# Background of the University and the Nursing Programs

- Program Quality: Mission and Governance
- Strengths, Challenges, Plans Summary

# Standard I: Program Quality: Mission and Governance

- Strengths, Challenges, Plans Summary

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BACKGROUND OF THE UNIVERSITY AND THE NURSING PROGRAMS

Western Governors University (WGU) was incorporated as a private, non-profit university in 1997 under the direction of a multi-state gubernatorial partnership—the Western Governors Association. It is the first online, completely competency-based university. In the sixteen years since incorporation WGU has become a national university with a student population of more than 41,000 from all 50 states, four territories, and with military personnel serving in the U.S. and abroad. The University is mission driven and places strong emphasis on expanding access to higher education for underserved student populations and helping to support national solutions for high-need professions such as nursing, business, information technologies, and teacher education.

WGU promotes student learning and provides high quality educational programs based on real-world competencies.

WGU is accredited by the Northwest Commission on Colleges and Universities (NWCCU), one of the regional accrediting commissions recognized by the U.S. Department of Education and the Council for Higher Education Accreditation. The College of Health Professions is one of four colleges in the University; the others are the Teachers College, the College of Business, and the College of Information Technology (IT). All of the colleges offer online baccalaureate and master’s degrees. The Nursing Program is part of the College of Health Professions that also includes a bachelor’s degree in Health Informatics and an MBA in Healthcare Management.

The College of Health was established in 2007 with the launch of the Master of Science in Nursing (MSN) program, followed by the RN to BSN program in June 2008. The Nursing programs received their first national accreditation from CCNE in 2009. The Nursing program accomplishes its mission to prepare professional nurses and master’s-level nurses by offering a prelicensure BSN, an RN to BSN completion track for registered nurses and two MSN program tracks. The MSN track in Education focuses on the preparation of nursing faculty, and the MSN track in Leadership and Management focuses on the preparation of nurse administrators. An RN to MSN option was added in 2009 and offers tracks in education and leadership for associate degree or diploma nurses. Today the College of Health has a total enrollment of 8,009 students with nearly 7,000 (6,944) enrolled in nursing programs.

The University launched a Baccalaureate in Nursing (BSN) Prelicensure program in 2009 under the auspices of the Multi-State Approach to Preparing Registered Nurses (MAP RN) Project in collaboration with the California Labor & Workforce Development Agency, the U.S. Department of Labor, the Robert Wood Johnson Foundation, the California, and Texas Workforce Agencies, and major hospital employers to address the need to expand and improve nursing education. This project generated the prelicensure baccalaureate (BSN) program; the first program of its kind to offer a single national curriculum that is competency based and uses distance learning to deliver all of the didactic education. The Prelicensure BSN program was first granted approval by the State of California Board of Registered Nurses in April 2009 and the first cohorts enrolled July 2009. In addition to California, the program has been approved by the boards of nursing in Texas, Indiana, Utah and Florida, has been
fully implemented in all five states; enrollment has grown to approximately 300 students nationwide. The national first time NCLEX pass rate for the program is currently 86% and has had over 100 graduates as of October 2013. This baccalaureate program employs technology-based strategies for the education of nurses using mentor-guided online instruction, clinical simulations, and an innovative, clinical education model that reduces the impact on clinical placements and nursing faculty shortages. CCNE conducted a focused site visit to evaluate this program and confirm accreditation in March 2011, visiting sites in both Texas and California.

In early 2012, upon advice of the Nursing Program Council, the RN to BSN program was revised substantially to improve some courses and add some additional areas of emphasis. The Care of the Older Adult course was added to enhance and emphasize competencies that were formerly integrated into other courses. The Health Assessment course was added to strengthen BSN education focusing on a more comprehensive patient & family approach to this topic. The Leadership Learning Experience was added to provide an application of competencies gained in Organizational Systems and Quality Leadership. Other courses were revised (Informatics, Nutrition) and a portfolio was added as a culminating artifact students can use for their next career or academic transition that encourages personal reflection on learning achievements. In the spring of 2013, further refinements of the Health Assessment course were added to include a videotaped demonstration for competency assessment.

After the new Master’s Essentials were finalized by AACN in 2011, the CNO assembled a working group of subject matter experts to begin the exploration and redevelopment of the Master’s program to be responsive to these new standards and the communities of interest. The working group engaged with mentors, clinical partners and councils to discuss the specializations WGU would offer with this degree and debate the merits of including the three direct care courses as part of the MSN core for all students. In the final analysis, it was determined that continuing to provide specializations in nursing education and nursing leadership and management would provide support to established workforce needs and would align with WGU’s mission. The process also resulted in a decision to require the 3 direct care courses as part of the MSN core for all master’s level students. The new program, developed with participation of the AONE President Laura Caramanica (advice on the Leadership and Management competencies) and NLN Chief Operating Officer Elaine Tagliareni (advice on the Nursing Education competencies) was developed and launched on September 1, 2013. This new program includes a greater emphasis on development and application of advanced nursing competencies including emphasis on the most recent QSEN graduate competencies. Significant changes have been made in the Capstone, moving away from a primary research focus to a more contemporary project-focused model. This transition is the result of extensive communication with preceptor sites, the Nursing Program Council and the National Advisory Committee all of whom agreed that the emphasis on primary research was not in sync with the organizational needs and resources of the placement sites. With this new program, which includes a completely new MSN core and specializations, the RN to MSN program also was revised, first in January 2013 to reflect changes to the BSN core and again in September 2013 to reflect the MSN changes. The MSN program changed dramatically due to the new standards and a substantive change report was submitted to CCNE in October 2013.
The nursing programs exist to provide a high quality, relevant opportunity for development of new professionals and advancement of working professionals in nursing to achieve the knowledge, competencies and credentials needed to advance the health of the nation.
STANDARD I
PROGRAM QUALITY: MISSION AND GOVERNANCE

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

Key Elements

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

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

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

Program Response:

The mission of WGU reflects the purposes of the University’s founders, the 19 member Governors of the Western Governors Association. The founders created the University to provide access to higher education for adults and underserved populations in areas of established and often critical need with an early emphasis on the rural areas of the western United States. The Board of Trustees adopted the mission statement in October 1997 and made minor revisions in March 1999. Since then, it has been annually reviewed without further modifications. Western Governors University’s mission is to:

Expand access to postsecondary educational opportunities by providing a means for individuals to learn, independent of time or place, and to earn competency-based degrees and other credentials that are credible to both academic institutions and employers.

The mission statement is posted throughout the University offices in Salt Lake City as well as on the WGU public Web site at http://www.wgu.edu/about_WGU/overview. The University includes the mission in published communication with students, staff, and faculty, e.g., in the WGU Employee Handbook, the WGU Student Handbook, and in general University marketing materials (Exhibit I-A.1: WGU Marketing Materials).
Each of the WGU State universities—WGU Indiana, WGU Texas, WGU Washington, WGU Missouri, and WGU Tennessee—operates under the auspices of Western Governors University. For example, WGU Missouri is Western Governors University doing business as WGU Missouri, serving students who are residents of Missouri and who wish to earn a WGU degree. There are no differences in the curriculum offered to Missouri matriculates, whose administrative and academic needs are met by WGU. Importantly, WGU Missouri students enroll in an institution with state branding. WGU has created and funded an administrative office, and the Missouri chancellor reports to the WGU president, as do the chancellors in the other WGU State universities. The mission statements of the five WGU State universities are consistent with the mission of the parent organization as illustrated in Appendix I-A.1.

The overall goal of the University is to establish and implement a new model of higher education that is more effective than traditional models of academe while remaining cost effective. This goal is firmly grounded in the mission statement and adheres to a set of core operational principles (goals) the University has followed since its inception:

- Provision of competency-based programs;
- Adherence to a student-centric model;
- Use of technology to improve quality and efficiency;
- Use of external learning resources, combined with mentoring and progress management;
- Adherence to an executive governance structure; and
- Oversight by external Councils

The mission of the Department of Nursing was revisited in 2013 and subsequently revised as a part of a University strategic initiative to recommit, redefine, and refocus our energies on student success support measures to help students achieve their goal of graduation (See Exhibit I-A.2.a: Provost Presentation, “Finish What You’ve Started,” July 2013 Academic Meetings; and Exhibit 1-A.2b: WGU Strategy Summary, February 2013.). The process of articulating our commitment culminated in a revised Nursing Mission and a revised Promise Statement described below. The National Nursing Advisory Committee and the Nursing Program Council reviewed and accepted these documents in August 2013 and September 2013 respectively.

The mission of the Department of Nursing is to:

Make a positive difference in the lives of our students and the practice of nursing, primarily through a professionally supported, competency based and personalized student-focused learning model that assists working adults achieve success in educational goals and a sustained professional commitment. The Department of Nursing is committed to the formation of confident, caring, and competent professional nurses prepared to meet emerging healthcare needs of diverse populations.

The goals of the Department of Nursing are consistent with the University’s mission and core operational principles and direct the nursing programs to achieve the WGU mission by providing:

- Competency-based bachelor’s and master’s degree programs that allow nurses to demonstrate their professional knowledge and skills;
- Broad access to education for nurses where they live and work; and
- Professional preparation for new nursing practice roles and additional education.
The Promise Statement of the Department of Nursing is, *To help our students develop the cognitive knowledge, ethical comportment, and clinical reasoning skills required of professional nurses so that they may become safe, competent practitioners.* In support of that we will:

- Embrace diversity;
- Commit to individual student success;
- Support on-time progression and graduation;
- Treat students in a fair and equitable manner;
- Ensure individualized response to student needs;
- Communicate respectfully and in a timely manner;
- Advocate for the students through all aspects of the learning experience;
- Collaborate with national and community leaders in academia and industry;
- Be accountable for the quality and integrity of the nursing education programs; and
- Provide relevant and innovative educational resources delivered when and where needed.

The Department of Nursing mission statement, goals and promise statement are published and made available to students, faculty, and staff in communication materials such as the Nursing Student Handbook, the Nursing Program Guides and the Clinical Faculty Handbooks (See Exhibit I-A.3: *Nursing Student Handbook*; and Exhibit I-A.4: *Clinical Faculty Handbook*). The table below illustrates congruency among the University and Department of Nursing mission statements and the University’s core operational principles:

<table>
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<tr>
<th>University Mission Statement</th>
<th>Department of Nursing Mission Statement</th>
<th>University Core Operational Principles</th>
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<tr>
<td>Expand access to postsecondary educational opportunities</td>
<td>... model that assists working adults achieve success in educational goals and a sustained professional commitment</td>
<td>Use of technology to improve quality and efficiency;</td>
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<tr>
<td>... providing a means for individuals to learn, independent of time or place, and to earn competency-based degrees and other credentials</td>
<td>... make a positive difference in the lives of our students and the practice of nursing, primarily through a professionally supported, competency-based and personalized student-focused learning model</td>
<td>Provision of competency-based programs;</td>
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<td></td>
<td></td>
<td>Adherence to a student-centric model;</td>
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<td>Use of external learning resources, combined with mentoring and progress management;</td>
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<td></td>
<td></td>
<td>Adherence to an executive governance structure;</td>
</tr>
<tr>
<td>University Mission Statement</td>
<td>Department of Nursing Mission Statement</td>
<td>University Core Operational Principles</td>
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<tr>
<td>... degrees and other</td>
<td>... committed to the formation of</td>
<td>Oversight by external Councils</td>
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<td>credentials that are credible</td>
<td>confidential, caring, and competent</td>
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<td>to both academic institutions</td>
<td>professional nurses prepared to meet</td>
<td></td>
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<td>and employers.</td>
<td>emerging healthcare needs of diverse</td>
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**Baccalaureate Program**

The WGU Department of Nursing Philosophy and the Departmental Mission Statement provide the basis for the expected student outcomes for the baccalaureate and master’s programs. The nursing philosophy in its entirety is found in Appendix I-A.2, while congruency among the Nursing Department’s philosophy, mission statement, and expected student outcomes (Program Outcomes) for the baccalaureate program is illustrated in Appendix I-A.3. The faculty developed the baccalaureate program using contemporary professional standards and guidelines consistent with the changing role of the professional nurse and the increasing emphasis on providing safe, patient-centered, high-quality health care. The professional standards and guidelines adopted by the baccalaureate nursing program include the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), Institute of Medicine’s (IOM) *Recommendations for the Education of Health Care Professionals* (2003), and *Quality and Safety Education for Nurses* (QSEN) competencies (2007). Appendix I-A.4 lists the professional standards and guidelines used in the nursing programs, and copies of professional standards and guidelines are available in Exhibit I-A.5.

The conceptual model for the nursing program—*Journey to Well-Being*—is derived from the philosophy, mission, and the adopted professional standards and guidelines of the programs. Figure I-A.1 below graphically illustrates this model characterized by ten unifying themes, each displayed on one of the model petals, such as communication, compassionate patient centered care, and safety and quality. These themes are evident throughout both the baccalaureate and master’s curriculum. The model illustrates the dynamic processes among the unifying themes and interactions between the nurse, patient, and the environment in which nursing occurs.
Clear statements of program outcomes have been developed from the unifying themes and inform the development of program competencies. Appendix I-A.5: Congruency among BSN Essentials, Professional Standards, Unifying Themes and BSN Program Outcomes includes a table showing alignment of adopted professional standards and guidelines, unifying themes, and baccalaureate program outcomes.

**Master’s Program**

The master’s program builds upon the program outcomes at the baccalaureate level and adds expectations at an advanced level. Appendix I-A.6 shows congruency among the Nursing Department’s philosophy, mission statement, and expected student outcomes (Program Outcomes) for the master’s program. The professional standards and guidelines adopted by the master’s program include the *Essentials of Master’s Education in Nursing* (2011), Institute of Medicine’s *Recommendations for the Education of Health Care Professionals* (2003), *Graduate-Level QSEN Competencies* (2012), as well as relevant professional standards for the educators and leadership tracks such as National League for Nursing (NLN) *Core Competencies for Nurse Educators* (2005) and The American Organization of Nurse Executives (AONE) *Nurse Executive Competencies* (2011); see Appendix I-A.4: Professional Standards and Guidelines in the Nursing Programs for a complete list. Appendix I-A.7 provides an illustration of the congruency among MSN Essentials, professional standards, unifying themes and MSN program outcomes.
I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

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

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

Program Response:

As stated previously, a revision of the mission, goals, and expected student outcomes was undertaken in 2013 in order to ensure incorporation of professional standards and guidelines and to respond to the needs and expectations of the Community of Interest (COI). The Department of Nursing’s Systematic Program Evaluation Plan specifies the framework for programmatic review and revision of the nursing program’s mission, goals, and program outcomes (Appendix I-B.1: Systematic Program Evaluation Plan). At WGU, data collection on a daily, weekly, monthly, quarterly, bi-annual, or yearly basis is central to the University’s goals to provide students high-quality education and elicit a high level of satisfaction with the learning experiences. The Systematic Program Evaluation Plan documents the type and frequency of data collection relevant for the nursing program. The COI is defined as current and prospective students, University faculty and staff, alumni, employers, professional nursing organizations, regulatory agencies (i.e., state boards of nursing), and clinical and academic partners. The nursing faculty developed the program with considerable input and guidance from the National Advisory Committee and Nursing Program Council members. Members of the advisory and program councils, as adjunct faculty, are essential to the development and ongoing quality assurance of all programs. The role and function of these professional clinical and academic experts is further described in Key Element II-D. The needs and expectations of the community of interest (COI), as articulated by members of the COI in regular meetings, are reflected in the alignment of the mission statement, philosophy, unifying themes, expected student outcomes (program outcomes), and course competencies with industry and professional expectations of the competencies of professional registered nurses. The ongoing review and recently revised nursing mission and promise statements illustrate the Department’s responsiveness to the COI. The following narrative describes additional examples of how the Department uses input from the COI to foster program improvements in the baccalaureate and master’s programs.

Baccalaureate Program: In January 2013 faculty launched new and revised courses in the baccalaureate program. A rigorous review of the curriculum (including COI input) prompted revisions and curricular improvements consistent with contemporary nursing practice and professional standards and guidelines (See Exhibit I-B.1: National Advisory Meeting Minutes 2011 – 2013 and Nursing Program Council Meeting Minutes 2011 – 2013;

**DPV1: Care of the Older Adult** – This is a new baccalaureate program course that both prelicensure and RN to BSN students take. Faculty decided to add this course on the care of older adults in response to both the *Baccalaureate Essentials*, that calls for baccalaureate graduates to provide care across the lifespan and across the continuum of care, and to more recent publications such as *Recommended Baccalaureate Competencies and Curricular Guidelines for the Nursing Care of Older Adults* (AACN 2012). These documents were used to guide course development and integrate the gerontological nursing competencies for nurses in order to provide high-quality care to older adults and their families. The course launched in January 2012 and student feedback on the relevance of the course to their clinical practice, particularly from the RN to BSN students, has been very positive (See Exhibit I-B.3: Praise Reports, June- July, 2013; August 2013.).

**CFP1: Nursing Role Transition Leadership Experience** – Faculty created and introduced as part of the baccalaureate program for prelicensure BSN and RN to BSN students, a leadership learning experience (LLE) with emphasis on the development of Leadership competencies through “hands-on” application. The development of this experience was in response to contemporary nursing competencies and national standards and guidelines, such as *The Baccalaureate Essentials*, QSEN, and the IOM’s recommendations for the education of health professionals. Students gain leadership competence through the selection of a clinical focus such as safety and quality care, navigating complex organizational healthcare systems, or the interdisciplinary team.

**BEC1: Applied Health Care Statistics and Analysis** – This course replaced the college algebra requirement and was developed to align mathematical competencies with areas relevant to nursing practice and to better support use of evidence in nursing practice. Reasons described when considering the change to the math requirements in all nursing program included that the courses are aligned to actual competencies relevant to nursing practice. One of the top initiatives in all health care agencies today is the implementation of Evidence Based Practice. This requires a strong foundation in the analysis of statistics, with particular reference to reading, understanding, and appropriately applying research in clinical practice, nursing education, and nursing leadership.

The significant growth experienced within the last three (3) years in the Prelicensure BSN and RN to BSN tracks is noteworthy and reflects the nursing program’s response to the needs and expectations of the community of interest. The Prelicensure BSN program, which began in the state of California in 2009, is now approved in four (4) additional states—Texas, Indiana, Florida, and Utah—with resulting partnerships in acute and community-based clinical agencies, as well as aligned educational institutions. The significant growth in the RN to BSN track is partly in response to the IOM report, *The Future of Nursing: Leading Change, Advancing Health* (2010), as well as student and employer satisfaction with program competencies (See Exhibit I-B.4: 2011 – 2012 Student Satisfaction Surveys.). These initiatives illustrate the University’s response to meeting the educational needs of students and ensuring the delivery of quality, competency-based education, which directly relates to the University’s core operational principles or goals.
**Master’s Program:** The approval of *The Essentials for Master’s Education in Nursing (2011)* was a significant driver for the design, revision, and implementation of the master’s program. Discussions with the National Advisory Committee (NAC) about revising the program began as early as 2010 when the *Master’s Essentials* were being developed and vetted (Exhibit I-B.1: National Advisory Committee Meeting Minutes 2011 – 2013 and Nursing Program Council Meeting Minutes 2011 – 2013). In November 2011 a working group for the master’s program convened to identify the professional standards (in addition to the *Master’s Essentials*) and develop a framework for the program. The initial design work included collaborations with American Organizations of Nurse Executives (AONE) and National League for Nursing (NLN) to ensure that the Nursing Leadership and Management specialization and the Nursing Education specialization were sufficiently aligned with industry needs and expectations. The redevelopment of the master’s program demonstrates the commitment to consider the needs and expectations of the COI and ensure that professional standards and guidelines are reflected in the new program. The response to Standard III below provides a more detailed description of the revisions to the master’s program to ensure its consistency with professional standards and guidelines.

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

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

**Program Response:**

The University’s core operational principles center on providing competency-based education, using technology to improve quality and efficiency, having a student-centric focus, and using a mentor-guided model along with external learning resources to facilitate student learning. The principles or key goals are expressed through institutional student success measures such as retention and graduation rates, on-time academic progression, and student satisfaction. At the beginning of each fiscal year, University leadership, with input from faculty and staff, determines benchmarks for the realization of its goals. The University President provides an annual update to all staff on goal accomplishments for the current year, along with new benchmarks for the upcoming fiscal year. As illustrated in Table I-C.1 below, the benchmarks have progressively increased from year to year. Over the years, the University has successful met the benchmarks for most of its goals (See Exhibit I-C.1: President’s Update – July 2012.).

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Students On-Time Progress</td>
<td>59%</td>
<td>61%</td>
<td>63%</td>
</tr>
<tr>
<td>Graduates</td>
<td>6,000</td>
<td>8,250</td>
<td>11,000</td>
</tr>
<tr>
<td>13-Month Retention</td>
<td>75%</td>
<td>79%</td>
<td>*</td>
</tr>
<tr>
<td>Students Very Satisfied</td>
<td>57%</td>
<td>59%</td>
<td>60%</td>
</tr>
</tbody>
</table>
*13-month retention goal has been replaced for 2013-2014 with a monthly retention goal of 98.3%*

Expected faculty outcomes in teaching, scholarship, and service relate directly or indirectly to the established University goals and benchmarks. Although performance criteria for goal achievement differ based on the faculty member’s role and responsibility, criteria are developed to be consistent with the accomplishment of the goals established by the University and the Department of Nursing (Exhibit I-C.2: Performance Evaluation for Student Mentors, Course Mentors, Program Managers, Administrative Faculty).

