iv) video cassettes, DVDs, and CD-ROMs, if the cassettes, DVDs, or CD-ROMs are used in a course in conjunction with any of the technologies listed in clauses (i) through (iii). The Higher Education Opportunity Act of 2008, Pub. L. No. 110-315, § 103(a)(19)

Does the nursing unit currently offer curricula (or any part thereof) via distance education, as defined above?

Baccalaureate Degree Program (check one): ☒ yes ☐ no ☐ not applicable

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

All of the didactic coursework is delivered using distance technologies from the Missoula campus to the Kalispell campus or occasionally from Kalispell to Missoula. The majority of the coursework is delivered using audiovisual conferencing. Clinical experiences are taught in Kalispell by faculty in that community. Faculty also communicate via the Internet using the online learning platform, D2L and occasionally to individuals or smaller group meetings or conferences using desktop conferencing (JABBER). Two to three of the undergraduate sophomore courses are taught to the students from and to any of the campuses. These are most commonly taught using some asynchronous presentations, some synchronous video conferences, and the Internet using D2L.

If yes, is 50% or more of the required academic credit hours in nursing (excluding practica) accrued through distance education activities? ☒ yes ☐ no “Yes” - for Kalispell students only. “No” for the remainder of students located on the other campuses.

Master’s Degree Program (check one): ☒ yes ☐ no ☐ not applicable

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

The didactic portion of each of the master’s courses is taught using distance technology including the Internet via D2L, audiovisual connections, JABBER (remote desktop audio-video conferencing), or teleconferencing. Faculty often provide podcasts of their presentations for students to listen to on their own schedule.

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

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

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the Doctor of Nursing Practice program:
The didactic portion of each of the DNP courses is taught using distance technology including the Internet via D2L, audiovisual connections, JABBER (remote desktop audio-video conferencing), or teleconferencing. Faculty often provide podcasts of their presentations for students to listen to on their own schedule.

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

Post-Graduate APRN Certificate Program (check one): ☒ yes ☐ no ☐ not applicable

If yes, please provide a brief (one paragraph) description of the distance learning offerings in the post-graduate APRN certificate program:

The didactic portion of each of the post-graduate APRN certificate courses is taught using distance technology including the Internet via D2L, audiovisual connections, JABBER (remote desktop audio-video conferencing), or teleconferencing. Faculty often provide podcasts of their presentations for students to listen to on their own schedule.

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

Amended January 2014