**Expected Faculty Outcomes in Teaching:** WGU places considerable emphasis on helping students to achieve program competencies and graduation. Expected faculty outcome in teaching is closely linked to the goals of the University and formalized through key performance indicators: on-time academic progression, graduation rates, retention rates, and percentage of students ‘very satisfied’ with the educational experience at WGU. The level of student connection or engagement determines student satisfaction with mentors and the University, as well as their satisfaction with the quality of learning resources and courses. Expected faculty outcomes in teaching at WGU include the application of andragogical strategies in a distance-learning environment to support students. Therefore, expected faculty outcomes for teaching include direct and indirect faculty measures and initiatives supportive of student learning. Examples of direct faculty measures include creating high-quality academic curriculum and assessments, selecting learning resources that enable students to develop and demonstrate competence as baccalaureate and master’s prepared nurses, and designing learner-centric strategies to maximize student engagement. Examples of indirect measures include tracking student progress, providing resources, and/or minimizing barriers to enable students to progress in their program in a timely manner. Faculty members collaborate with their individual supervisors to determine performance measures for the achievement of their expected teaching outcomes and this is reflected in the annual faculty evaluation of all full time faculty members.

**Expected Faculty Outcomes in Scholarship, Service and Practice:** Mentor faculty members are expected to engage in scholarship, service, and practice that are aligned to and consistent with the goals of the University and congruent with the mission and program outcomes of the Department of Nursing. Expected faculty outcome in scholarship is operationalized as the refinement of knowledge and expertise in the application of a competency-based learning model in a technology rich environment to promote development of best practices in facilitating student learning. Expected faculty outcomes in scholarship, therefore, center on WGU supported activities to accomplish that goal. Full-time faculty members are expected to attend and participate in WGU’s semiannual academic meetings where best practices in mentoring online students are curated and shared. Additional activities designed to foster this outcome include the ongoing weekly development training of course mentors (CM); Key Element II-D describes this training initiative more fully, and additional details regarding this training will be available on-site. While WGU does not expect faculty scholarship activities in research and publication, the University provides full support to faculty who engage in these activities and, as evidenced in faculty curriculum vitae, and the Catalog of Faculty Scholarship Activities (See Appendix I-C.1: Faculty Experience and Education; Exhibit I-C.3: Faculty Curriculum Vitae; and Exhibit I-C.5: Catalog of Faculty Scholarship Activities.). An example of
research consistent with the goals of the University is the ongoing retrospective, descriptive study designed by faculty to determine academic and nonacademic variables that may impact either student persistence in or withdrawal from the Prelicensure Nursing Program. The literature shows sparse research about student performance in online prelicensure programs. WGU affords faculty an excellent opportunity to closely examine factors that may contribute to student success with the online, mentor-guided format. This scholarship endeavor is also closely tied to the University’s goals of student retention, on-time progression, and graduation (See Exhibit I-C.4: Sample Application for Approval of Research Project.). WGU defines faculty outcome in service in terms of those activities in which faculty perform service relevant to the University and the nursing profession. Faculty outcomes in service are formalized in job descriptions and include service on University committees and service to the University and its nursing programs. WGU supports faculty time for participation in these endeavors. Faculty membership and active participation in state and national professional organizations illustrate service to the nursing profession; service to the University is evidenced by membership in University and Nursing committees. Additionally, nursing faculty members serve on ad hoc project teams to support program initiatives, such as development of a Sigma Theta Tau chapter at WGU (See Appendix I-C.1: Faculty Experience and Education; and Exhibit I-C.3: Faculty Curriculum Vitae.). As previously discussed, the primary focus of faculty at WGU is to promote student learning. Faculty members may seek outside employment in nursing of up to 10 hours/week to maintain competence, stay current in practice, and maintain certifications as advanced practice nurses in a clinical practice environment, thus operationalizing faculty expected outcomes. WGU is flexible in supporting scheduling needs to accommodate time to ensure practice competency. In the process of completing the self-study the importance of a common, central forum for explicitly communicating expected faculty outcomes—especially for scholarship, service, and practice became apparent. We see this as an area for program improvement and plans are underway to improve how we define, update and communicate expected faculty outcomes to all nursing faculty, as indicated by our Plans/Goals listed at the end of this section.

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

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

Program Response:

Faculty Governance: Since its inception, WGU has been characterized by an executive governance structure with a Board of Trustees consisting of educators, industry leaders, and state governors. Of special note is WGU’s National Advisory Board (NAB) comprised of representatives from prestigious corporations and foundations that provide ongoing support and advice to the University (See http://www.wgu.edu/about_WGU/governors_industry for a list of current NAB members.). On the college level, each of the four colleges has an academic Program Council with members who are nationally recognized experts with academic and/or industry experience. This structure is illustrative of WGU’s core operational principle relative to oversight by external councils. The nursing program
council for example, provides guidance in the development of competencies necessary for a contemporary baccalaureate and master’s level nursing education (See Appendix I-D.1: Nursing and Health Professions Advisory Committees.). The University’s executive governing structure exists to promote and enable a single University approach in which all WGU employees are valued and have the opportunity to be heard and involved in matters of importance to the organization. The University does not operate under the shared governance model that is common among postsecondary institutions. Instead, it is the responsibility of WGU’s senior leadership team to involve all faculty members in University decision-making processes and to then to make decisions that will guide operations of the organization. Therefore, bodies such as a faculty senate do not exist at WGU. Figure I-D.1 below illustrates the faculty governance and involvement structures employed in this disaggregated faculty model using the framework of Policies & Resources, Curriculum, Faculty, and Program Effectiveness as the areas of focus:

Figure I-D.1: Faculty Engagement and Governance Structures

Regardless of the University Department in which nursing faculty work, there are established structures and methods for engagement, governance, and feedback. For instance, in the area of curriculum, five nursing committees and working groups, supported by two additional ongoing functional groups, are fundamental to curriculum development. In the area of faculty, the mentoring department conducts weekly focus groups, as well
as ongoing operational meetings, in addition to established nursing committees and workgroups to assure that faculty is fully engaged in the University at all levels. The Nursing Department resides within the College of Health Professions and has clearly defined relationships with the institution’s other educational units, administrative, and support services. The Chief Nursing Officer reports directly to the Provost. The University’s structure ensures that a wide variety of voices from within the faculty are heard and that these voices inform and influence the range of decisions and policies that affect mission fulfillment in the University and the nursing program. Nursing faculty serve on both University and Nursing committees that are crucial to the administration of the program (Appendix I-D.2: University Academic Meetings, Membership, Frequency and Purpose; and Appendix I-D.3: Nursing Committee Structure, Membership, and Meeting Frequency). Nursing Department committee structures were reorganized in 2011 to facilitate sustainable operational and curricular excellence as the programs and faculty body began to expand in size. Committees actively involve members representing all nursing programs based on expertise in the relevant committee focus, departmental role, and interest. In January 2012, the Product Management Team subsumed the BSN and MSN Curriculum committees, resulting in more consistent and ongoing faculty engagement in the curriculum process and a feedback loop for quality improvement guided by the systematic assessment plan. The Product Management Team has representatives from every aspect of the nursing student experience, from admission to graduation, to address the input, the environment, and the output components essential to quality improvement processes. Additionally, to ensure that student voice is represented, student feedback from monthly student focus groups comes quarterly to the product development committee. The University’s ongoing initiative to become a ‘Great Place to Work’ highlights both its commitment that faculty be active participants in the governance of the University and a determination to improve the culture of the work environment in such a way that values credibility, respect, fairness, pride, and camaraderie. The initiative began in the spring of 2010 and since then, faculty members have completed ‘Great Place to Work’ surveys each year. The survey, which supplements WGU’s annual Employee Satisfaction survey, measures those values that distinguish a company as a ‘Great Place to Work.’ WGU choose to participate with the Great Place to Work Initiative two years ago as an evidence-based initiative to help create a high-trust work environment more reflective of contemporary standards of engagement, satisfaction, and shared success. WGU’s survey results are then compared with the top 25 companies of similar size and operations. The most recent results (July 2013) show that the University is making progress towards becoming a ‘Great Place to Work.’ There has been steady increase in scores for all areas. The nursing workgroup—National Clinical Operations—results indicated significant improvements in credibility, respect, and fairness, with steady improvements in pride and camaraderie (See Exhibit I-D.1.a: Great Places to Work Survey Results 2010 – 2013 and Exhibit I-D.1b: Great Places to Work Survey Results-Nursing.). Senior management and respective teams critically analyze results from Great Place to Work surveys by looking specifically at areas where growth occurred and where challenges remain. Exhibit I-D.2: Great Places to Work Summary Nursing Operations provides an example of this process led by the Department of Nursing Chief Nursing Officer and highlighting decisions and actions taken at March 2012 Strategic Meetings.
**Student Governance - Nursing Focus Groups:** In April 2012, the Department of Nursing implemented a revised focus group engagement plan to better facilitate inclusion of the student voice in governance throughout the nursing programs. Since that time, thirty-three (33) nursing focus groups have been held, representing a cross-section of all nursing programs with approximately 2 to 8 enrolled students attending each session. The use of focus groups by the University to obtain student feedback is an important ongoing practice, and the Department of Nursing has refined the practice to ensure a deliberate process to capture information from students from each of the nursing programs and specialty tracks. Students are encouraged to provide feedback to help guide decision-making and improve the educational experiences, and the views students express really do impact University decisions. The process for the implementation of the plan is outlined in Appendix I-D.4: Nursing Focus Group Strategy for Nursing Student Governance.

The decision to implement a revised focus group plan reflects consideration of a geographically dispersed student population largely comprised of working adults. Given these challenges and unique needs, and in consideration of the more contemporary methods of receiving wide-ranging feedback, the focus groups method provides an accessible and representative strategy to engage student participation. The Product Management Team discusses feedback data from the focus groups in its meetings and uses it to improve the quality and integrity of the nursing programs. Figure I-D.2 below depicts the three prongs of student governance key to the WGU model: Continuous Course of Study Feedback (real time), Biannual Student Satisfaction Surveys, and Monthly Student Focus Groups:

![Figure I-D.2 WGU Decentralized Student Governance Model](image-url)
Much deliberation went into the timing and frequency of the focus groups (See Appendix I-D.4: Nursing Focus Group Strategy for Nursing Student Governance.). This model is representative of contemporary thinking about representation as an individual responsibility and opportunity. The Internet has changed communication, engagement, and representation from a tiered congressional form of representation (one person representing a group and the group’s needs and voices) to a multi-stakeholder approach where every interested stakeholder is given the opportunity to engage and to represent their own views. In this multi-stakeholder model, the one-way communications of surveys (Course of Study feedback and student satisfaction) are cross-referenced for validation and amplification with the focus group discussions and analysis of key themes. Over the past year the program has implemented several student suggestions, including changes in learning resources, performance measures, and clarification regarding assessments. Specific examples of programmatic changes implemented as a result of focus group feedback, as well as ongoing improvement initiatives, are illustrated in Appendix I-D.5: Focus Group Feedback Summary. Despite announcement in student online communities to educate and enhance participation in the focus groups (See Appendix I-D.6: Sample Community Announcement.), student participation across programs has been lower than anticipated. The faculty will continue to monitor and review the focus group engagement plan and explore alternate ways for improving student participation.

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

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

**Program Response:**

Nursing student policies are published in the WGU Student Handbook, which includes the Nursing Student Handbook, and both are reviewed annually. The Nursing Policy Committee most recently reviewed the Nursing Student Handbook in August 2013 (See Exhibit I-A.3: Nursing Student Handbook.). Academic policies provide tangible, systematic expectations for students and facilitate a common understanding between faculty and student that upholds standards for behavior and academic achievement. Nursing faculty ad hoc work groups review all promotional materials for consistency and accuracy at least annually, and whenever substantial program changes occur. The nursing programs continue to provide accurate and current information regarding program offerings, outcomes, accreditation/approval status, academic calendar, admission, grading policies, degree completion requirements, and tuition and fees. The Web site Marketing Coordinator works with the Product Managers to ensure that information on the WGU Web site is current and accurate. Weekly Product Management Team meetings ensure ongoing and timely updates to these documents as program changes occur. The Nursing
Department continues to use a variety of approaches to ensure timely communication of changes to communities of interest, sharing information through the WGU Web site, e-mails, telephone calls, online learning communities and online program online communities, mailings, and a variety of promotional materials. Changes to policies related to admission or internal processes are made public through e-mails, community postings, and blast messages at least 60 days in advance. Students receive notification by e-mail of any changes or updates to policies and have two weeks to review and provide comments or ask questions about proposed changes before full implementation. The WGU Web site and program guides serve as the University catalog and provide detailed information about the University, each college and its programs, and academic policies. Current program guides for the nursing program may be viewed at http://www.wgu.edu/online_health_professions_degrees/.

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

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

Program Response:

**Academic Policies and Procedures Applicable to All WGU Nursing Programs:** Recruitment, admission, progression, retention, and graduation policies for the nursing program are consistent with those of the University. These policies are published and available through a number of online resources, including the main Western Governors Web site (www.wgu.edu), the Program Guide for each program, the WGU Student Handbook, and the Nursing Program Handbook (See Exhibit I-A.3 for the Nursing Student Handbook and http://www.wgu.edu/online_health_professions_degrees/ for Program Guides.). All nursing policies support the achievement of the mission and expected student outcomes of the program. Although policies are reviewed annually, as indicated on the Systematic Program Evaluation Plan, the Admissions and Policy Committees may initiate a review of policies as needed based on outcomes evidence. MSN and BSN nursing students comply with the same policies as other University students. However, due to State Boards of Nursing regulations, national and state accreditation/approval standards, the rigor of the program, high level of trust and professional behavior expected, and limited availability of clinical spaces, the Nursing Department policies for students in the Prelicensure BSN Program differ from the University in several respects. Exhibit I-F.1 compares University policy to Prelicensure Nursing Program policy and provides the justification for each policy variance. As concerns arise from the COI, the nursing Admissions Committee (AC) reviews and revises policies related to student admission, and the Policy Committee (PC) addresses progression and graduation issues. Additionally, the PC reviews all nursing
program policies annually. Students receive notification by email of any changes or updates to policies or to the Student Handbook and have two weeks to review changes and submit comments or questions about proposed changes before implementation.

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

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

Program Response:
The University publishes its policies for handling student complaints and grievances in the Student Handbook. These are available to all students through the WGU Web site (See Appendix I-G.1: WGU Grievance and Complaint Procedure.). Nursing-specific policies related to complaints are found in the Nursing Handbook (See Appendix I-G.2: Student Grievances or Complaints--Nursing Programs.). These policies emphasize the need for nursing students to use appropriate channels, including an escalation path to the State Director, and if necessary, to the National Director. As an example, lab and clinical grading appeals are handled within the nursing department with an escalation path to the State Director while other performance tasks or objective assessment grading appeals follow general University guidelines. Grading appeals are not considered “formal complaints”. While the University does not use the terminology “formal complaints,” the WGU Student Handbook identifies a variety of potential complaints, organized according to the following categories: discrimination or harassment; billing, financial aid, resources; performance task grading appeals; objective assessments; and complaints about mentors. Complaints may be raised and addressed by any department at the University, but most often the complaints are routed to the Student Services team. Student Services records and tracks these interactions in the student relationship management system and categorizes the issues into five levels of severity: breakdown of service, service lapse, feedback, FYI, and assistance. Furthermore, each interaction is placed into a topical category such as clinical experiences, dispositional concerns, kudos, general, and program concerns. Each month the Student Services department sends the CNO a summary of all nursing complaints in all categories for that month. The CNO reviews each report as it is received and analyzes it to determine level of severity and implications for changes needed in the department. The University encourages informal resolution of problems or complaints, and urges students to discuss their concerns with the parties involved. Informal resolution of problems or complaints by mutual consent of all parties is highly desired and is appropriate at any time. In cases where a more formal resolution of a complaint is necessary, the University has established the procedures and timelines outlined in the Student Handbook. Complaints that are not resolvable through informal paths are submitted in writing and follow the procedures laid out in the grievance and complaint policies available to all students through the WGU Web site (See Appendix I-G.1: WGU Grievance and Complaint Procedure.). Nursing-specific policies related to complaints are found in the Nursing Handbook (See Appendix I-G.2: Student Grievances or Complaints--Nursing Programs.).
This policy emphasizes the need for nursing students to use appropriate channels, including an escalation path to the State Director, and if necessary, to the National Director. Formal complaints are organized into themes that are discussed in meetings such as Nursing Leadership, Clinical Operations, or mentor meetings, where program improvements are considered. Formal student complaints, along with actions taken by faculty in response to complaints, are available on-site for evaluators to review (See Exhibit I-G.1: Nursing Students’ Complaints 2011 – 2013.).

**STANDARD I**

**STRENGTHS:**

- Novel, contemporary University and Department of Nursing governance models for faculty and students implemented and refined
- Commitment to academic outcomes that focus on student success relevant to needs of the workplace
- Strong commitment from academic and industry partners in design and implementation of the curriculum
- Utilization of feedback from the community of interest to inform curricula decisions

**CHALLENGES/AREAS OF IMPROVEMENT:**

- Improve implementation and communication of expected faculty outcomes in scholarship, practice, and service for interdepartmental consistency.
- Explore measures to increase student participation in focus groups and to improve analyses of student focus group feedback.

**PLAN/GOALS:**

- Communicate faculty expectations related to scholarship, practice, and service in the faculty handbook.
- Formalize the process for theme analysis for focus groups and quarterly evaluation in Product Development meetings.
- Strengthen CM involvement in curriculum design and improvement by using analysis of course feedback to recommend needed changes based on intensity and frequency of feedback issues.
- Monitor student satisfaction feedback (comments) for indications that common themes related to the student experience are changing or newly emerging.
The institution demonstrates ongoing commitment and support for the Nursing Program. The institution makes available resources to enable the program to achieve its mission, goals, and expected aggregate student and faculty outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected aggregate student outcomes.

Key Elements

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

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

Program Response:

Introduction: The University budget demonstrates the institution’s commitment and financial support for the Nursing Department to achieve its mission, goals, and expected student and faculty outcomes, which are consistent with those of the University. The mission and goals of the University drive all decision-making regarding budgeting and strategic planning. As articulated in Standard I, these include expanding access to post-secondary educational opportunities; providing a means for individuals to learn, independent of time or place; and providing degrees that are credible to both academic institutions and employers. Also vital to achieving these goals, the University provides resources sufficient to support faculty and to promote ongoing development, implementation, and evaluation of the nursing programs.

Annual Budget Development Process: WGU utilizes a two-stage iterative process of reviewing and updating the strategic plan and the associated financial plan and annual budget. It begins with discussions in December-February between the Senior Management Team and the Board of Trustees about progress achieved relative to established goals in the year just completed and priorities for the year ahead and beyond. This strategic phase of the annual planning cycle establishes key objectives for the immediate future and allows for any refocusing of long-term goals that may be necessary to fulfill the mission of the University. The results are then carried into staff discussions among the academic and administrative departments. As these conversations continue, the plans for the year ahead acquire more definition and detail as they are finalized. At the earliest stage of the budget process the Academic Provost participates in planning discussions with the Chief Nursing Officer (CNO), who enjoys the
same level of influence and institutional authority as the heads of the other three WGU colleges—Teachers College, the College of Business and the College of Information Technology. The strategic phase in the planning cycle leads then to the tactical phase of annual budget planning in May-June. During this period, each major operational area of the University, including nursing, develops an action plan designed to meet strategic goals and objectives and a detailed budget request. During this phase, the CNO meets with the Nursing Leadership Team in a spring strategy meeting to convey the University’s goals of for the coming year and to establish the annual goals and budget needs for the nursing program. Working closely with the finance department and an assigned financial analyst, the CNO, with the support of the Nursing Operations Coordinator, then develops the Nursing Department budget, using an online budgeting system. The CNO submits the department action plan and budget request to the Academic Provost for review and follow-on discussion with the CNO. Then, if needed, the CNO and the Nursing Leadership Team revise the action plan and budget request to more closely align with strategic goals and objectives with the projected revenues for the year. Once the final University budget is developed, the University President and the Vice President for Finance and Administration submit the budget to the Board of Trustees for formal approval. When the Board has approved the budget and confirmed allocations, the budget is published and distributed to the appropriate members of the management team. The Vice President for Finance and Administration meets on a monthly basis with each of the Senior Management Team members to review specific activities in the annual plan and ensure that revenues and expenditures are within budget parameters. The Academic Provost then meets monthly with the head of each college, including the CNO, to monitor departmental needs in relation to the budget. Some expenditures, such as funding for learning resources, mentoring and evaluation, program/course/assessment development, student services, and academic administration, are allocated by college. Other expenditures, such as for assessment, technology, institutional research, and professional development continue to be allocated at the university level.

**University Fiscal Resources:** The University relies primarily on tuition revenue to fund its annual operating expenditures. Given that one of WGU’s primary goals is to provide affordable education, every effort has been made to keep tuition costs and fees low. WGU has not raised its tuition in the past six years. In fact, during a period when higher education expenses for students are burgeoning across the nation, WGU announced in August 2013 that tuition and fees for 2014 would again remain unchanged (See announcement: [http://www.wgu.edu/about_WGU/no_tuition_increase_8-20-13](http://www.wgu.edu/about_WGU/no_tuition_increase_8-20-13)). WGU has flourished as a national university, serving over 40,000 students from all 50 states. Its financial position is very stable, and tuition revenue consistently accounts for over 90 percent of total revenue. An external financial audit and a federal compliance audit are conducted each year and all audits since inception have resulted in clean opinions. The University has operated on a balanced budget throughout its history. Total Unrestricted Revenues include corporate sponsor contributions (cash and in-kind), scholarship funding, a variety of income and net asset gains, and federal grants (See Exhibit II-A. 1: WGU Financial Statement.).
**Nursing Fiscal Resources:** In keeping with its goal to provide “broad access to education for nurses where they live and work,” the Nursing Department has grown steadily since its beginning, and its budget has grown commensurately. Total nursing enrollments for the three-year period 2011–2013 have increased from 2,072 to 6,401—a total of 200 percent (See Appendix II-A.1: Nursing Program Enrollment.). Part of that growth is the result of the University’s commitment to increasing access through maintaining low tuition. Current annual tuition and fees are $8,790 per year for prelicensure students and $6,790 for RN-BSN and MSN students. This includes a $145 per term resource fee that covers 95% of each student’s e-books and other required learning resources. During this period of growth, expenditures have likewise escalated. One of the largest components of expenditure is personnel. Compensation of nursing unit personnel continues to support recruitment and retention of qualified faculty and staff. Appendix II-A.3 shows that nursing salaries at WGU are comparable to those of faculty in other WGU colleges and compared with national nursing salaries as reported by AACN. The amount budgeted for nursing faculty (mentor) salaries and benefits, for example, is projected to double from $3.2 million in 2012 to $6.6 million in FY 2014. Similarly, nursing personnel expenditures for Assessment, Scheduling, and Grading have increased by 35 percent since 2012 and are projected to grow another 13 percent this year. The recent expansion of the Prelicensure Program into three additional states has resulted in growth in Office and Equipment expenditures, which doubled in 2012. Learning Resources—second only to salaries—is not only one of the largest items in the budget, but it is one of the fastest growing. It is projected to reach over $5 million in 2014, up from $2.5 million in 2012. This item illustrates nursing’s commitment to the goal of “professional preparation for new nursing practice roles and additional education” through identifying and purchasing for our students the most sophisticated and current learning resources available. In keeping with the commitment of the University to make higher education accessible and to keep student expenditures low, the University assumes the expense for almost all learning resources, apart from a learning resource fee of $145 each term. Key Element II-B below further addresses the nature and significance of these resources. Other significant items in the nursing budget are related to promoting expected faculty outcomes, especially professional development and service. Over $70,000 was allocated for professional development in FY 2013 and an increase of 23 percent is projected for this item in FY 2014—including both internal and external professional development opportunities. Given that the vast majority of the nursing leadership, mentors, development, and assessment personnel live and work remotely, and because of the importance of professional development activities and faculty participation in decision making, the University hosts a number of face to face meetings throughout the year. These meetings are vital to the ability of the University to provide necessary training to its mentors and to support each department’s ability to work together cohesively to accomplish its goals. Some of the activities include semiannual mentor meetings, as well as interdepartmental nursing operations, nursing leadership, and product development meetings. It is therefore fitting that a large and increasing expense in the nursing budget is for travel (See Appendix II-A.2: Nursing Program Budget.).
Grant Funding: In addition to tuition revenue, the nursing programs have received grant funding from:

- California-Workforce Investment Act (WIA) 2/2/09-2/1/12
- Robert Wood Johnson Foundation (RWJ) 1/1/08-12/31/10
- Fund for Improvement of Post-Secondary Education (FIPSE) 2010
- Texas- Workforce Investment Act (WIA) 3/31/10
- Indiana- Workforce Investment Act (WIA) 2/2/09-2/1/12
- U.S. Department of Labor, Technology Based Learning Grant (TBL) 2/2/09-2/1/12
- Utah- Workforce Development 6/22/10-6/30/13

At WGU, grant funding is used for new program development and in particular the grants identified above were used to develop and implement the Prelicensure Program. Moreover, the leadership team has been heavily engaged in the development of revised BSN and MSN curricula over the last two years. Once a program has been launched, WGU is committed to ensuring the program is self-sustaining on tuition, so grants are not sought as a routine funding source.

Physical Resources: Being an online university, WGU’s capital budgets are significantly lower than what would be expected at a traditional “brick and mortar” institution. Net property and equipment (including information systems) represent only around 7% of total assets of the University or less than $7 million. Physical resources for the nursing programs continue to be sufficient and are configured in ways that enable the nursing programs to fulfill their mission, goals, and expected outcomes. The University leases its headquarters facility in Salt Lake City, Utah, which houses the majority of administrative services and staff. Nursing clinical and laboratory facilities will be discussed later in this section. Like other departments, nursing has a small administrative staff in the Utah headquarters, but most faculty and nursing administrators work remotely from their homes across the nation. Due to the unique needs of an online university staffed largely with remote personnel, the University covers faculty and staff home office work expenses, including high speed Internet service. The University supplies remote faculty and staff with task-appropriate laptop computers with supporting antivirus protection and Voice Over Internet Protocol (VOIP) telephones. Faculty and students can access WGU information resources over local area networks (LAN) or Internet connections from virtually any location, at any time. When the University hosts departmental or other small meetings at its main campus, numerous conference rooms, classrooms, and smaller office spaces are available. These rooms are well-equipped with appropriate technology to facilitate communication among those present both physically and virtually. In addition to its Salt Lake City facility, the University has established a smaller administrative facility in Phoenix, Arizona to broaden the hiring pool of talented and diverse mentors and enrollment counselors and to facilitate their training and development. When the University holds large meetings, such as its annual July “mentor meetings,” it rents appropriate space, such as at a hotel or convention center. As part of its strategic planning cycle WGU annually reviews both short- and long-term enrollment and program development projections to determine what, if any, additional physical and information technology facilities may be necessary to support expected student, faculty, and staff growth and to plan and budget for them. Each department has input into this process. The Chief Nursing Officer, with input from the nursing leadership team,
participates in these discussions. Because of rapid enrollment growth and this regular review, the University’s physical headquarters has expanded in size and location over the past decade. WGU first entered into a lease for its current headquarters facility in 2003, and in order to accommodate its rapid growth it has amended that lease ten times since then, expanding from a single floor of the building to occupy space on several additional floors. Likewise, the University has initiated state WGU entities in Indiana, Washington, Texas, and now Missouri and Tennessee, leasing suitable administrative facilities as it has grown.

**Technology Resources:** The University’s largest capital expenditures are for computer equipment and externally and internally developed software. These are all carefully budgeted and monitored to support the current and anticipated enrollment and program expansion; to fulfill the mission of providing accessible and affordable, high quality education to a diverse and often underserved student population; and to fulfill the nursing program expected outcomes. Due to the necessity of having sufficient capacity and reliable hardware and software to support an on-line university, the University uses industry standard equipment and has created a comprehensive technical infrastructure to support its technology requirements and services. Its infrastructure requirements are based upon a five-year strategic plan and annual tactical plans, taking into account student and staff growth rates, along with current and emerging technology trends. WGU has an IT Advisory Board that provides guidance relative to the technology needs of the University. In order to automatically track all computer assets and associated software, WGU has implemented the Symantec Altiris management suite. Updates are administered from a central environment and placed on each PC automatically, via the University network. This process is used regularly to ensure that operating systems, virus definition files (using Symantec Endpoint protection), and other software have appropriate versions running on all machines. In the event that a user requests assistance with a PC or laptop, Adobe Connect software is used to remotely control the computer and a WGU IT technician works to ensure that it is in proper operating condition. The reporting components of Altiris ensure that all assets are inventoried and that accurate user counts are available for software licensure compliance. All WGU production servers reside at off-site data centers. The primary site is hosted at the I/O Data Center located in Phoenix, Arizona (http://www.io.com/data-centers/io-phoenix-data-center). An additional data center is located in Salt Lake City, hosted at C7 (http://www.c7dc.com/), and is used for development, testing, telecom, and disaster recovery.

**IT Infrastructure Planning:** In order to continue to adequately support student and faculty needs, the IT department works diligently to anticipate and ensure that the proper tools for enhancing productivity are accessible to all and that end user support is readily available. A 5-year strategic is in place to ensure the University’s needs are met. Hardware is reviewed annually and replaced on a rotating five-year schedule, based on industry standards for replacing end-of-life hardware. The IT department consults with staff, students, faculty, and employees via a monthly IT operational meeting for input when considering architectural changes to technical infrastructures that significantly impact the quality and ability of the institution to deliver on its mission statement. Upon identifying a technology need, IT staff work with the departments or individuals involved to create a clear and shared understanding of the need. IT staff then research potential solutions to meet the need, and determine
whether the most appropriate route is to purchase or develop. Extensive planning is undertaken to ensure proper adoption levels are achieved when introducing new services and technologies. Feedback generated by these institutional committees is evaluated and changes made as necessary.

**Nursing Physical and Equipment Resources:** The nursing programs ensure that students and faculty have sufficient physical resources to meet their needs and to promote student success. The post-licensure programs at WGU are designed to make use of the students’ places of employment as the primary source of experiential learning. This arrangement has proved satisfactory to both students and faculty, enabling them to achieve the goals of their programs in the context of their own work environment. However, the need for physical resources (e.g., skills and simulation laboratories and equipment) for the BSN Prelicensure Program is naturally much greater. WGU has met the need for prelicensure students to have access to laboratories primarily through contractual agreements between WGU and local simulation labs throughout the nation. Such agreements have expanded over time to accommodate program expansion in Texas, California, Florida, Utah, and Indiana. In an effort to contain clinical lab costs and promote collaborative learning, WGU has piloted hospital-based clinical labs in some prelicensure locations. These labs are designed in conjunction with clinical partners to share space, equipment, and consultative expertise in simulation in order to support both the needs of the partner and our student learning outcomes. Currently, hospital-based labs exist in Indiana and Florida. As a result of its ongoing review of the physical needs of the nursing program, the University undertook a major expansion of its California facility in the fall of 2012. The state regulations in California require a physical office location, which WGU has maintained since 2009. However, the growth of the Prelicensure Nursing Program in that state, coupled with increased costs and pressures for affordable simulation lab sites, led WGU’s leadership to invest in a new 4,000 square foot office and simulation lab in Costa Mesa, California. The simulation lab, designed by the WGU Nursing staff, includes two high fidelity simulators with remote viewing, debriefing, remote video viewing of simulation assessments in other states, as well as a large, well-equipped skills training center. In addition, this site has offices for the state director, simulation technician, lab instructors, and other University personnel. Nursing supplies are also sufficient to meet the needs of our students and faculty, and they are reviewed regularly. WGU has established a contract with Coursey Supplies to provide student, lab instructor, and simulation tech disposable supply kits for all lab activities. This ensures consistency in materials used for teaching and assessment and a cost-effective strategy for managing inventory. Faculty members regularly review the contents of these kits and modify them as needed to ensure sufficient and appropriate contents. Feedback from lab faculty and students has shown a high level of satisfaction with the supply kit process.

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

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

Program Response:

Academic support services are sufficient to carry out the Department of Nursing mission and goals and to ensure expected student and faculty outcomes are met. Providing excellent student service is an ongoing institutional goal. As an institution that delivers its entire education program (with the exception of clinical experiences) using distance technology, WGU must necessarily organize itself in non-conventional ways. Students use online systems, for example, to enroll, pay tuition and fees, access their records, complete student loan and grant applications, and access the library. Students communicate with their peers and with the faculty using online tools such as virtual learning communities, e-mail, and chat rooms.

**Academic Support Services:** The following section of this report discusses the various academic support services provided at WGU, which help to support the mission and goals of the University and nursing programs—expanding access to nursing educational opportunities and providing students a means to learn independent of time and place. These services include: admissions and enrollment, student success service, assessment services, IT services, financial services, Office of the Registrar, student services team, counseling: WellConnect, academic mentoring and support, learning communities, and library and learning resources.

**Admissions and Enrollment:** Admissions Office staff members manage the documentation required for the application process. Enrollment Counselors provide an introduction to WGU and its unique learning model, and ensure that prospective students understand what to expect from their WGU experience. They also counsel prospective students in detail about their academic programs of interest, transfer policies, and academic expectations. Enrollment Counselors are trained in specific programs of study, including the various nursing programs, and support prospective students in making informed decisions that align with personal educational and professional goals.

**Student Success Services:**

- **Student Success Center:** The Student Success Center is committed to working with students on their non-academic skills. The team works with students in a variety of ways through webinars, one-on-one appointments, and an interactive Web site. Topics range from computer skills to time management and test anxiety. The services are available to students from orientation through graduation and alumni status.

- **Orientation:** All new students are required to complete an orientation course, *Education Without Boundaries* (EWB) prior to the start of their first term. WGU provides specialists who are equipped to work with new students to provide technical support and to orient students to the WGU model and online delivery methodology. During the orientation, students must also sign a Statement of Academic Authenticity that includes the WGU Student Code of Conduct, which informs them of current and
projected charges associated with academic dishonesty, including, but not limited to cheating, plagiarism, and identity misrepresentation.

- **Career Services**: The WGU Career and Professional Development Center assists students and graduates of all academic programs and class years with identifying and achieving their individual career goals. The Career and Professional Development Center is committed to offering a comprehensive array of resources and services that support and facilitate career development for all students and graduates. These include career planning via webinars and individual appointments, resume assistance and practice interviews, and access to national job and internship postings.

- **Alumni Relations**: WGU graduates automatically become members of the WGU Alumni Community and continue to have rich access to a wide array of WGU resources, services, and benefits. From collaborative groups to valuable and useful links, graduates can connect with everything WGU has to offer beyond commencement. WGU Alumni Relations fosters relationships with alumni and students to build a sense of community and professional networking through activities, resources, and services. Graduates share experiences through the WGU “ask-a-grad” program and through profiles in the *Night Owl Connection*, the monthly *Alumni Newsletter*. Alumni Relations works in partnership with the Alumni Advisory Board to seek input and feedback on enhancing WGU Alumni Resources.

**Assessment Services**: Because students demonstrate competence and make progress at WGU by completing competency assessments, the services provided by the Assessment Design and Development and Performance Evaluation Departments are crucial to student success. There are two primary categories of assessments that students complete: objective (e.g., standardized multiple-choice tests) and performance assessments (e.g., projects, case studies, and research papers). While the nearly 600 employees of the Performance Evaluation Department perform many functions integral to validating the competency of our candidates, most of them evaluate performance assessments.

**Performance Assessments**: Students use an Internet-based delivery platform powered by Taskstream to submit their responses to the task prompts. Subject matter expert evaluators provide feedback through numerical scoring and written commentary on a multi-level rubric. The written commentary provided acknowledges the student accomplishments and describes what is insufficient without providing instruction. Work that does not demonstrate competence must be revised and resubmitted. Guidelines exist regarding the necessary preconditions and numerical limit on resubmissions. The department uses Turnitin.com to compare student submissions to Internet content and submissions at other universities. All matters concerning academic dishonesty are submitted to the Student Conduct Board for review. Students who demonstrate difficulty with writing skills are referred to specialized evaluators and the writing center staff for support. Students who have concerns regarding their evaluation can work with their mentor to submit an appeal. A team of evaluators, the E-Care team, is available to meet with students by phone to answer questions and help them formulate an appeal, if needed. Nursing students express a high level of satisfaction with the services of the Performance Evaluation Department. The department is
continually improving based on student feedback and use of enhanced technologies. Refinements to the online platform for submission and grading of performance assessments ensure that the assessments that students access are current and the evaluators achieve the goal of a 72 hour turn-around time.

**Objective Assessments:** The Performance Evaluation Department also arranges for testing sites, schedules assessments, supports online proctoring (OLP) of objective assessments, and oversees grading. The department is in frequent contact with students to answer questions or solve problems with assessment logistics. The department is committed to assessment integrity and quality control, and therefore takes important steps necessary for confirming the identity of students prior to assessment delivery and outcomes. The Evaluation Team utilizes OLP through a third party provider called Kryterion, allowing students to take assessments from their home or other area that is free from distractions. Kryterion proctors monitor assessments via web-cam. Students are required to adhere to biometric data requirements to ensure that they are the actual student taking the assessment. As a result, WGU can confidently award degrees to eligible students. OLP has proven to be a very appealing assessment option for our students; approximately 75% of students currently choose it. While students have a choice in most courses regarding how and where their assessment will take place, all prelicensure nursing exams (third-party exams from Assessment Technologies Institute [ATI] covering Fundamentals of Nursing, Medical-Surgical Nursing, Pediatrics, OB, and Psychiatric Nursing) are taken in traditional testing centers. This department has continued to expand the network of testing centers to meet the examination testing needs of a growing student body.

**Information Technology Services - Student Portal:** The "My WGU" portal Web site provides the student with a customized view into the University. With the username and password provided upon enrollment, the student can log into the portal and gain access to information and resources needed to succeed at WGU. These resources include course schedules, links to synchronous and asynchronous communication tools, and resources specific to a program of study. IT Service Desk technicians are available Monday through Friday from 6am to 12 midnight Mountain Time, and weekends from 10am to 7pm Mountain Time, by telephone, email, and instant messaging. Over the last two years the University has enhanced the student experience by instituting several improvements to the student portal (driven by student feedback). These include:

- Transition to e-textbooks and e-care
- Completion of an evaluation of courses of study for course weighting and timing
- Update of portal style, headers, and log in screens
- Implementation of My Degree Plan

**Information Technology Services - Service Desk and Engineering Support:** Providing student and faculty IT support is critical to student success in an online university. WGU has an IT Service Desk staffed with technicians who provide Tier I and Tier II hardware and software support to all staff and students. Information Technology Support Services are available by phone or e-mail to students, faculty, and staff Monday through Friday 6 am to Midnight Mountain Time and Saturday through Sunday 10 am to 7 pm. Incidents are escalated to Tier III engineering support
when the Service Desk can’t solve the problem. The Service Desk provides a standard laptop and office productivity software tools to each staff member.

**Financial Aid:** Students work with Financial Aid staff members who help them understand and manage financial obligations, provide payment plans, and facilitate the financial aid process. All information is readily available on the WGU Web site (http://www.wgu.edu/tuition_financial_aid/financial_aid) and students have access to a self-service portal for Accounts and Financial Aid. In addition to the federal Pell Grants, TEACH Grants, and Federal Direct Loans (subsidized and unsubsidized), students also have access to many state grants to meet their financial needs. A knowledgeable team of financial aid counselors is available by phone and email. Students receiving financial assistance are informed of any repayment obligations during entrance and exit counseling. The WGU Vice President for Financial Aid is responsible for auditing the University loan default rate, which is currently 8 percent. Appendix II-B.3 shows that since 2012 approximately 50 percent of the nursing students have received some form of financial aid.

**Office of the Registrar:** This office provides typical university support services such as transcript issuance, credit transfer evaluation, student program changes, and management of student official and unofficial withdrawals. The Office of the Registrar is also involved in all program planning and revision. When necessary, the Office of the Registrar assists in moving students to new versions of programs by providing crosswalks and other special arrangements to ensure that program revisions disrupt the student’s academic progress as little as possible. WGU strives to provide students with notice of changes well in advance of the implementation and allows students to complete the current term plus one additional six-month term under their original program’s guidelines. The Office of the Registrar is also responsible for the security and maintenance of student records. At present, student records, in their entirety, are maintained in perpetuity. All aspects of the record are redundantly backed-up in the Salt Lake City, Utah, corporate office, and in electronic format at the primary storage and data center located in Phoenix, Arizona. Furthermore, the Office of the Registrar ensures that all Family Educational Rights and Privacy Act (FERPA) requirements are followed. The Office of the Registrar is also responsible for the Student Handbook and for reviewing information conveyed to students on the public Web site. This includes the institutional mission statement, entrance requirements, grading policies, student handbooks, program guides, financial aid, and enrollment procedures. This last item is especially important because the University does not follow a traditional academic calendar, but rather utilizes continuous enrollment. WGU starts a new six-month term and enrolls students on the first day of every month. This information is addressed during the enrollment process and supported in the program guidebooks aligned to each program.

**Student Services Team:** If students have issues or complaints that their mentors cannot resolve, they may request the WGU Student Services team to intervene. The team provides tier one support for the various University offices and student liaisons, and withdrawal recovery specialists provide support and advocacy for success throughout the duration of a student’s degree program. The team also supports students with disabilities and requests for accommodation as appropriate.
**Counseling: WellConnect:** Student safety and security are high priorities for WGU. Since students do not attend courses on a campus or frequent WGU offices, WGU does not publish campus crime statistics. However, to meet the needs of students who are struggling with various life circumstances, the University has engaged the services of an external provider called WellConnect. WellConnect is essentially a student assistance program and students may access its services directly or be referred by their mentor or a concerned WGU employee. Services offered include: short-term counseling to address family or relationship issues, anxiety, depression, stress, and anger management, substance abuse, or other personal issues; clinical consultations/crisis support for help with urgent issues; budget, debt, and credit counseling to address personal finance issues; legal consultations to address issues such as bankruptcy, estate planning, or tenant disputes; community referrals to receive information on child care providers, adoption services, support groups, or other local services; new parent coaching to help new/expecting parents prepare for challenges associated with a new child in the family; and self-help resources through a “Student Advantage” Web site.

**Academic Mentoring and Support:** Student and Course Mentors are critical to the achievement of the Nursing Department goal of student success at WGU. They are the backbone of what WGU considers “faculty” within WGU’s “disaggregated” faculty model, which will be discussed in greater detail in Standard II-D (See Appendix II-B.1: WGU Disaggregated Faculty Model.). Upon enrollment, each student is assigned a student mentor whose role is to support that student throughout the program. The student mentor recommends learning resources and areas of focus based on the individual student’s background, strengths, and weaknesses. In addition, the student mentor supports the student’s efforts to achieve mastery of the program competencies and maintain On Time Progress (OTP) to graduation. The mentor also serves as the student’s primary faculty contact at WGU, through regular telephone, e-mail, and web conference contacts. By contrast, course mentors support students as the subject matter experts in specific courses of study. Further elaboration of this important aspect of the educational model at WGU is described in Standard II-D.

**Learning Communities:** Students receive academic support through multiple virtual learning communities. University-level learning communities exist to facilitate communication related to specific service areas, such as: career services, alumni services, and the writing center. Furthermore, each program has its own learning community. In addition, a totally student-run community exists on Facebook, titled Integral. However, the most widely used learning communities at the University are those attached to specific courses. Each course at WGU has its own virtual learning community. These communities serve to provide opportunities for student communication with the mentor, peer-to-peer (among students), and from the mentor to the students in a particular course. Mentors may use this forum in a variety of ways—to make announcements; to share a supplemental learning resource, such as a mentor instructed video; or to host a discussion forum. The community might also serve as a blog or provide an opportunity for students to discuss a topic or concern about the course. Course mentors monitor and moderate these learning communities, so they are kept up to date and are used appropriately. In spring 2013, mentor feedback resulted in an improvement in which course mentors reviewed all of the learning
communities and posted best practices, providing guidance for all users. After this initiative, in July 2013, the number of hits on the learning community sites increased to the highest level ever. As a result, a plan is now in place for course mentors to evaluate the learning communities quarterly to ensure they are relevant and well organized.

**Library and Learning Resources:** Achieving the nursing program goal of providing broad access to education for nurses where they live and work means that library and other learning resources must be of sufficient quality and must be accessible. As the nursing program has grown, the library staff has looked at many ways to help ensure that nursing students are receiving the support they need when doing research in the WGU library. WGU employs state-of-the-art technology to deliver library and instructional resource services to students independent of time and place. Students receive initial training in library usage during the introductory course *Education Without Boundaries* and have continuous access to tutorials covering aspects of the library services that are specific to the functionality of the WGU library site itself. Additional tutorials center on WGU coursework and are tailored to the needs of WGU students. A Google site for library information and assistance is also available to WGU students. These tutorials are aimed at helping students acquire broader information literacy skills—including performing scholarly research, examining sources, and developing advanced search skills. Additionally, each WGU course provides links to specific learning resources and library support materials. The WGU Central Library is available to WGU students 24 hours a day. WGU contracts with Jones e-global library® for access to tutorials and articles—many in full-text—from periodic journals, magazines, and newspapers through *Academic Search Complete*, *ABI/Inform*, *Applied Science and Technology Full Text*, *Art Full Text*, *Biography Reference Bank*, *Business Abstracts with Full Text*, *CINAHL Plus with Full Text*, *General Science Full Text*, *Humanities Full Text*, *Health Business Elite*, *Medline with Full Text*, *Ovid Journals*, and *Wilson Omnifile Fulltext Mega*. The “e-brary” provides WGU students with access to over 74,000 full text e-books. Students also have access to *Books 24/7*, with an additional 20,100 full-text e-books. The *E-reserves* section of the library provides direct access to resources specific to a Course of Study and general resources specific to a program or programs within a College or Department. For example, the some of the general *E-reserves* resources for Nursing include full sets of professional standards of practice from ANA and other professional organizations. Students may additionally search the extensive collections of the University of Michigan Library, one of the 10 largest university library systems in the United States, to locate books for delivery to their home through the Michigan Information Transfer Source interlibrary loan program. Ongoing improvements and acquisition of library and learning resources support competency development. Through the library home page, a feature called “vendor integration” allows single sign-on to all recommended learning resources. This feature has led to a dramatic increase in usage, particularly of the research databases, as students are able to search across a wider breadth of materials from one platform. Library reference services hours have expanded and students can now chat live with subject matter expert librarians 24 hours a day every day of the week. Professional librarians with MLS, MLIS, or equivalent degrees, staff the reference service. WGU monitors requests and utilization of journals to evaluate and enhance available offerings
to support student needs. Based on interlibrary loan utilization rates, WGU added over 50 additional journals as part of its regular collections in March 2013 (See Appendix II-B.4.). These additions will accelerate student access to heavily used journals by eliminating many of the ILL requests and illustrates how student feedback data drives WGU’s commitment to provide resources. Some of the other improvements in library services for nursing students that have taken place over the last year include:

- The creation of a health professions library guide that focuses on the resources available to students in the nursing programs and provides additional answers to common questions asked by nursing students.
- Integration with the PubMed database, which allows WGU students to search both the open resources available on PubMed, and the WGU library collections simultaneously.
- Creation of a library training guide for external subject matter experts who are responsible for selection of learning resources for nursing courses. It is designed to familiarize them with the library resources available at WGU for inclusion in nursing courses; it is also useful for students to gain experience using the different library resource platforms within their coursework.

To ease the financial burden on students and to make learning resources more accessible WGU has been moving to electronic textbooks in lieu of printed material. Approximately 95% of texts used in courses are now offered in digital versions, covered by the student’s regular tuition and the $145/term resource fee. VitalSource (http://www.vitalsource.com/Pages/home.aspx) is presently the principal provider of e-texts to the University, though some are still available through other providers. To further enhance the usefulness and reduce the cost of learning resources, the University is also exploring the availability of customized e-texts focused on specific course requirements. Though limited at present, use of this technology will likely expand as suitable resources are identified.

**Nursing Staff Support Resources:** Given the disaggregated faculty model, institutional mechanisms to support faculty and to promote cohesive and efficient management of the nursing programs are essential. Program Managers support faculty in a number of important ways, including: providing guidance, supporting professional development, and managing student to mentor ratios and workload. Support staff for the Nursing Department, which includes an Administrative Assistant (AA), an Operations Coordinator (OC), and a Prelicensure Scheduler (PS), support the faculty and contribute to the effective operation of the department. The AA answers incoming phone calls, directs individuals to appropriate resources, supports the CNO, arrangements travel and accommodations as necessary, and arranges logistics for meetings both on and offsite. The AA is also responsible for taking minutes, distributing necessary materials, accurately and in a timely manner processing expense reports and invoices for payment, and maintaining faculty personnel files regarding education and training, licensure, and evaluations. The OC tracks all required student program documents (background checks, drug screen, immunizations, CPR, health insurance, etc.) and works collaboratively with the administrative team to provide assistance in program implementation, negotiates contracts and agreements, and tracks organizational outcomes data. The PS reports to the OC and is responsible for scheduling labs and clinical intensives, including matching coaches to students and
arranging for staffing of lab experiences with qualified Learning Lab Instructors and Simulation Technicians as needed based on the curriculum for each lab type.

**Exemplars of Enhancements to Student Services:** Over the past three years, the University has continually elicited student feedback and enacted student services in creative ways, including the following:

1. **Student Support Call Center** – In response to needs expressed by Nursing and Teachers College students, call center hours were expanded to include evening and weekend hours. Call Center hours are now 6am-midnight MT, Monday – Friday, and 10am – 7pm MT, Saturday and Sunday.

2. **Withdrawal Recovery** – This function targets retention and involves the deployment of a dedicated team to counsel all students withdrawing from the University. The intent of the Withdrawal Recovery Team is to gather information regarding withdrawal in order to improve the student experience and identify and remediate individual obstacles a student may be facing.

3. **On Time Progress (OTP)** – The University revised the measure for student progress from the required “Satisfactory Academic Progress” measure linked to Title IV aid to “On Time Progress” for graduation. The goals of this revised focus are to better support and encourage persistence, acceleration, and graduation. The implementation of a graduation calculator that allows students to plan their programs based on the amount of time or money they wish to spend and the number of corresponding competency units (CUs) required for each term has also supported improvement of student focus on graduation.

4. **Revised Courses of Study** – Significant improvement of the interface to all courses within each program has enabled greater student self-service for assessment scheduling and course mentor support, as well as more direct access to learning resources.

Three of the most important processes for regular review of the academic support services are described below. Together they provide the University rich and continuous feedback, which allows for thoughtful planning as well as rapid response to emerging problems.

- **Salesforce**—The University has adopted a Student Relationship Management System (SRMS), which utilizes a platform—Salesforce—for capturing and tracking every e-mail and phone call between the student and the University. When students contact any department at the University, or when a department contacts a student, this generates a ticket (case), where the student’s concern is recorded and tracked. Staff then triage and direct student concerns or questions to the most appropriate department for resolution. This applies to all of the academic support services. While two departments, Enrollment and Mentoring, have their own unique Salesforce interfaces called Careforce and Mentorforce respectively, all departments are part of the same SRMS. One advantage of such a system is that it facilitates communication and responsiveness to students, including providing them feedback about the status of the specific issue and its resolution. This system is also valuable because it makes those interactions and their history available to department heads and to mentors as they help students achieve their academic goals. By generating monthly reports, the system helps WGU to detect patterns early and
address them promptly. The University has demonstrated its commitment to replying to student concerns in a timely way by meeting its established goal of four hours response time for each student e-mail or phone call and 24 hours for resolution of 95 percent of student complaints.

- **Student Satisfaction Survey**—WGU administers a semiannual student satisfaction survey, which asks specific questions about the adequacy of academic and other support services, such as mentoring, assessment scheduling and delivery, quality of courses of study and learning resources, and timeliness of grading. The University sets a high bar in meeting student needs; it strives for “very satisfied,” not merely “satisfied,” on its student satisfaction surveys. After each survey, the University leadership reviews the results in detail; and each department is responsible for achieving the defined satisfaction goals. Departments are also encouraged to follow up and respond to specific student comments. Over 90 percent of the nursing students have consistently indicated that they are either “satisfied” or “very satisfied” with the Student Services (See Appendix II-B.2: Student Satisfaction Survey Results.).

- **Focus Groups**—The University also holds focus groups periodically to obtain student input regarding various initiatives. Such focus groups often precede a significant policy change or procedure, but they may also be held post-implementation. For example, before launching the “New Student Experience,” a required course for new students, in early 2013, numerous focus groups were held to ascertain student needs and reaction to proposed plans. The University is now seeking post-implementation feedback from students. The frequency of these focus groups varies depending upon the need for student feedback. This strategy permits the University to be proactive in incorporating student input in decisions regarding academic support policies and services.

**Support for Faculty:** In addition to providing academic support for students, WGU allows for a variety of professional development opportunities to permit faculty to meet expected outcomes, ensure proficiency, and enjoy active engagement in the workplace. These include regular in-house faculty in-service sessions and curriculum training meetings, as well as opportunities external to the University to pursue additional degrees, licenses, and certifications. WGU supports employees becoming involved with learning materials, maintaining certifications required for employment, and attending training events and conferences. It is especially critical that our mentors have access to training that enables them to engage with traditionally underserved students, an important aspect of the University’s mission. The many avenues for professional growth and development support the University commitment that our employees have the skills, abilities, and dispositions to provide quality support for students as they engage in competency-based programs that are both accessible and affordable. One example of this support is holding face-to-face academic meetings where training and discussion focus on strengthening support to ensure student success (See Exhibit II-B.1.a: 2012 Academic Meetings Agenda and Exhibit II-B.1.b: 2013 Academic Meetings Agenda.). These meetings are a significant investment for the University. Such opportunities as those outlined above, as well as training in the use of effective available technologies, enhance collaboration and
support for students and provide optimal methods for varying instruction in order to increase student engagement.

II-C. The chief nurse administrator:

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

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

Program Response:

The Chief Nursing Officer/National Director at WGU, Dr. Jan Jones-Schenk, is fully qualified to hold that position (See Appendix II-C.1: CNO Job Description.). Dr. Jones-Schenk earned a BSN, a Master’s degree in Nursing Administration, and an interdisciplinary Doctor of Health Sciences degree with an emphasis in Global Health; she is also a board certified Nurse Administrator. Hired in 2007 to lead the initial development work for the multistate prelicensure initiative, Dr. Jones-Schenk was appointed Chief Nursing Officer in November 2010. Dr. Jones-Schenk reports directly to the Academic Provost and serves as a member of the Academic Leadership Team at WGU. She has worked as a Director for a learning assessment company, Thompson Prometric; has created her own consulting firm where she developed an interdisciplinary credentialing model and an implementation plan for compliance with federal regulations; is a Past President of the American Nurses Credentialing Center; served as an interim Executive Director of Utah Nurses Association; and worked in the clinical nursing setting, including as staff nurse, manager, and administrator (See Appendix II-C.2: CNO Curriculum Vitae.). The Provost leads the University Academic Leadership team and all academic unit heads (National Directors) report through this structure. The CNO meets weekly with the Provost and meets weekly with her peers the Associate Provosts, to discuss University initiatives and strategies. In addition, the CNO has direct access to the University President and Chief Financial Officer as needed to obtain support or financing for the nursing programs. The CNO participates in performance evaluations and salary increase decisions for nursing personnel, the development of the nursing program budget allocations for program operations, and professional development of the faculty. The CNO has access to and influence on allocation of resources for the nursing programs. There are several examples of additional support provided by the University based on a special appeal by the CNO for funding. One example mentioned previously
was the establishment and furnishing of a new, simulation lab and office in Southern California. Additionally, the CNO was able to advocate for the following unbudgeted activities:

- $10,000 sponsorship for the Johnson and Johnson Promise of Nursing Gala to be held in Dallas Texas in February 2014
- $7,500 sponsorship for the International Nursing Administration Research Conference to be held at Villanova University in November 2013
- An annual $10,000 sponsorship for the NLN Nursing Summit
- $8,000 commitment to continue the Emotional Intelligence Research formerly funded by prelicensure grants during the program start-up phase
- $45,000 for video cameras that are used to live stream and/or record lab and simulation assessments from each of the five prelicensure states.

In relation to the Simulation Lab in Southern California, Dr. Jones-Schenk worked with the Nursing Operations Coordinator, the California State Nursing Director, and the National Simulation Director to develop an operational plan and financial proposal and then approached the Chief Financial Officer of the University to secure the necessary approvals and funding. Dr. Jones-Schenk even accompanied the CFO to California to look at real estate options and after narrowing the options based on financial and other University considerations, sought additional reviews by the California State Nursing Director and National Simulation Director before the final site selection was made. This illustrates Dr. Jones-Schenk’s ability to decisively address emerging student and program needs and to convince University leadership to respond to those needs even outside the normal budget cycle. The CNO serves as a role model for faculty by demonstrating ongoing commitment to teaching, practice, service, and scholarship.

For nine years, until 2012, she served on the Board of Directors of a local community hospital (Park City Medical Center) and chaired the Professional Standards Committee of the Board, which was responsible for credentialing and privileging of all physicians, Nurse Practitioners (NPs), and Physician Assistants (PAs) in the hospital. In the area of scholarship, the CNO has both modeled and supported scholarship activities for nursing mentors. A forthcoming publication showcases the WGU Nursing competency-based model (See Exhibit II-C.1: Nursing Education at Western Governors University: A Modern, Disruptive Approach JPN, December 2013). Furthermore, Dr. Jones-Schenk has recently appointed the Nursing Mentors Professional Development Committee, chaired by one of mentor program managers, to serve as a faculty development resource to promote and assist mentors in preparing presentations, posters, and publications. Lastly, in the areas of teaching and learning, the CNO focuses on student learning outcomes and has implemented many team recommendations for strengthening student learning. One of these recommendations was to provide prelicensure students an additional opportunity for completing simulation assessment in labs based on review of student feedback and progression data. While Dr. Jones-Schenk’s leadership contribution to the program is evident at the daily operational level, she also works closely with the National Advisory Committee and the Program Council to provide vision and overall direction for the program. For example, during the 2012-2013 year, these two bodies recommended revisions to both the BSN and the MSN curricula. Dr. Jones-Schenk worked closely with them to refine and shape that vision, and to translate it into specific curricular and course changes. She then shepherded those revisions through the numerous stages of
the implementation phase at WGU (See Appendix II-C.3: MSN Redevelopment Group Participants.). The CNO has been directly involved in supporting the nursing programs before various state-level regulatory bodies. Unique requirements from each of these boards have required developing innovative strategies to gain their approval. For example, Dr. Jones-Schenk worked with the Tennessee Board of Nursing to gain approval for the post-licensure programs offered by the nursing program. Meeting the requirement of the Tennessee Board of Nursing to have a “hands-on” health assessment experience in addition to assessing competence using an objective exam, necessitated that Dr. Jones-Schenk work with the course development team to produce a rapid redesign of the BSN and MSN health assessment course. She did so, created a novel mechanism for demonstrating competence using videotaped assessments to be graded by WGU faculty evaluators, and ultimately received the approval of the board. Dr. Jones-Schenk has been a highly effective spokesperson for the WGU nursing programs at many national meetings since her appointment as CNO, raising awareness of regulatory barriers and enhancing the dialogue about innovation in clinical education. She manages a matrix committee leadership model to better integrate all nursing faculty across all WGU nursing programs.

II-D. Faculty members are:

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

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

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

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

Program Response:

Introduction

Nursing faculty at WGU are sufficient in number to accomplish the mission, goals, and expected student and faculty outcomes; they are academically and experientially prepared for the areas in which they teach. While the WGU disaggregated faculty model is unique, the nursing programs are successful in achieving their goals of
providing competency-based education, expanding access to nursing education where they live and work, and offering professional preparation for new nursing practice roles. These broad goals are operationalized though a number of specific metrics designed to track student success, including retention, on time progress, graduation and student satisfaction rates (See Appendix I-B.1: Systematic Evaluation Plan.). These results are discussed in detail in Standard IV. The online, competency-based education, disaggregated faculty model defines ‘faculty’ differently and does not measure workload in the traditional manner of credit hours for workload calculation. However, the positive student and faculty outcomes validate the effectiveness of the model being used. This section will describe how WGU meets this important standard related to the sufficiency of faculty needed to fulfill the goals of the program. The model exhibits a number of features that enhance productivity, efficiency, and effectiveness in the utilization of faculty. Below is a discussion of several of the most distinctive elements and their implications for faculty workload.

**Disaggregated Faculty Model:** The faculty role itself is disaggregated into several different types of experts who provide an extensive network that together comprise the “faculty” at WGU. See a brief description of each type in Table II-D.2 below. For a complete discussion, see Exhibit II-C. 1: *Nursing Education at Western Governors University: A Modern, Disruptive Approach JPN, December 2013*).

<table>
<thead>
<tr>
<th>Title</th>
<th>Brief Description of Functions</th>
<th>WGU Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mentor Faculty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student Mentors (SMs)</td>
<td>Provides advice, coaching, support to a caseload of approximately 80 post-licensure nursing students within a particular program (RN to BSN, MSN). Prelicensure SMSs support slightly smaller numbers with an average of 55 students. This support involves regularly scheduled weekly academic progress conversations and active involvement in other aspects of the student’s academic career. While not an expert in all subjects, the student mentor guides the student through the overall program and offers coaching, direction, and practical advice. SMSs are managed and supported by Program Managers.</td>
<td>Full time</td>
</tr>
<tr>
<td>Course Mentors (CMs)</td>
<td>Have advanced degrees, possess subject matter expertise, and provide instructional support to students enrolled in a particular course; this category comes closest to a “traditional” faculty role; may participate in course development, review, and revision. CMs are managed and supported by Program Managers.</td>
<td>Full time</td>
</tr>
<tr>
<td><strong>Administrative Faculty</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNO*</td>
<td>Responsible for overall direction and leadership of nursing programs.</td>
<td>Full time</td>
</tr>
<tr>
<td>Title</td>
<td>Brief Description of Functions</td>
<td>WGU Employment Status</td>
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<tr>
<td>-------------------------------------------</td>
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</tr>
<tr>
<td>Program Managers*</td>
<td>Manage Mentors; two categories of Program Managers—those who manage student mentors and those who manage course mentors; also participate in course development, review, and revision.</td>
<td>Full time</td>
</tr>
<tr>
<td>Senior Program Manager*</td>
<td>Manages all Program Managers; responsible for recruiting and hiring of Course and Student mentors; works closely with CNO and other WGU Program Managers; also participates in course development, review, and revision.</td>
<td>Full time</td>
</tr>
<tr>
<td>Product Manager—Lead*</td>
<td>Responsible, in collaboration with Nursing Leadership Team, for guiding course and curriculum development that is consistent with the guidance of the councils and national standards.</td>
<td>Full time</td>
</tr>
<tr>
<td>State Directors (prelicensure)*</td>
<td>Manage Prelicensure BSN Programs in respective states (California, Texas, Florida, Indiana, Utah); assure state-specific regulatory requirements are met; participate in nursing operations and policy decisions; have responsibility for program resources and liaison activities with the academic and clinical communities of interest within the state; also participate in BSN course development, review, and revision.</td>
<td>Full time</td>
</tr>
<tr>
<td>Simulation and Clinical Lab Coordinator*</td>
<td>Manages operations of simulation labs nationally; works closely with state directors; participates in nursing operations and policy decisions; also participates in BSN course development, review, and revision.</td>
<td>Full time</td>
</tr>
<tr>
<td>Special Function Faculty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>National Nursing Advisory Committee</td>
<td>Nationally recognized nurse experts in nursing education and nursing education policy; serve as thought-leaders for environmental scans and advice on long-range program plans and vision.</td>
<td>Volunteer</td>
</tr>
<tr>
<td>Program Councils</td>
<td>Nurse experts from academia and industry, who provide guidance for curriculum; participate fully in program and course development efforts; identify new programs for development; and define program competencies to be in line with the demands of today’s employers.</td>
<td>Volunteer</td>
</tr>
<tr>
<td>Program Development/ Curriculum Development</td>
<td>Instructional design and learning resource experts who collaborate with nursing faculty and subject matter experts to design curriculum and identify learning resources; responsible for monitoring various feedback mechanisms to evaluate and improve learning resources and assessments; ensure the degree, competencies, content, and learning resources are effective and efficient.</td>
<td>Some Full time Mostly Part time</td>
</tr>
<tr>
<td>Title</td>
<td>Brief Description of Functions</td>
<td>WGU Employment Status</td>
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<tr>
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</tr>
<tr>
<td>Program Report Coordinator*</td>
<td>Nurse educator who is responsible for collaborating with nursing leadership to coordinate written reports for various accrediting and regulatory bodies; works closely with Institutional Research Department (IR) to coordinate reporting of relevant data; participates in nursing operations and policy discussions; also may participate in BSN and MSN course development, review, and revision as available.</td>
<td>Full time</td>
</tr>
<tr>
<td>Evaluation/Assessment Team (Includes Capstone Supervisor)*</td>
<td>Two categories (Capstone Evaluators and Nursing SMEs) who use WGU-developed rubrics to grade Capstone Projects or performance tasks for nursing courses; deliver feedback to students; responsible for ensuring that assessments are bias-free and focus on the specific criteria to determine competence within each performance task. They are supervised by WGU Evaluation Management staff, who are experts that monitor the evaluation process and ensure validity and reliability of scoring results and timeliness of assessment results.</td>
<td>Some Full time Mostly Part time</td>
</tr>
</tbody>
</table>

**Prelicensure Clinical Faculty**

<table>
<thead>
<tr>
<th>Role</th>
<th>Description</th>
<th>Employment Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Instructors</td>
<td>Consist of staff employed at partner hospitals who help plan and implement the clinical intensive, supporting approximately 10 student-clinical coach dyads; responsible for assessment of students clinical competence.</td>
<td>Part time</td>
</tr>
<tr>
<td>Lab Instructors</td>
<td>Possess Master’s degrees with the expertise to instruct students in the specialty areas for which they are employed; teach skills in a variety of lab settings, from basic skills to advanced nursing assessments in high-fidelity simulation labs; generally have a cohort of 10 students.</td>
<td>Part time</td>
</tr>
<tr>
<td>Clinical Coaches</td>
<td>Expert staff nurses selected by the clinical agency, approved by the University, and having completed the WGU continuing education program on clinical coaching; work closely with a student in a one-on-one relationship (dyad) for a particular clinical intensive; provide frequent guidance and feedback to the student; collaborate with Clinical Instructor to promote appropriate clinical experience to achieve learning outcomes.</td>
<td>Adjunct Faculty (unpaid)</td>
</tr>
</tbody>
</table>

*Serve on Nursing Leadership Team

**Workload Implications**: Each of the faculty roles described above has specific expectations for interaction with the student and/or with other members of the faculty team. In contrast to the traditional faculty model, each type of WGU faculty is responsible for a primary educational task. One may be a learning resource specialist, for example, but does not also prepare lectures, create exams, or grade assessments. At WGU, because each member of the disaggregated model has a narrower range of responsibilities, he or she can focus on specializing in that primary activity and performing it exceptionally well (e.g., developing and validating assessments or evaluating student performance assessments using a rubric prepared by experts). This arrangement increases the number of students a course mentor can effectively support at one time.
Online Education Model: A critical feature of WGU is that all of its services and courses are available solely online, with the exception of Prelicensure Nursing in the College of Healthcare Professions and clinical experiences within the Teachers College as well as a limited number of in-house proctored assessments. Because the entire University functions in an online environment, numerous institutional mechanisms exist to promote student success. For example, experts in distance education develop online courses; special mechanisms exist to prevent fraud in test taking and written assignments; and students receive layers of support, including a solid orientation to the WGU online processes and the assignment of a student mentor.

Workload Implications: Whereas a number of nursing education experts have suggested that teaching in a distance education program creates added faculty workload burdens, in part due to increased time for course preparation and the need for more one-on-one student contact (Ellis, 2013; Anderson and Avery, 2008; Lenz et al., 2005), the extent of support available to students and faculty at WGU dissipates this burden that would normally fall on individual faculty. WGU’s institutional mechanisms address these factors leading to the extra burden of teaching distance education found in a traditional setting.

Competency-Based Education: One of the most unique features of the University that affects the role of faculty is that WGU is a competency-based institution. Success in a course is not related to length of time spent in that course or in a program, but depends upon the ability of the student to meet specific competencies. This means that while students will enroll in four or five courses per six-month term, they generally engage in one course at a time, completing each course sequentially during a term. As they successfully complete one course, they then engage in the next.

Workload Implications: This feature has many ramifications affecting faculty workload. Because there is no uniform length of time it takes students to complete a course; there is greater need for guidance and support for students to ensure they stay on track. Second, workload for mentors must be measured differently. Because a student may be “enrolled” in four courses at one time, but only “engaged” with one faculty member (course mentor), measuring the number of students “enrolled” in a course in a term inflates the student: faculty (course mentor) ratio. A third implication is that it heightens the importance of the competencies, suggesting the need for experts to continually review and revise those competencies and their accompanying assessments.

Rolling Admissions Every Month: Students can begin their academic experience on the first day of any month of the year. Furthermore, except in BSN Prelicensure lab and clinical courses, students are typically not part of a cohort of students who rely upon a fixed schedule of courses or group pacing.

Workload Implications: Because students work primarily at their own pace during each six-month term, the need for individual advising and support (student mentors) becomes much more significant to student progression and graduation than in a traditional university where students move together through a fixed semester.

Innovative Use of Technology: WGU has dedicated abundant energy and resources to the development and use of innovative electronic learning tools that maximize student learning without requiring additional faculty time. WGU
also utilizes innovative technology to promote security regarding objective assessments in an online environment. Here are two examples of the use of innovative technology that promotes student learning in nursing courses:

- **Advanced Information Management Technology course**—this course incorporates interactive software that is designed to challenge students with questions at the appropriate level of difficulty for the student’s skill level. As a student progresses, the material and questions become more difficult. For students who begin the course with strong information technology skills, the material is more challenging, and they can meet the necessary competencies more quickly.

- **Physical Assessment course**—Shadow Health is a software program that provides students the opportunity to take a patient’s history, engage in dialog with a patient, and complete a physical assessment. At the end of the assessment, the student receives feedback regarding performance and suggestions for improvement. The level of difficulty of the performance expectations differ according to the student’s educational level—BSN or MSN. This program is currently in the process of being integrated into the graduate and undergraduate health assessment courses and will be operational December 1.

**Workload Implications:** WGU’s commitment to using technology to achieve its goals has a direct impact on reducing faculty workload, thereby allowing them the opportunity to engage in professional development activities, service, and scholarly endeavors. By utilizing specialized software, students enjoy exceptional learning opportunities without the need for direct faculty engagement. WGU’s product development team spends a great deal of time researching and evaluating the effectiveness of these tools before selecting them. However, once they have been extensively vetted, they can promote learning without requiring additional faculty time.

**Summary of Disaggregated Nursing Faculty Model:** Nursing faculty members at WGU are academically and experientially prepared for the areas in which they work. Position descriptions for each faculty role include the academic requirements and standard definitions for what the University considers to be exceptional expertise in each of the Colleges (See Exhibit II-D.1.a-n: Nursing Position Descriptions.). Appendix II-D.5 illustrates the distribution of Master’s and doctorally prepared course mentors across programs. For example, 75 percent of mentors assigned to courses in the Master’s program possess a doctorate. For more detail regarding faculty credentials, see Appendix I-C.1: Faculty Experience and Education and Exhibit I-C.3: Faculty Curriculum Vitae.

**Faculty Staffing:** WGU evaluates the quality of teaching and learning in terms of student success and student outcomes (e.g., student satisfaction, On-Time Progress, graduation rates, and retention rates) rather than the typical structural measures, such as student: faculty ratios. The University carefully monitors these outcome measures, which provide early notification of when additional resources are needed. In addition to monitoring student outcomes, the Nursing Department tracks data regarding the number of faculty in the various categories to assist in meeting the resource needs for our rapidly growing programs. Exhibit II-D.3 illustrates the distribution of various types of nursing faculty in the disaggregated model—both full-time and part-time. Student mentors, together with course mentors, comprise the largest single component of the nursing faculty (83% of all FT faculty). This distribution demonstrates the importance of mentors to the success of the WGU disaggregated faculty model.
Among part-time faculty, it is not surprising that evaluators are the most numerous and represent the greatest FTE of any single category of part-time faculty. These nurse experts have a singular focus—to evaluate every performance assessment (not objective assessments) in every course—freeing the mentors to provide student and content support. When the five full-time evaluators are added to the total number of FTE part-time evaluators, the significance becomes even more apparent. The total FTE of all nursing faculty at the end of FY 2013 was 176.2. For a more complete enumeration of each category of full time and part-time nursing faculty see Appendix II-D.1: Disaggregated Nursing Faculty Model, Appendix II-D.2 Total Nursing Faculty – FTE 2013. For an overview of nursing faculty from 2011-2013 see Appendix II-D.3 Full Time Nursing Faculty Summary 2011-2013.

**Workload Measures:** At the end of FY 2013, the nursing enrollment in all programs (including the preclinical curricula) totaled 6,401. When this is divided by the total number of FTE faculty in the nursing programs (176.2), the resulting student: faculty ratio is 36.3 to one. Using this figure, however, as a means of comparing WGU faculty workload with that of traditional faculty is problematic for a number of reasons discussed above. Workload for each category of faculty at WGU differs in keeping with the varied job responsibilities.

**Prelicensure Program:** In this program, faculty-to-student ratios ensure adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

**Program Growth:** Commensurate with rapid growth in nursing enrollments, increasing from 2,072 in 2011 to 6,401 in June 2013 has been an expansion in nursing faculty positions. The nursing leadership team, with the support of Human Resources, has recruited, hired, and oriented faculty and staff to support the growth in teaching and program operations. The online model enables WGU to recruit highly qualified faculty throughout the country, thus reducing the impact on the limited faculty resources in any one geographic location. While enrollments have tripled since 2011, the total number of course mentors has more than quadrupled and the total number of student mentors has more than doubled (See Appendix II-D.3: Full Time Faculty Summary 2011-2013.). At the end of the FY 2013 there were a total of 32 course mentors, eight of whom were dedicated to the MSN program, and a total of 81 student mentors across all programs. We continually monitor the workload to support the success of our mentors as well our students. Nursing Leadership has developed a strategic plan for ensuring that the number of mentors continues to be sufficient to meet the mission and goals of the department (See Appendix II-D.4: Mentor Strategic Staffing Plan FY 2013-14.). At present, these numbers are sufficient to meet our overall expected outcomes, which will be discussed in greater detail in Standard IV.

**Unique Advantage of Model: Accountability:** Because multiple faculty at WGU are involved in the design and implementation of each course, faculty do not have as much individual ownership of or responsibility for the many aspects of a course as traditional faculty. However, at WGU, we consider this a powerful advantage. The entire curriculum and each individual course are designed and crafted by a team of subject matter experts and specialists in instructional design, learning resource acquisition, assessment design, and student evaluation. As a result, we believe the courses are superior and the level of accountability for the appropriateness and quality of each aspect of each course is heightened. Furthermore, the collaborative process of course design and review is far more
transparent, with more opportunities for feedback and intervention when problems emerge than in a traditional program with one or very few faculty responsible for all aspects of a course. In addition to the strong support mechanisms and workload considerations each faculty member receives additional training and support in the process of creating an online classroom environment that is supportive of students with varied learning styles and capabilities. In an effort to support continuous improvement initiatives and promote best practices, course mentors (CMs) engage in professional development opportunities on an ongoing basis. These opportunities take the form of live sessions, recorded tutorials, and asynchronous learning opportunities. In the last year, over thirty live training sessions were offered on topics including “From Webinar to Virtual Communities: Transforming Learning in Cyberspace,” “Academic Support in a Customer Service World: Consumer or Participant?” and “Teaching the Gap: Linking People, Content, and Delivery in Course Mentoring.” In addition, the team of CM Facilitators maintains a CM Training Resource site containing a database of recorded tutorials. These recordings are created by CMs for the benefit of the larger team and are available as just-in-time support. For topics requiring a more in-depth training experience, a structured approach incorporating synchronous and asynchronous elements has been designed to build competencies over time. The CM Training and Resource Web sites will be available for evaluators to review while on-site. Finally, twice a year the larger CM team meets in person to participate in the WGU Academic Meetings. During this time, CMs present to their peers on topics related to strategic initiatives and reflections on findings from studies and pilot projects (See Exhibit II-2.1.a: 2012 Academic Meetings Agenda; Exhibit II-2.1.b: 2013 Academic Meeting Agenda; Exhibit III-3.1: Best Practices in Mentoring Online Students Presentation; and Exhibit III-3.2: Best Practices Panel Discussion.).

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

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

Program Response:
The WGU model uses clinical coaches who serve as preceptors for prelicensure students in each of the clinical intensives. These nurses are academically and experientially qualified for their role. The role of clinical coaches in the Prelicensure Program is clearly defined with respect to teaching, supervision, and student evaluation and is consistent with and helps to promote the achievement of the mission, goals, and expected student outcomes. The Prelicensure Operations Team has worked extensively to ensure that all personnel involved in implementing this model are fully oriented to the WGU clinical learning model and the expectations for each participant—student, clinical coach, and clinical instructor. These roles are congruent with professional standards, such as the Baccalaureate Essentials (2008), QSEN (2007), and others identified in Standard I-A, including the goals of
providing patient-entered care, engaging in interprofessional collaboration, promoting professional values, and practicing evidence-based practice. Clinical coaches are essential to our ability to fulfill our mission and goals in at least three important ways—by providing for an extension of faculty, by expanding the availability of clinical placements to our students, and by providing professionally supported, competency-based, and personalized student-focused learning.

Qualifications of Coaches: WGU carefully screens coaches and orients them to their position. They are baccalaureate-prepared registered nurses with at least two years of continuous, full-time experience in direct patient care practice. Their credentials must also meet the regulatory requirements of their state board of nursing, which may be higher than a baccalaureate preparation. Occasional exceptions to the requirement of a BSN may be made in cases where three conditions are met: first, the clinical partner management highly recommends the nurse to serve as a coach; second, the nurse has a history of demonstrating exemplary nursing care in the clinical practice area specific to each course of study (i.e. medical-surgical nursing, obstetrics, pediatrics, mental health, or critical care); and third, the nurse has a strong commitment to teaching students. Since a master’s-prepared clinical instructor supervises student-coach dyads, educational and experiential expertise and supervision are available to support coaches who have an Associate Degree in Nursing. All coaches are full-time employees of the partner facility who agree to serve as a coach to WGU nursing students in the unit where they are employed.

Orientation of Coaches: The role of coaches is clearly defined and is consistent with professional nursing standards and guidelines. Before new coaches are permitted to begin serving in that capacity, WGU requires them to participate in a substantial orientation experience. All coaches must successfully complete a WGU-developed online course of study on clinical teaching approved by the American Nurses Credentialing Center (ANCC) for 14 contact hours of continuing education (See Exhibit II-E. 1: WGU Clinical Coach Training Module.). This course of study includes an overview of the competency-based model of education, the program mission and goals, and the expected roles and responsibilities for each coach. It also provides training in cognitive coaching, learning styles, giving effective feedback, practical considerations for coaching, and evaluation strategies. Upon the successful completion of this course of study, the newly appointed coach is awarded the status of adjunct faculty with WGU. In addition to the on-line course of study, state directors generally provide a second level of orientation to the coach through a face-to-face “kick-off” with new coaches. These face-to-face meetings typically include new clinical coaches, clinical instructors and the CNO and/or Education Director from the clinical site. The purpose of these meetings is two-fold—educational and team building. This meeting helps to reinforce the new coaches’ understanding and commitment to the nursing program mission and goals and to strengthen their understanding of the learning model and course study modules. During these meetings, the director provides an overview of the BSN Prelicensure Program and reinforces the conceptual model, mission and goals and the objectives of the clinical coaching model. Furthermore, the state director instructs the new coaches in the use of online tools and software for monitoring and evaluating student progress in the clinical setting. Including other members of the clinical setting (e.g., clinical instructor, CNO and/or Educational Director) ensures consistency and clarity in expectations.
among the various participants. In addition to reinforcing the content in the Adjunct Clinical Faculty Training Curriculum, this kick-off provides a personal introduction to the State Director of Nursing who is the liaison between the clinical site and the University. Prior to the beginning of a clinical intensive, the coach is also provided the following materials specific to the course and clinical requirements: Key Behaviors for Performance, skills checklist detailing the skills the student is allowed to perform, a power point reviewing the coach roles and responsibilities, coach best practices, a Clinical Handbook, and clinical instructor contact information (See Exhibit II-E.2: Clinical Faculty Handbook.). The clinical instructor works collaboratively with the coach, provides oversight of the coach/student dyads, and is responsible for formative and summative evaluation of clinical performance.

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

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

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

Program Response

Introduction: The University and Nursing Department provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes. As described in Standard I, the core operational principles of the University center on providing competency-based education, using technology to improve quality and efficiency, having a student-centric focus, and using a mentor-guided model along with external learning resources to facilitate student learning. These principles are the foundation of the expected faculty outcomes.

Faculty Evaluation Process: WGU recognizes as essential the continual evaluation of faculty performance in light of our mission to improve quality and expand access to nursing educational opportunities. To this end, the nursing program conducts regular and comprehensive evaluations of faculty performance. It is an ongoing process that employs four major components throughout the year—planning, mid-year review, annual review, and annual salary review (See Exhibit II-F.1: Performance Management Guide.). Each of the components involves a significant interaction between the faculty member and his or her manager. For example, in preparation for the annual and mid-year reviews, the manager gathers the relevant data and holds a teleconference with the faculty member during which all collected data are reviewed and discussed. Through this process, evaluations of nursing faculty are used to ascertain the faculty member’s achievement of goals supportive of student learning, scholarship, service,
and practice, if indicated. Particular reference is made to the faculty member’s professional development efforts and accomplishments in the prior year. Both during and as a result of these annual conferences faculty members set improvement and achievement goals for the coming year. As a competency-based institution, WGU is, of course, outcome oriented. Mentors are evaluated both quantitatively and qualitatively, primarily on the basis of the success of the students they support academically. In quantitative terms, mentors regularly receive data on student course completion, on-time progress to graduation, retention rates, and student satisfaction (See Appendix II-F.1: Student Mentor Performance Evaluation Criteria; Appendix II-F.2: Student Mentor KPI Scorecard; and Appendix II-F.3: Course Mentor Scorecard.). Quantitative data for individual mentors is compared to that of other mentors in the same department and across the Unit. In qualitative terms, both student mentors and course mentors assess their own effectiveness in their respective roles, including the positive effects they have on student learning and performance. As part of the review process, all mentors, in consultation with their designated manager, are encouraged to use these data for self-evaluation and in subsequent plans to improve performance and service to students. Results of the annual review are highly relevant to continued employment, salary increase, or professional advancement. It is essential to note, however, that within the faculty model, faculty members do not receive tenure. This is purposeful in that it is the desire and intent to remain flexible to changing programmatic needs.

**WGU Support:** The following section reviews a number of the ways in which the University provides support to faculty in the areas of teaching, scholarship, service, and practice:

**Teaching, Scholarship and Professional Development:** The faculty expectations related to teaching and scholarship are tightly interwoven. Nursing faculty are expected to support student learning and to engage in the scholarship of “teaching and application” (Standard I-C). A variety of professional growth and development opportunities exist that support the commitment to equip faculty with the skills, abilities, and dispositions to provide quality support for students engaged in competency-based programs that are both accessible and affordable. This expectation is evidenced by support for course mentors in developing technological and andragogical skills through weekly training and semi-annual academic meetings where best practices are curated and shared. Because of the differentiation of mentor roles and the recognition that effectively serving non-traditional students in an online environment requires particular skill sets, the University supports faculty training and professional development opportunities that emphasize these skills sets. Faculty members have continual opportunities for training in best practices. An essential part of preparing faculty for mentoring in the distance education setting is the initial and ongoing training of new faculty. Together, initial and in-service training provide extensive faculty support services related to the WGU distance education format.

- **Annual Meetings**—One avenue for this support is face-to-face academic meetings for training and discussion focused on strengthening support to ensure student success. These meetings are a significant investment for the University. The July 2012 Salt Lake City and Atlanta regional meetings cost approximately $1.4 million. Other regional meetings in 2012 cost approximately $637,000. Such
opportunities as those outlined above, together with training in the use of effective available technologies, enhance collaboration and support for students and provide optimal strategies for varying instruction to increase student engagement. Academic meetings include technology break-out sessions to inform and train mentors on how to use technology in a distance education format. Recent examples of training sessions include:

- Learning Communities -- Exploring the definition of Learning Community; preview of the new Knowledge Base tool coming on board with the New Student Experience.
- Course Mentor Scorecards and KPIs -- Reviewing the course mentor scorecard; discussion of strategies on how to use this new tool.
- Course Mentor Videos -- Strategies and tools used for effective video design; workshop for hands-on learning.

- Orientation—The onboarding process for new mentors provides good support and development to prepare them for their student responsibilities. Student mentors received a month of orientation without any direct student responsibilities. After one month, student mentors are assigned 20 students, in the third month, 20 more and so on until they reach the approximate threshold of 80 students. This usually takes a bit longer than 6 months to achieve given the realities of students changing status in a continuous enrollment system, but it illustrates how faculty are supported during their onboarding transition so they have time to develop and implement their systems and methods.

Initial training includes face-to-face workshops or Web conferences led by seasoned WGU facilitators, supplemented by completion of learning modules and hands-on practice. All new mentors are required to complete a Mentoring Course of Study following a day-by-day four-month completion plan. Each segment includes specific mentoring guidelines; recommended in-service topics; and references/links to best practices and strategies, technology help, and tutorial videos/recording sessions. Both student and course mentors complete a four-week audit process, in which they outline and display their newly acquired skills for their program manager.

- The Mentor Console offers an entire New Mentor Training section covering start-up topics such as: Working from Home Inventory; Telecommuting Course of Study; "how-to" pieces such as Shadowing Guidelines, Mentoring Glossary, and Whom to Contact; and job training such as Communication Protocols, Helpful Tips, and Degree Plan Notes. Mentor Console training offerings are also available to all faculty—new and experienced—for refresher training and mastery of changing policies and procedures.

- On-going Professional Development Weekly Mentor Training Sessions—State-of-the-art technology, tools, and training encourage mentors to use and model effective use of information technology for instructional purposes. In-service training and professional development sessions often focus on how to utilize technology to support student learning, e.g., managing Student Portal systems and online communities to encourage student participation. Both new and experienced mentors also attend weekly in-service sessions, which often focus on best practices in technology utilization, especially when new
systems or software are implemented. And semiannual faculty meetings include presentations on mentoring tools and resources, demonstrations of new products, and hands-on access to new technologies and online learning resources.

- Training often focuses on development of communication and organizational skills, strategies for improving student satisfaction and success, technology proficiency, and curriculum. A new “Mentoring and the Student Journey” training plan focuses on many key skills, as well as the best mentoring research and practices. The training includes a series of topics such as adult learning, affective learning, difficult conversations, and adapting mentoring style to changing mentoring relationships that are tied directly to a successful student mentoring model. Our most successful mentors assist in delivering the training, describing practices they use with our student population that support the model. The goal is to expand the skills of all mentors.

- An increase in the number of meetings and instructional sessions conducted in the Adobe Connect Pro rooms over the past few years has led to improved collaboration between mentors and students, as well as mentor-to-mentor. These same technologies also provide optimal venues for other kinds of instruction; therefore, the University provides many opportunities for faculty to attain proficiency in their use.

In addition to participating in faculty development opportunities, to fulfill scholarship expectations, all faculty members, especially course mentors, must maintain continued expertise in their respective content areas as outlined in their position description (See Exhibit II-D.1.f: Course Mentor Position Description.). As mentioned above, all mentors must also set professional development goals and join at least one professional nursing organization. The WGU Nursing Department supports that requirement by paying for the nursing organization annual membership fee for each mentor. Furthermore, within the Nursing Department a culture is evolving where scholarship is increasingly evident, although not expected or evaluated. To support that development, the CNO has established a new online community in the form of a Nursing Mentors Professional Development Committee to curate scholarly activities, set benchmarks for scholarly engagement, and to develop plans for internal and external professional development activities and support.

Service: All WGU faculty are expected to participate in service to the University and to the nursing profession. Within nursing, faculty members are expected to participate in departmental meetings and, in many cases, at the interdepartmental level as well (See Appendix I-D.2: University Academic Meetings, Membership, Frequency and Purpose.). The level of interdepartmental involvement among faculty varies according to the type of nursing faculty and the individual performance evaluation goals. For example, course mentors are to work closely with the product development department in designing and reviewing courses and assessments in their field of expertise (See Exhibit II-F.2 Product Development Feedback Model.). The University supports faculty participation in governance and committee activities through holding semiannual meetings for mentors and covering expenses of faculty associated with participation in these meetings.
**Practice:** WGU has an expectation that nursing faculty are competent and current in their practice and maintain all required licenses and certifications. Additionally, WGU supports nursing faculty in maintaining their clinical practice apart from their University roles by being flexible in supporting scheduling needs to accommodate time to ensure practice competency.

**References:**

**STANDARD II**

**STRENGTHS:**
- Good stewardship of fiscal resources;
- Strong support for academic services, including library, computing, and to meet student needs;
- Highly qualified chief nursing administrator who provides effective leadership
- Sufficient number of academically and experientially qualified faculty

**CHALLENGES/AREAS OF IMPROVEMENT:**
- Growth in the nursing programs, while a strength, brings additional challenges in managing the staffing
- Facilitate communication and feedback through engagement of National Directors, and Clinical Operations team with Product Management Team weekly meetings.

**PLAN/GOALS:**
- Include all nursing stakeholders in the Product Management Team bi-weekly meeting to facilitate communication and feedback for quality improvement.
- Continue to work with Assessment to improve grader feedback and shorten turnaround times.
- Improve facilitation of the Learning Communities as the Course Mentor role is expanded and refined
- Encourage mentor involvement in local nursing community activities including state action coalitions
STANDARD III

PROGRAM QUALITY: CURRICULUM, TEACHING-LEARNING PRACTICES AND INDIVIDUAL STUDENT LEARNING OUTCOMES

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

Key Elements

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

Program Response:

*Baccalaureate Program:* The nursing program’s mission, philosophy, goals, and conceptual model provide the basis for the development and revision of the baccalaureate nursing curriculum and are consistent with the statements of expected individual student learning outcomes (course competencies), as well as expected aggregate student outcomes. The baccalaureate program outcomes reflect the conceptual unifying themes upon which the curriculum is built. Program outcomes therefore inform the development and revision of course competencies and expected aggregate student outcomes. The conceptual model—*Journey to Well-Being*, illustrated in Figure I-A.1 above—features the centrality of the relationship between the nurse and patient in facilitating health and well-being. The model highlights Patricia Benner’s (2004) three professional apprenticeships (cognitive knowledge, clinical reasoning, and ethical comportment) essential to engaging in practice in a thoughtful, deliberate, and informed way. The use of Benner’s (2004) framework in the baccalaureate program, and in particular the Prelicensure BSN Program, is noteworthy as the framework provided direction for the development and implementation of the clinical coaching model which is described in more details in Key Element III-D. The *Journey to Well-Being* conceptual model also highlights the roles of the nurse as detective, scientist, and manager of the healing environment. These are important roles and the conceptualization of these roles has influenced the revision of current nursing courses, as well as the development of new courses in both the baccalaureate and graduate programs. The conceptual model therefore provides a broad, holistic view of nursing that is focused on the development of professional nurses, as well as on principles of patient safety, advocacy, and quality care as nurses engage with patients to facilitate their journey toward wellness. Expected aggregate student outcomes clearly derive from the program’s mission, goals, and program outcomes. The nursing faculty members have identified expected aggregate student outcomes, along with established benchmarks, in the systematic program evaluation plan (See Appendix I-B.1.). Results of aggregate student outcomes data are collected, examined, and analyzed, as directed by the systematic evaluation plan, to determine achievement of established
benchmarks. Appendix III-A.1 illustrates the alignment of the program’s mission, goals, program outcomes, course competencies, and aggregate student outcomes for the baccalaureate nursing program. The baccalaureate program has two tracks: BSN Prelicensure and RN to BSN. Students in the BSN Prelicensure track are initially enrolled in a Pre-Nursing term and receive a program code that is referenced as Bachelor of Science, Prelicensure Registered Nurse (BSPRN). Enrolled students are not officially admitted to the clinical nursing division of the baccalaureate program until they have successfully completed all the didactic requirements of the BSPRN curriculum. While enrolled in the BSPRN, students apply for admission to the BSRN. Admission requirements for the BSPRN and BSRN programs are found in the Nursing Student Handbook (Exhibit I-A.3: Nursing Student Handbook), as well as on the Department of Nursing Web site, http://www.wgu.edu/online_health_professions_degrees/. See Appendix III-A.2 for the Standard Path for BSPRN/BSRN and Appendix III-A.3 for the RN to BSN Standard Path. The discussion that follows, describing the recent revisions in the baccalaureate curriculum, is relevant to students enrolled in the Prelicensure BSN and RN to BSN tracks.

**Development and Revision of Courses in the Baccalaureate Curriculum:** The baccalaureate curriculum reflects faculty consideration of student learning needs. Faculty closely aligns courses with real-world competencies that are consistent with both the mission of the nursing program and the adopted professional nursing standards and guidelines. Since implementation in 2008, the faculty has created new courses and revisions of the curriculum have been implemented to ensure that graduates possess the requisite knowledge, skills, and abilities to provide safe, high quality nursing care. Course development and revision is initiated at the level of the National Nursing Advisory Committee and Nursing Program Council. As discussed in Key Element II.D, nursing advisory and program council members play a central role in identifying and articulating statements of competence that graduates must achieve by the completion of the program. Once the Nursing Program Council and the Chief Nursing Officer (CNO) have approved the competencies, course portfolio development work begins. The course portfolio is a comprehensive plan or ‘road map’ of the new or revised course. It therefore includes the course description and concept, pre-requisite courses required, and location of the course on the degree path. It also shows how the course aligns with relevant professional standards and guidelines, proposed instructional approach, and learning resources, along with assessments to measure competencies. The portfolio captures the collaborative endeavors of faculty with varied skill sets working in concert to ensure that program graduates achieve the expected outcomes of the nursing program (Exhibit III-A.1 provides examples of undergraduate and graduate course portfolios). New and/or revised courses are ‘launched’ or released to students once completed. Appendix III-A.4 provides examples from the baccalaureate curriculum of new and revised courses that were launched January 2013. These courses are required for students in the Prelicensure BSN Program, as well as for RN to BSN students.

**Master's Program:** The master’s program is congruent with the mission, goals, and expected individual student learning outcomes (course competencies) of the nursing program. Like the baccalaureate program, the unifying curricula threads are evident in the development of courses and related competencies. Aggregate student
outcomes for the master’s program are reflective of the mission and goals of the nursing unit and Appendix III-A.5 illustrates the consistency among the mission, goals, program outcomes, MSN courses and course competencies, and aggregate student outcomes. The curriculum for the master’s program was initially developed and implemented by nursing faculty in 2008 and incorporated knowledge and skills identified in The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996). Since then, the AACN publication The Essentials of Master’s Education (2011), QSEN Graduate-Level Competencies (2012), Graduate Nursing Genomics and Genetics Standards of Practice (ANA, 2011), the Institute of Medicine’s 2010 report, The Future of Nursing: Leading Change Advancing Health, and the current healthcare reform legislation have informed the faculty decision to significantly revise the master’s program. The master’s curriculum offers students a choice of two areas of specialization: Nursing Education or Nursing Leadership and Management. There are two pathways or tracks to achieving the MSN at Western Governors University: the BSN to MSN track and an RN to MSN track (See Appendix III-A.6 for the RN to MSN Standard Path; Appendix III-A.7 for BSN to MSN Standard Path.). The current revisions in the master’s program described below are relevant for both tracks.

Revision of the Master’s Program: Extensive faculty dialogue and debate characterized the evolution of a newly revised master’s degree from the very beginning of the revision process. For example, there was a great deal of discussion around the decision to include the direct care courses (the three “P”s—Advanced Pharmacology, Advanced Physiology and Pathophysiology, and Health Assessment (Physical) in the Master of Nursing Education and Master of Nursing Leadership and Management specialty tracks. Input was solicited broadly from working groups consisting of leaders in industry and academe, the nursing faculty, and the Nursing Program Council and National Advisory group. Exhibit III-A.2.a illustrates the various stages of review and discussion that resulted in the finalization of an MSN program standard path in April 2013 and the launch of MSN Core courses on September 1st, 2013 (Appendix II-C.3 provides membership of the MSN redevelopment group participants; see Exhibit III-A.2: Minutes Related to MSN Redevelopment.) All students in the revised master’s program complete the same core that consists of the nine courses listed in Appendix III-A.8. The Education specialization is evidence-based and aligned with national standards such as the Essentials of Master’s Education (2011), NLN Nurse Educator competencies and research related to effective teaching, learning, and role development. It provides the knowledge and skills that enable educators to teach effectively in diverse learning environments. The degree program is focused on the preparation of highly qualified educators for faculty positions and healthcare nurse educator leaders. The Leadership and Management specialization is evidence-based on national standards such as the AONE Nurse Executive Competencies (AONE, 2011) and research related to creating work environments that are collaborative, interdisciplinary, and promote effective functioning in complex nursing and healthcare environments. A summary of significant differences between the previous version of the MSN program and the revised program is given below and also illustrated in Appendix III-A.9: A Comparison Between the Old and Newly Revised MSN Program. Major changes in the revised program include the following:
• The total number of Competency Units (CUs) for the revised Master’s program has increased by 8 CUs, from a previous total of 30 CUs to 38 CUs, with 24 of the 38 CUs in the MSN core curriculum. The core curriculum is the same for both specializations (Leadership & Management and Nursing Education) and is described in detail below.

• The direct care courses are part of the Standard Path in the revised master’s program and include Pathopharmacological Foundations for Advanced Nursing Practice, Comprehensive Health Assessment for Patients and Populations, and Contemporary Pharmacotherapeutics. Ultimately the decision to include all direct care courses in the core resulted from the extensive process of review and feedback by multiple stakeholders and communities of interest.

• The addition of real-world projects to three of the MSN core courses, as well as a required field experiences in the core and in both the educator and leadership and management tracks, illustrates the emphases in the new curriculum on applying theory to practice settings as students engage with interprofessional teams to assume leadership roles in a variety of settings.

• The Capstone in the revised program has been redesigned to more specifically focus on the skills needed to implement a major initiative or quality improvement project, rather than the prior emphasis on primary research in nursing education. This new approach aligns well with the master’s program outcome to: Design innovative nursing practices to impact quality outcomes for individuals, populations, and systems congruent with ethical, professional and legal standards.

• Contemporary standards, new and expanding technologies, and the dynamic healthcare environment have informed the revision of competencies in courses such as nursing research, information management, organizational leadership, and interprofessional team.

• In the newly revised RN to MSN track, students complete three (3) advanced “bridge” courses (Advanced Evidence Based Practice, Advanced Professional Roles and Values, and Advanced Information Management and the Application of Technology). These courses have been revised to provide BSN level content, as well as graduate level content, thus accelerating student progression through the BSN and onward to the MSN degree. As indicated on the RN to MSN Standard Path in Appendix III-A.6, upon completion of the BSN core courses along with the BSN/MSN Bridge courses, they are then enrolled in the MSN core courses listed on Appendix III-A.8, and finally, the selected specialty courses towards the end of their program.

**MSN Specializations:** The MSN in Nursing Education specialty includes five courses: NURS 6120: Foundations of Nursing Education, NURS 6100: Facilitating Learning in the 21st Century, NURS 6130: Future Directions in Contemporary Learning & Education, NURS 6200: Nursing Education Field Experience, and NURS 6300: Nurse Educator Capstone. These five courses are entirely new as of September 1, 2013 and are aligned with the NLN competencies for Nurse Educators. The field experience will enable students to observe and practice one or more aspects of the Nurse Educator role while learning conceptually about the full depth and breadth of the role.
MSN in Nursing Leadership and Management specialty also includes five courses: NURS 6400: Principles of Organizational Performance Management; NURS 6420: Principles of Health Care Business and Financial Management; NURS 6430: Strategic Leadership and Future Delivery Models; NURS 6500: Nursing Leadership and Management Field Experience; and NURS 6600: Nursing Leadership and Management Capstone. These five courses are also entirely new and have been designed to align with the AONE nurse manager and nurse executive competencies, in addition to the Master’s Essentials and the ANA Scope and Standards for Nurse Administrators. The field experience in this specialization will prepare the graduate to apply situated leadership in context, a key element of competency-based learning and a key construct of effective learning. As previously stated, the Capstone is entirely redesigned with an emphasis on engaging with organizations to propose solutions that will assist the organization in advancing its mission.

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

- Baccalaureate program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008).
- Master’s program curricula incorporate professional standards and guidelines as appropriate.
  a. All Master’s programs incorporate the Graduate Core Curriculum of The Essentials of Master’s Education for Advanced Practice Nursing (AACN, 1996) and additional relevant professional standards and guidelines as identified by the program.
  b. Graduate-entry program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.

Program Response:

Baccalaureate Program: The Prelicensure BSN Program prepares graduates to function as novice professional nurses in the healthcare delivery system. The RN to BSN track is designed to enhance the professional role of practicing nurses. Graduates from the program are prepared to meet the challenges of a rapidly changing and complex health care environment that increasingly emphasizes patient safety, informatics, and genetics. The baccalaureate prepared nurse must therefore function in new and expanded roles, have a broader perspective of the profession, and use best evidence to guide practice decisions. The baccalaureate curriculum has been developed, implemented, and revised to incorporate current, relevant professional standards and guidelines consistent with expected program outcomes and expected aggregate student outcomes. The curriculum incorporates The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) to ensure students develop the knowledge, skills, and attitudes for providing safe, compassionate quality care consistent with expected program and aggregate student outcomes. Appendix III-B.1 illustrates the alignment of selected
Baccalaureate Essential Outcomes with program outcomes, selected course and course competencies, learning activities, and expected student aggregate outcomes. Additional standards used in the baccalaureate program include the ANA Code of Ethics (2001), ANA Essential Competencies for Genetics and Genomics (2005), QSEN Competencies (2007), and the ANA Scope and Standards of Practice (2010); see Appendix I-A.4 for a complete list of professional standards and guidelines used in the baccalaureate program. To ensure that all courses incorporate and align with adopted professional standards and guidelines, curriculum mapping is facilitated using the University’s proprietary database. The database provides a comprehensive picture illustrating where the curriculum aligns to the adopted standards and can also indicate areas in the curriculum that may not be well aligned. Exhibit III-B.1 provides three (3) examples of alignment reports showing how competencies from the baccalaureate and Master’s programs are aligned to QSEN, Institute of Medicine (IOM) Standards, and the nursing program’s conceptual framework. The discussion that follows provides examples of how the faculty has incorporated adopted standards in courses and learning activities to achieve expected student individual student learning outcomes and expected aggregate student outcomes. Concepts of patient safety and quality care emphasized in professional standards such as The Baccalaureate Essentials, QSEN, and Health Professions Education: A Bridge to Quality (IOM) are evident in nursing courses throughout the curriculum. For example, in the course RTT1: Organizational Systems and Quality Leadership, students must be able to apply quality improvement processes to achieve optimal healthcare outcomes, which contribute to supporting a culture of safety. Upon the recommendation of the National Advisory Committee, faculty have incorporated learning resources from the Institute for Health Care Improvement (IHI) that explore critical concepts such as medical errors; overcoming barriers to error disclosure; and current initiatives, strategies and tools to ensure safe, quality patient care. The CM for Organizational Systems and Quality Leadership maintains the local faculty chapter for the IHI Open University catalog from which key modules have been selected and implemented to support development of the competencies identified for this course. This is a required course for both prelicensure and RN to BSN students. The implementation of simulation experiences in most of the clinical courses in the pre-licensure program has been an effective strategy for incorporating concepts of patient safety, as well as assessing student performance in a safe environment. The BSN program uses a set of key clinical behaviors to determine student competence in simulation labs and clinical settings. These behaviors have been mapped to program outcomes and include safety, patient-centered care, ongoing surveillance, communication, clinical decision making/clinical reasoning, use of resources, professional behavior, organization of care, professional image, and interdisciplinary care (See Appendix III-B.2: Key Clinical Behaviors Aligned to Program Outcomes.). The key clinical behaviors are also consistent with competencies from adopted standards such as the Baccalaureate Essentials and QSEN and expected aggregate student outcomes, as well as the conceptual framework for the curriculum as defined in the Journey to Wellness model. The recent requirement for students in the baccalaureate program to complete a leadership learning project that focuses on real-life solutions to a problem in the healthcare setting represents a creative way for students to demonstrate leadership competencies. Both prelicensure and RN to BSN students take the PYT1:
Leadership Experience course; however, the performance assessments differ for each group. For prelicensure students, the leadership learning experience focuses on examination of the roles of a nurse as a detective, scientist, and manager of the healing environment identified in the Journey to Wellness conceptual model. Students focus on team dynamics in the healthcare organization where they complete the final clinical rotation. Students in the RN to BSN track demonstrate competence in leadership skills by completing a project that identifies a problem that is priority for a healthcare organization. The problem may concern nursing practice, policy, population, or education. Students conduct a thorough research review of the issue, develop a written proposal of a solution, and obtain verification from a leader in the organization that the proposed solution is relevant and pertinent to the specified facility. Samples of leadership projects from prelicensure and RN to BSN students will be onsite in the Resource Room for review (See Exhibit III-B.2: Baccalaureate Students’ Leadership Projects.). These examples clearly illustrate where and how content, knowledge, and skills required by adopted professional standards are incorporated into the curriculum.

Master’s Program: Expected individual student learning outcomes, as well as expected aggregate student outcomes, are consistent with the roles for which the program is preparing its graduates. Students are prepared to assume advanced roles in direct care (nursing education) and roles that focus on health care organizational systems (leadership and management). Roles of the nurse identified in the program’s Conceptual Model as Detective, Scientist and Manager of the Healing Environment are also consistent with expected individual learning and expected aggregate outcomes for graduate nursing students. The curriculum is developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and congruent with program’s unifying themes and student learning outcomes. Adopted professional standards represent the essential knowledge, skills, and values for the preparation of advanced practice nurses and are integrated into the course requirements. Consistency among the Master’s Essentials, Graduate Level QSEN Competencies IOMs, the conceptual unifying themes, and the MSN program outcomes is illustrated in Appendix I-A.7: Congruency among MSN Essentials, Professional Standards, Unifying Themes and MSN Program Outcomes. The integration of adopted standards is evident during the course development phase as professional standards and guidelines used to guide development or revisions of courses are reflected in the course portfolios (See Exhibit III-A.1. for examples of graduate course portfolios). An example of a newly revised course that reflects integration of adopted standards is UCC2: Advanced Information Management and the Application of Technology. This course was revised to better emphasize patient safety and evidence-based practice concepts and to closely align content with the Master’s Essentials and Graduate Level QSEN Competencies. Concepts relevant to educational technology, quality improvement indicators and outcome measures, human error and technology, and use of clinical decision support tools are evident during the development of the course and reflected in its content. ULT2: Professional Presence and Influence is an example of a newly developed course in the master’s program designed to assist students to see themselves as influential leaders in transforming health care by intentionally developing a focused mindfulness practice that can leverage their impact in any situation or environment. As indicated in the course
portfolio, the faculty used multiple professional standards and guidelines for the development of the course, including *The Master’s Essentials*, *QSEN Graduate Level Competencies*, *IOM Health Professions Education*, and *ANA Standards of Scope and Practice for Nursing Professional Development (Performance and Practice)*. (See Exhibit III.A.1. for examples of graduate course portfolios.). Appendix I-A.4 provides the complete list of professional standards and guidelines used in the master’s program. Appendix III-B.3 provides exemplars of alignment between *The Master’s’ Essentials* and select courses in the master’s program.

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

- The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities.
- Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.

**Program Response:**

**Baccalaureate Program:** WGU recognizes and embraces the concept of providing a well-rounded educational experience for our students, and a strong general education component is an important part of this preparation. To that end, baccalaureate students must demonstrate competence in the key areas of our General Education Model: Language & Communication, Social Science, Natural Science, Humanities, Quantitative Literacy, and Collegiate Level Reasoning and Problem Solving. The knowledge base forming the foundation of nursing practice is drawn from the principles and concepts of the Liberal Arts, Sciences, and the Humanities (See Appendix III-A.2: BSPRN/BSRN Standard Path; Appendix III-A.3: RN to BSN Standard Path; and [http://www.wgu.edu/online_health_professions_degrees/online_healthcare_degree](http://www.wgu.edu/online_health_professions_degrees/online_healthcare_degree).) The requisite general education courses contribute to the achievement of the baccalaureate nursing program outcomes. These requisite courses enable nursing students to communicate effectively; explore relationships among literature, philosophical beliefs, culture, and history; analyze the behavior of humans as individuals and social groups; and examine connections between science and nursing. Students gain an appreciation of the holistic nature of the individual and the many factors influencing change in the individual and society. From these experiences, students learn the life skills to serve upon graduation as resourceful role models for others. Appendix III-C.1 illustrates the consistency of prerequisite general education competencies with nursing courses and how the general education courses contribute to the achievement of the baccalaureate program individual and aggregate outcomes.

Early in the implementation of the Prelicensure BSN Program, faculty developed a model that defined student learning relevant to the education and development of professional nurses. The *Content Knowledge, Task/Skill Knowledge, Situated Use of Knowledge, and Synthesis of Knowledge and Ethical Comportment* model (CTUS Model), illustrated below in Figure III-C.1, incorporates concepts from Benner’s apprenticeship framework (2004) and has been particularly useful in structuring didactic and clinical components of the Prelicensure Program curriculum. The model illustrates that learning takes place on a continuum from simple to complex as students develop content knowledge, acquire relevant skills, and then apply what is learned in theory and learning labs in clinical settings.
As illustrated in the CTUS Model, the content knowledge required as a basis for the development of competence is verified and/or determined by standardized exams or performance assessments that have either been developed by content experts at WGU and validated as psychometrically sound by the assessment specialists at the University, or purchased from third party vendors. Clinical skills are acquired through supervised practice in a clinical skills laboratory using low-, medium-, and high-fidelity mannequins. Students must demonstrate both theoretical knowledge and competence in skills appropriate to clinical management of patients prior to progressing to the clinical setting. In the clinical setting, students are expected to demonstrate ethical comportment as they develop clinical reasoning and critical thinking skills necessary for the synthesis of knowledge—the final stage of the CTUS Model. The components of the CTUS Model are consistent with WGU Competency-Based Model. The pedagogical structure allows students to develop competence through structured, interactive, technology based, and clinical activities. Student competencies increase in complexity and critical thinking and are facilitated as they progress from content knowledge to synthesis of knowledge and ethical comportment. Additionally, students must demonstrate competence in content knowledge, task skills, and application prior to progressing to the clinical setting (See Exhibit I-A.3: Nursing Student Handbook; Policy #2482: Course Progression for Prelicensure Nursing.). Key clinical behaviors used by faculty to evaluate performance in the clinical settings clearly reflect increasing complexity as student progress in the curriculum (See Appendix III-C.2: Key Clinical Behaviors in the Baccalaureate Nursing Program.). It is important to note that students in the Prelicensure BSN Program are enrolled as a cohort and progress through the program in cohorts. This cohort model impacts student pacing, which varies from the Competency Based Model of WGU. One of the guiding principles of WGU’s Competency Model is that the pace for academic progression is determined by a student’s
ability to demonstrate achievement of competencies. WGU students have the opportunity, if they so choose, to accelerate their academic progression as learning is competency based and not measured by time on task or ‘seat’ time. While students in the Prelicensure Program may accelerate some non-clinical courses, progression to simulation learning labs and clinical settings is well-defined and determines the pace of progression in the program. Since Lab and clinical times are pre-determined the length of the Prelicensure BSN Program is five (5) terms or two–and–a–half years (See Appendix III–C.3: Sample Cohort Calendar.). The Prelicensure faculty (mentors and National Operations Team) developed a pacing guide that provides the logical sequencing and progression of clinical and non–clinical courses in the BSPRN and BSRN program (See Appendix III–C.4: BSPRN/BSRN Pacing Guide.).

**RN to BSN Track:** Students who have completed an RN from an associate degree program prior to WGU admission have usually completed the liberal arts requirements, including anatomy, physiology, and microbiology. Transcript review assesses these areas for completion. The Standard Path for RN to BSN students in Appendix III–A.3 shows the liberal arts requirements for the RN to BSN program. RN to BSN students undergo a Transfer of Credit (TOC) analysis to determine which courses completed in their previous educational programs WGU will accept.

Generally, all liberal arts courses that have been completed with a grade of C or better at a regionally accredited college will be accepted if they are comparable to those required by the WGU. Human development and nutrition may be transferred if it can be shown that they were integrated into nursing courses. RN–BSN students receive 50 credits of advance standing if they hold current and unencumbered RN licensure. Students may be awarded up to 39 units for general education courses completed at another institution. All courses required for degree completion may be completed at WGU and there are no course prerequisites for admission to the RN to BSN degree pathway. Students seeking admission must have an active license and be working in the field. Students complete 31 CUs of BSN nursing core at WGU. Appendix III–C.5 highlights the courses for the BSNU track that students must complete at WGU. As previously discussed, the nursing curriculum is based on a competency–based model and this has implications for the assessment of a student’s understanding of the core content prior to progressing in the curriculum. The benefit of the competency–based model is that it makes it possible for students who are knowledgeable about a particular subject to make accelerated progress toward completing their degree.

Pacing, as described earlier for the prelicensure BSN students, does not apply to RN–BSN students, as they come with a wide variety of experience and knowledge of the subject matter. However, students are guided to complete the community health field practicum and the leadership learning experience towards the end of the program. Students who choose to add additional courses during a given term must discuss course acceleration in detail with their mentor because accelerated courses not passed before the end of the term will receive a mark of *Not Passed* on the academic transcript, which could impact Financial Aid status.

**Master’s Program:** The MSN curriculum builds on the baccalaureate foundation. Students admitted to the MSN program must hold a bachelor’s degree in nursing or may enter through the RN to MSN bridge program. The MSN program builds on the knowledge, skills, and dispositions developed during a BSN program and expects the
student to apply more advanced leadership skills as either an educator or a manager. As previously discussed in Key Element III-A, the newly revised MSN curriculum consists of a total of five terms. The first three terms encompass the master’s core courses and the last two terms focus on the student’s chosen area of specialization. The sequence of these courses is intentional; they have been designed to build upon the BSN curriculum and to build upon each other as the student moves through the MSN program and into the field experience and Capstone. This is consistent with the WGU conceptual model (CTUS), in which learners seek to make sense of new educational experiences in light of their past and existing knowledge and then apply their new findings to real situations.

- **Examples of BSN program content used as a basis for MSN**—The first MSN course, *Translational Research for Practice and Populations*, builds upon the student’s baccalaureate-level knowledge of statistics and evidence-based practice to help develop skills in analyzing, interpreting, and translating research into nursing practice using principles of patient-centered care and applications to individuals and populations. Additionally, in the BSN course, *Quality Systems and Organizational Leadership*, students begin to develop leadership skills and an understanding of the role of the nurse as a leader in patient care quality. This helps to prepare them for the MSN course, *The Essentials of Advanced Nursing Practice* and its associated Field Experience, in which students are expected to engage in leading change in a clinical setting to improve quality care outcomes. In this course, students investigate an already implemented project using a national standard—the National Committee for Quality Assurance (NCQA) checklist. Appendix III-C.6 illustrates how select MSN Core courses are built upon related BSN Courses.

- **Examples of MSN sequencing**—*Essentials of Advanced Nursing Practice/Field Experience* is a critically important MSN core course. In order for students to succeed in this course, they need to have developed the knowledge and skills of earlier core courses, including *Pathopharmacological Foundations for Advanced Nursing Practice*, which embraces a global and community health approach, organized around contemporary health issues such as diabetes, head injury, or depression as they occur in discrete populations; *Translational Research for Practice and Populations*, which discusses evidence-based-practice and statistics; and *Comprehensive Health Assessment for Patients and Populations*, in order to identify relevant interventions for more complex health issues.

- Furthermore, the core courses help to prepare students for their specialty field experience and Capstone course, in which they to identify a problem in a practice or educational setting, choose appropriate stakeholders, plan a strategy for implementation, and design an evaluation plan using the NCQA’s Quality Improvement Analysis template. The focus of this experience is to analyze and document a recently implemented improvement or strategy. This experience requires talking with stakeholders and evaluating outcomes to gain a deeper understanding of the essential steps and components required for success in implementing significant changes in practice or education.
III-D. Teaching-learning practices and environments support the achievement of expected individual student learning outcomes and aggregate student outcomes.

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

Program Response:

The discussion that follows describes teaching-learning practices used with both the baccalaureate and master’s nursing programs. Strategies used to enhance learning incorporate adult learning principles, consider diverse learning styles.

Mentor-Guided Learning Model: In the WGU mentoring model, faculty roles are non-traditional and every student has access to personal student mentor and content experts, course mentors, for each course in their program. Course Mentors (CMs) are subject matter experts and as such are responsible for delivering the online components of the program. They actively engage students in the learning process using a variety of synchronous and asynchronous methods and strategies. These strategies are used to facilitate student learning and provide students with resources and assistance with course content. Examples of strategies CMs use to engage undergraduate and graduate students include:

1. Live webinars – CMs offer structured live webinars, which occur on scheduled days and times. Webinars may also be presented on particularly challenging topic (i.e., basic EKG interpretation). Many webinars are recorded to permit students who may be unable to attend to access the content at a later time that is more convenient for their schedule. This also facilitates listening to the content again, which may lead to greater assimilation of the course content by the students. One CM also saves the webinars in MP3 format, so that students can download them to iPods or MP3 players and listen to them as they drive, wait for appointments, etc. Here are some examples of student feedback (Exhibit I.B.3: Praise Reports, June- July, 2013; August 2013) concerning live webinars:

   a. “I got the most from the webinars and study guide; far more helpful in getting the message across than the text.”

   b. “The webinars made sense and were very easy to follow and understand; I enjoyed the diversity of education materials (i.e., critical reflection, readings, webinars, etc.) and never found I was bored during the course because the information was presented in various methods.”
2. CMs call and email individual students having difficulties completing tasks at a satisfactory level; they also engage students as a group to discuss challenging tasks. Often, the CM reaches out to students when notified of a second task revision. CMs also review student coaching reports on all failed assessments, develop and send out individualized study plans with recommendations on how the student can effectively engage the learning resources to achieve a successful outcome. Student feedback about the task engagement strategy has been very positive.

   a. “I participated in the Task of the Week Club and found these sessions extremely beneficial, even though I didn’t ask very many questions. Hearing the others’ questions and the professor’s explanations gave me the information I needed to continue with the task.”

3. CMs use Online Learning Communities to engage students through posting questions, scenarios, etc. From one student came this response:

   a. “This course was very challenging, but I learned so much and it really allowed me to work within the community and meet many people. It provided me with a better understanding of a serious epidemic and how I as a nurse can impact it.”

4. CMs guide students to helpful learning resources. One student commented:

   a. “I have been an RN for 28 years and this class really solidified my knowledge base as well as adding many new facets of information. I downloaded and favorites [sic] lots of sites, references and tools; I absolutely loved how each section was broken into pieces, showing exactly what was needed for each task, what videos to watch, other learning tools.”

5. One CM created a Web site for prelicensure students called “WGUNursesRock.” The site contains videos on test-taking strategies, quizzes, prioritization and time management in the clinical setting, topic reviews, SBAR practice, and more. CMs therefore provide high quality learning opportunities for students using an online, interactive forum. They assist students to focus on learning and achieving course competencies, not just on task completion. CMs support students in proactive, responsive, accessible manner and collaborate sharing best practices with colleagues across the University as well as the nation. Appendices III-D.1 and III-D.2 provide exemplars of teaching learning practices and environments in baccalaureate and master’s courses supporting individual student learning outcomes and expected aggregate student outcomes.

Student Mentors (SMs), although not directly engaged with teaching learning practices, fulfill a unique faculty role by assisting students to successfully navigate the University system and empowering them to make choices and achieve weekly learning goals. SMs therefore are critical in creating a positive, student-centric, online learning environment. SMs are in frequent contact and work closely with students, guiding them through courses and documenting their progress on the student degree plan. As a result of these interactions, SMs are often able to detect early warning signs of students who may be at risk of not meeting course competencies and intervene in a timely manner. Many best practices for mentoring students have come from SMs and their work with students.
(See Exhibit III-D.1: Best Practices in Mentoring Online Students Presentation; and Exhibit III-D.2: Best Practices Panel Discussion.). Student feedback on the mentor-guided model has remained consistently positive over the years and is confirmed by results from the Student Satisfaction Surveys. For example, the Fall 2012 Student Satisfaction Survey result related to mentor satisfaction was 91.1% satisfied or very satisfied and to 92.5% in Spring 2012 of students indicating being very satisfied with the mentoring support they receive (See Exhibit I-B.4: 2011 – 2012 Student Satisfaction Surveys.). The discussion that follows describes the teaching learning practices and environments unique to the respective baccalaureate and master’s programs.

Baccalaureate Program

Clinical Learning: Simulation Labs: The mechanism through which WGU prelicensure nursing students connect concepts from didactic to the clinical learning settings is through engagement with high-fidelity patient care simulation delivered in boot-camp style learning labs and specially designed patient care clinical intensives. Since this online nursing program does not have a physical campus, the lab itself becomes a critical learning strategy. WGU has formal agreements with simulation labs across the country to deliver simulated patient care learning to University students using a national simulation curriculum (See Exhibit III-D.3. for formal agreements with simulation labs.). WGU lab instructors guide these learning experiences, with lab management and coordination provided by the WGU National Simulation Director. In the clinical learning laboratories, students typically have between two and five eight-hour days per course to learn and practice patient care through simulated high-fidelity scenarios. The scenarios are specifically designed to address high-risk, high-volume patient diagnoses across the lifespan and to reflect Healthcare Cost and Utilization Project (H-CUP) hospitalization data and current quality and safety patient care standards. Use of high fidelity simulation gives students opportunities to develop and demonstrate competence in patient care prior to entering the clinical site, thereby shortening the onsite clinical rotation and allowing it to be more effective. Students are able to focus on synthesis of knowledge in the onsite clinical portion of the program rather than focusing on task learning. Students progress from the clinical learning lab to a patient care setting by demonstrating competence through passing performance examinations in the simulated lab prior to entering the clinical site. See Appendix III-D.1 for exemplars of teaching and learning practices and environments in the baccalaureate program.

Clinical Intensives: Following simulated lab practice, students move into the clinical intensives for reality-based “immersion-type” experiences that foster contextual synthesis of knowledge. Clinical learning incorporates a coaching model. The clinical coach is an employee of the clinical partner site, is recognized by their organization as a patient care expert, and has completed the WGU requirements to become clinical adjunct faculty, including an American Nurses Credentialing Center (ANCC) approved Coach Course of Study (See Exhibit III-D.4 for Clinical Agreements.). Key Element II-E includes a comprehensive description of the coaching model used with the prelicensure BSN students in the clinical setting. Student feedback and evaluation of the clinical coaching model have been consistently positive since implementation (Exhibit III-D.5: Clinical Intensive Evaluation Results).
**Clinical Post-Conference:** The Clinical Post-Conference occurs in the online Learning Community and is a summative reflective learning strategy. Upon completion of a clinical intensive, students post clinical reflections in a community of their peers and receive feedback from the clinical instructor, course mentor, and fellow students. This required professional discussion focuses on Key Behaviors and experiential learning in the clinical setting and further promotes synthesis of didactic content and clinical experiences. Appendix III-D.3 summarizes the strengths of the Nursing Clinical Education model highlighting specific features of the CTUS Model.

**Master’s Program**

Teaching Learning practices in the master’s program are appropriate for development of competencies for the roles for which students are being prepared. Like the baccalaureate program, practices such as the mentor-guided learning model are of paramount importance for students in the master’s program, and the consistently high scores achieved on the student satisfaction surveys (Exhibit I-B.4: 2011 – 2012 Student Satisfaction Surveys) are evidence of their effectiveness. Exemplars of teaching learning practices, as well as environments that support achievement of expected individual student learning and aggregate student outcomes, are illustrated in Appendix III-D.2. The discussion that follows describes teaching learning practices and environments unique to the master’s program.

Students in the Nursing Education track gain competencies related to curriculum development, instruction, and evaluation in **NURS 6100: Facilitating Learning in the 21st Century**. The course covers competencies relevant to teaching roles in various practice environments, including the traditional classroom, organizational training, and technology-based venues. Students explore contemporary practice of instructional design, curriculum development, competency-based learning, assessment development, evaluation, and reliability and validity measurement for emerging and future educational paradigm shifts. In the field experience, students apply core knowledge and skills in a practice setting. Inclusive in the practicum is collaboration with instructors, development and delivery of curriculum components, teaching strategies, and the opportunity to work on an education-specific improvement project. This prepares the student for the final requirement, the Capstone, where they collaborate with experts in the field to design, implement, and evaluate an improvement or innovation project that is aligned with the needs and mission of the organization within which they have been placed. For students in the Nursing Leadership and Management track, there is particular emphasis on quality improvement within and across the organization, drawing on evidence (data), management, and organizational development, and contemporary leadership strategies relevant to rapidly changing health care organization environments. Students also focus on the economic structure of the health care environment, financial principles, and budgetary tools and strategies to maintain efficiency and efficacy in the midst of rapid change. Particular emphasis is placed on systems, regulation, payer source and reimbursement, financial statements, variance analysis, cost-benefit analysis, marketing, business ethics, the politics of finance, and financial decision-making. Students in this track also demonstrate mastery of program competencies with the completion of a field practicum project that culminates in a final Capstone.
III-E. The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

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

**Program Response:**

The design, development, ongoing improvement, and implementation of the nursing programs reflect the needs and expectations of our identified community of interest (COI). The COI, as defined in Key Element I-A, includes current and prospective students, University faculty and staff, alumni, employers, regulatory agencies (i.e. state boards of nursing), and clinical and academic partners. The nursing program uses a number of formal and informal mechanisms to obtain input from the COI. For example, the WGU National Advisory Council meets twice a year and reviews the curriculum and program outcomes. In the context of the changing healthcare delivery system, this group has been critical to guiding nursing program goals so that they remain connected and relevant to trends in healthcare delivery and nursing education. Examples illustrating how COI needs and expectations have shaped the curriculum and teaching-learning practices in the undergraduate and graduate programs are described in the narrative below.

**Baccalaureate Program**

Typically, it is challenging for many adults to enroll full time in a nursing program while maintaining work and family responsibilities. The design of the Prelicensure BSN Program is a direct result of collaborative efforts with employers and educators to develop an alternative educational model that would provide an opportunity for incumbent workers, especially those with patient care experience, to pursue a BSN degree as they continue family and work responsibilities. The nursing program has benefited significantly from the oversight and guidance of our and the National Advisory Committee and Nursing Program Council members. These thought leaders, representing clinical practice and academe, took a leadership role in the creation of a clinical educational model reflective of contemporary nursing practice and consistent with national standards and guidelines.

As a result of comments from recent satisfaction surveys (See Exhibit I-B.4: 2011 – 2012 Student Satisfaction Surveys.), WGU has undertaken a revision of both the Community and Population Health course and the Community Health Practicum. The goal of this revision is to align the didactic course with the practicum by building on clinical engagement that begins during the didactic course and developing more individualized courses of study for students. For example, the Community Health practicum for prelicensure students is a very structured, supervised clinical experience, while the same course for RN to BSN students offers a more independent, self-managed clinical experience. Additionally, changes in how nurses engage communities and populations have broadened the opportunities for nursing students to think about community-based practice. The evolution from a traditional public health nursing model to more of a vertically integrated health system view of community and
population nursing will be reflected in the revised courses which are scheduled to launch February 1, 2014 (See Exhibit III-E.1: Community Health Course Discussion Related to Student Feedback). State boards of nursing also provide guidance and input regarding our nursing programs. For example, a recent revision to the health assessment course came about as a result of discussions with the Tennessee Board of Nursing. The change involved the incorporation of video technology for students to demonstrate skills in health assessment as part of the BSN program. Consistent with the WGU evaluation and competency-based education (CBE) model, the videotapes are graded by nursing evaluators against a standard rubric. This model is the cornerstone of CBE because it ensures consistency in grading and acknowledgement of student mastery of application in this area (See Exhibit III-E.2: TN Request for Initial Approval of Professional Nursing Programs).

Master’s Program
An entirely redesigned master’s degree curriculum has been developed and was launched on September 1, 2013, in response to several COIs and in particular to the newly revised Master’s Essentials. The new curriculum continues to support a bridge program allowing students to progress from an RN to MSN, achieving the BSN as they progress. This aspect of the program is responsive to the needs of newly graduated nurses with an Associate Degree in Nursing (ADN). Many ADN graduates have found employment opportunities increasingly challenging and in some geographic regions it may take new graduates an extended period of time to find employment as an increasing number of hospitals are hiring only baccalaureate prepared nurses. The RN-BSN and RN-MSN options allow students to work while seeking baccalaureate or master’s degrees, allowing them to move their career forward. The programs have been developed specifically in response to the needs of ADN graduates and their employers. Additional mechanisms for obtaining input from the COI are the regularly held student focus group sessions and administration of student satisfaction surveys twice yearly. Valuable information is gleaned from students who are encouraged to share their experiences with the WGU model. Their feedback—both praise and concerns—is used for programmatic improvements. In one instance, MSN students expressed concern about not having sufficient guidance and support from Capstone faculty when designing and conducting their research projects. These concerns were voiced not only by students, but also by student mentors (SMs) and program managers. Nursing management responded to this concern by significantly increasing the number of doctoral prepared faculty (including evaluators and CM) to work with Capstone students. They also created a new position—Capstone supervisor—to manage the new organizational structure. Capstone evaluators, unlike other evaluators at WGU, engage with students by phone and email and are assigned students from the start of their Capstone projects to completion. This process now provides the continuity and consistency that students value as they work through their Capstone projects.
III-F. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student learning outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

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

Program Response:

Evaluation of Didactic Performance: Evaluation of didactic performance is consistent for all students in undergraduate and graduate nursing programs at WGU. Therefore the description that follows applies to all nursing programs. Specific program-related measures are identified and described under the respective program. Evaluation or assessment of student performance aligns directly with course competencies (expected individual student outcomes). During course development, a team of stakeholders representing the Assessment Design and Development Department, the Program Development department, faculty, and others determines what type of assessments provide the best measurement of competency for the course. Assessment types may include objective exams, performance tasks, clinical evaluations, or third party assessments that align to expected outcome competencies. Objective assessments, whether developed internally or by a third-party, are taken online at secure, proctored sites. Mentors work with their students using a variety of methods, including focused questioning and pretests, to determine when students are ready to demonstrate competency through assessment. Mentors refer students for objective assessments, which the Performance Evaluation Department schedules. Results are uploaded from the testing sites to the WGU portal and results are automatically registered in the student’s Degree Plan (DP). The mentor counsels the student regarding objective assessment results and, if necessary, develops a remediation plan to facilitate success on retaking the objective assessment.

The Nursing Product Development Manager is a nursing curriculum expert who guides all product development for nursing under the leadership of the Chief Nursing Officer in collaboration with the Senior Mentor Manager and nursing faculty. The faculty develops performance task assessments in conjunction with the Nursing Product Manager and the Assessment team. Performance assessments are generally made up of a series of tasks. Each task undergoes a rigorous review process to assure alignment of tasks with selected competencies and objectives; to assure the clarity of instructions for the student and for the grader; and to assure the rigor and proper alignment of the evaluation rubric. The University has well-defined and clearly delineated policies in the Student Handbook regarding assessment and number of retakes allowed per assessment (See Exhibit I-A.3: Nursing Student Handbook.). Outstanding student work is acknowledged by receiving scores of four (4) on the rubric. In March
2013, the Evaluation Department began an Example of Excellence program in which evaluators nominate students for recognition of exemplary work. Students receive email congratulations from the Director of Performance Evaluation and a certificate mailed to their home (Exhibit III-F.1: Exemplars of Outstanding Student Work Certificate).

**Baccalaureate Program**

**Evaluation of Clinical Lab Performance:** Prelicensure baccalaureate students are evaluated in the learning lab setting as a progression requirement for clinical intensives. Evaluation takes two forms—skills and simulation. Skills assessment is done in the Foundations lab and in the course *Caring Arts and Science Across the Life Span I (CASAL I)*. These skill assessments test student ability to perform basic nursing skills from personal care to urinary catheter placement. A standardized Certified Nursing Assistant Skills exam developed by Prometric, a global provider of comprehensive testing and assessment services, is used for the Foundations assessment. Students must pass this exam to be admitted to the program. The *CASAL I* exam was also developed by Prometric with faculty input. Students must pass this exam to progress to *CASAL I clinical* (See “Progression” in the *Student Handbook*.). Lab instructors who have been oriented to testing processes and procedures administer the Prometric exams. A student who fails multiple skills and critical checkpoints is considered to have failed the exam and progression in the nursing program is modified (See Exhibit I-A.3: *Nursing Student Handbook*.). Students who are in simulation labs must pass simulation assessment exams to qualify for clinical intensives for specified courses. Simulation performance assessment involves a student engaging in a course-specific, 30-minute patient care scenario designed to test the student’s ability to provide patient care at the expected level of competence. An evaluator scores the simulation assessment using an internally developed simulation performance rubric that incorporates the clinical competencies, including safety, patient-centered care, ongoing surveillance, communication, clinical decision making/clinical reasoning, use of resources, professional behavior, organization of care, professional image, and interdisciplinary care. Student assessments in the labs are also videotaped; and the videotapes are especially helpful when questions arise about student performances on lab assessments.

**Clinical Evaluation:** Students are evaluated in the clinical setting based on nine Key Behaviors. While the Key Behaviors are the same for each clinical course, the course specific performance criteria vary in content and complexity as the student progresses in the program (See Appendix III-C.2: Key Clinical Behaviors in the Baccalaureate Nursing Program.). The clinical instructor conducts final student evaluation in the clinical setting using information obtained from interactions with the student/coach dyad, student journals, student post-conference postings, and daily coach observation forms (See Exhibit III-F.2: Clinical Coach Observation Form.). Throughout the clinical intensive, the clinical instructor (CI) supports the coach/student dyads in the clinical setting by providing assistance in day-to-day student development of competence. Upon student completion of the clinical intensive, the CI completes an online Clinical Evaluation form (See Exhibit III-F.3: Student Clinical Evaluation Form & Progression Recommendation.). Once submitted, the electronic evaluation is immediately accessible by the student. In the final component of the clinical evaluation process, the CI completes an electronic
recommendation. The recommendation form consists of five queries or elements: whether additional clinical shifts were needed to achieve satisfactory competence; whether a disposition was filed; the CI’s recommendation for progression; comments (if the recommendation is that the student not progress); and e-mail notification to the WGU state director (if the recommendation is that the student not progress). The data in this recommendation form are ultimately recorded in the student’s Degree Plan.

Master’s Program
As described early in this Key Element, the evaluation process for didactic performance at WGU is consistent for all students in undergraduate and graduate nursing programs. Therefore the standardized processes, procedures, and policies related to objective and performance assessments are applicable to students in the master’s program as well. The discussion that follows highlights evaluation procedures unique to the master’s program. The current MSN program (phased out August 31, 2013) combined the field experience with the Capstone experience so there was no separate provision for field experiences in the degree plan. As the Capstone Archives illustrate (Exhibit III-F.4), students engage in very contemporary and relevant Capstone projects, all of which require significant interaction with nursing practice and education settings to achieve the project goals. While WGU does not ascribe to the “clinical hours as a measure of competency” model that prevails in nursing, the reality of a clinical hours model affects our graduate students who may wish to pursue a Doctor of Nursing Practice (DNP) degree or other post-master’s opportunity, so the ability to demonstrate specific field experiences and account for clinical hours was one aspect considered in the new MSN degree. The current Capstone model does require a step-by-step approach to Capstone completion with evaluation against specific rubrics occurring at each step. This progression model has proven to be useful in building student learning and competency and will be retained going forward with a modification in the focus shifting from a primary research focus to a focus on contemporary needs, issues, and problems in education or leadership settings. In the new MSN program, a field experience is a designated course within the MSN core, with an additional field experience within each of the two specializations. The field experiences are structured with identified preceptors and performance tasks specific to the competencies for the course. The new rollout plan will incorporate rubrics and tools to support evaluation of the competencies. For an example, please see Exhibit III-F.5: Advanced Nursing Practice Field Experience Performance Task and Rubric Sample).

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

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of individual student learning outcomes. Such evaluation activities may be formal or informal, formative or summative. Curriculum is regularly evaluated by faculty and other communities of interest as appropriate. Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement.
Program Response:
Upon completion of each course, students are prompted to complete an anonymous online survey that seeks their feedback about the course and learning resources, as well as an evaluation of the course mentor. Each course contains a feedback link that students, mentors, and others are encouraged to use to submit feedback for product development. Comments received are categorized, prioritized, and triaged to the appropriate individual in either product development or mentoring to respond and create ‘fixes’ (restoring broken links, editing for clarity, or other minor but important revisions), or identify necessary long-term solutions. A comprehensive listing of course-related issues received, along with ‘ownership’ or the responsible person responding to the issue and current status, is kept in the Health Profession Feedback site and is available for evaluator review. More extensive improvements that are identified require discussion at the bi-weekly Nursing Product Development meetings (See Appendix I-D.3: Nursing Committee Structure, Membership, and Meeting Frequency.) where priorities for major course revisions can be confirmed (Exhibit III-G.1: Nursing Product Development Meeting Minutes). The Nursing Product Development Manager communicates these decisions to the product development team. Figure III-G.1 below provides an illustration of the types of feedback received for the new BSN core courses for the first 6 months of 2013. The record count on the Y-axis shows the number of feedback reports received for each of the courses. Reports can be generated to show all types of feedback received or can be customized by course code, by program, by degree, by feedback type, feedback subtype or by the category of user who submitted the report. This reporting flexibility is critical in being able to conduct analyses of courses. Appendix III-G.1 provides definitions for the Types and Subtypes of Feedback as well as how feedback is prioritized. Subtypes provide for assigning the improvement task to the appropriate department for response. Response times to resolution are also tracked.
A quick glance at this graph illustrates a large number of reports of “overall concern” (orange) for the Information Management and Application of Technology (ATC1) course. When ATC1 was first offered in January 2013, as part of the new BSN revision, students were doing poorly on the assessment and gave feedback that the learning resources were not appropriately aligned with the assessments. The development team immediately took action and completed an audit of the assessments for appropriateness and alignment with learning resources. Several steps were taken to mitigate the student experience with the course. An immediate item analysis and psychometric evaluation of the assessment exam was performed. This analysis resulted in a new cut score and some rescoring for students who had previously taken the exam. For students who had not engaged in the course (despite it being on their degree plan), the course schedule was adjusted to remove the problematic course and reinsert it after its revision in September. For students who had engaged in the course and were not successful on the exam (even after rescoring), individual mitigations were designed, including term extensions and tuition discounts as appropriate. The learning resources have been redesigned and the monitoring of student performance in the revised course is ongoing by the Product Management Team. Appendix III-G.2 provides a summary of how faculty used focus group feedback from students to make programmatic improvements.
STANDARD III

STRENGTHS:

- Revised competency-based undergraduate and graduate curricula are congruent with contemporary nursing standards and guidelines.
- Innovative delivery learning models such as the mentor-guided model for didactic and the coaching model in the clinical setting are used.
- Established partnerships exist among clinical agencies, the University, and community colleges to support clinical learning.
- Students have the flexibility to learn without the traditional constraints of fixed class times.
- Program leadership is able to respond quickly to feedback from communities of interest to make necessary programmatic improvements.
- On-going evaluation of teaching-learning processes allows for timely review of issues so faculty can take corrective actions.
- Use established standardized assessment methods.

CHALLENGES/AREAS OF IMPROVEMENT:

- Strengthen process maps to clarify roles and accountabilities in the program development processes (nursing subject matter experts (SMEs) both internal and external, Instructional Design, Program Development, and Assessment).
- Improve timeframes for pre-launch activities for new programs to ensure more complete information for potential students, any crosswalks for existing students, and other relevant information about significant program changes.

PLAN/GOALS:

- Strengthen the process of clarifying roles and responsibilities in the program evaluation processes.
- Implement a Competency, Objectives, and Assessment Validation process (COA) earlier during course development, to include nursing course mentors and external SMEs to finalize all course portfolios before course and assessment development begins. (This began in September 2013.)
- Implement alpha testing of all new objective exams prior to program pre-launch dates to better analyze alignment and measurement of exams.
STANDARD IV

PROGRAM EFFECTIVENESS: AGGREGATE STUDENT PERFORMANCE AND FACULTY ACCOMPLISHMENTS

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

Key Elements

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

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

Program Response:

The nursing program uses surveys and a variety of data sources to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates. By collecting and analyzing these outcome measures, the nursing programs demonstrate dedication to their mission and to the elements encapsulated in the promise statement discussed in Standard I, including a commitment to individual student success, supporting on-time progression and graduation, ensuring individualized response to student needs, and being accountable for the quality and integrity of the nursing education programs. WGU relies heavily on data to evaluate the effectiveness of its programs and to shape their improvement. The University Institutional Research Department (IR) is central to all data functions within the University and provides monthly reports to all unit heads and Associate Provosts on key performance indicators, which include graduation rates, retention rates, student satisfaction rates, and On-Time Progress rates (OTP). Because programs at WGU are primarily online, data is aggregated nationally, and in some cases, disaggregated by state. Exceptions exist for the Prelicensure Program, where site-specific information, such as feedback related to labs or clinical settings and NCLEX-RN® pass rates, is
relevant. Processes are in place for the regular collection of aggregate student outcome data for the nursing programs, including the Key Performance Indicators (KPIs, mentioned above), alumni satisfaction, job placement rates, employer satisfaction rates, Prelicensure Program NCLEX-RN® pass rates, and clinical site and faculty evaluations. Benchmarks have been established for program outcomes and are indicated on the program evaluation plan (Appendix I-B.1: Systematic Program Evaluation Plan). Appendix IV-A.1: Nursing Outcomes - Data Sources and Definitions and the discussion that follows describe the major surveys and data sources currently used and those that will be implemented for the collection of student, alumni, and employer data. Additional program outcome measures include student focus groups, end of course assessments, and feedback from communities of interest. These processes and outcomes are discussed in greater detail in the context of student governance and Communities of Interest (COI) in Standard I.

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

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

Program Response:

Process of Analysis: As identified in the Nursing Department Systematic Program Evaluation Plan (See Appendix I-B.1: Systematic Program Evaluation Plan.) a wide variety of nursing personnel are responsible for monitoring and analyzing student outcomes. In its weekly meetings, the Nursing Department Product Management Team takes the lead in providing a forum for identifying many of the issues related to student outcomes that need to be addressed. The Nursing Leadership Team, including the Chief Nursing Officer (CNO), mentor managers, state directors, assessment personnel, curriculum development personnel, and course mentors relevant to the discussion topic, participate in these meetings. They review the most recent outcomes data, identify areas of concern, discuss steps being taken to address those concerns, and/or plan future interventions. Examples of agenda items include the recent and ongoing standard path curriculum revisions for BSN and MSN programs, interventions to address specific student/course mentor feedback, unanticipated patterns in course assessment results, student or mentor concerns related to learning platforms, and changes in learning resources. In addition to the weekly Product Management Team meetings, the National Operations Team (including each of the prelicensure state directors, the national clinical director, the national simulation director, the prelicensure mentor manager, and representation from the Product Management Team) meets twice a month to review student performance data and concerns related to the Prelicensure Program. Furthermore, the Mentoring Leadership Team (consisting of the nursing mentor director and student mentor and course mentor managers for each of the nursing programs) meets weekly to review student and mentor performance metrics. These metrics include student satisfaction with mentors, student retention rates, and student on time progress (OTP), all of which are used to evaluate mentor performance. For matters related to alumni, the Institutional Research Department (IR) uses two primary survey mechanisms: a Graduate Application Survey that all graduates complete as they graduate.
and an annual Alumni Survey conducted by Harris Polling, in which a sample of 1,000 WGU alumni representing all programs are invited to participate. The Chief Nursing Officer, Nursing Operations Team, and the Product Management Team review the results of these surveys to identify concerns and to formulate plans for improvement.

Outcome Measures

13-Month Retention Rate: Because WGU has rolling admissions—new students begin every month of the year—retention rates are reported each month. Tracking these retention rates is very important to the organizational emphasis on student success. The 13-month retention rate is a Key Performance Indicator (KPI) that is reported monthly to each department. It is measured by looking at the total number of students who first enrolled 13 months ago, and taking the percentage of those who are still active (or who have graduated) 13 months later. As illustrated in Appendix IV-B.1, 13-month retention rate benchmarks have been met or exceeded for the past three fiscal years by each nursing program with the exception of MSN education, which fell short by about 3 percent in 2013.

On-Time Progress: Another student success measure that reflects the University’s mission and goals is On Time Progress (OTP). Like retention rate, OTP is a Key Performance Indicator that IR tracks and reports to all departments monthly. This indicator is defined as the ratio of active students who have completed all competency units they attempted divided by the total active student population for a specific period of time. Appendix IV-B.2 demonstrates that each of the nursing programs has exceeded the goal of 63 percent OTP over the past three fiscal years. Furthermore, all programs, with the exception of the RN to BSN program, have demonstrated improvement during this period of time.

Graduation Rate: Graduation Rates are also a Key Performance Indicator at WGU. These rates are analyzed by program, based on average predicted progression rates for each program. For example, the Prelicensure Nursing Program is designed to take five, 6-month terms to complete, so a 3-year graduation rate is the selected benchmark. As shown in Appendix IV-B.3, the nursing programs vary in achieving the department benchmarks. For example, the RN to BSN program, with a 2-year graduation rate of 75 percent, exceeds the graduation rate benchmark of 71 percent. The Prelicensure Program, our newest program, demonstrates the lowest graduation rate this year—49.3 percent—in the first year this measure (3 year graduation rate) could be applied. In 2013, the MSN program demonstrated a 53.4 percent 3-year graduation rate that also falls somewhat short of the expected outcome of 60 percent. These are discussed further in IV-C below.

Student Satisfaction Rate: Student Satisfaction Rate is highly valued at WGU and is considered one the Key Performance Indicators (KPIs) for the University. It is collected twice per year via a survey of currently-enrolled students. Appendix IV-B.4 reveals that a very high percentage of nursing students are “satisfied” or “very satisfied” with their program. The exception is our newest program—Prelicensure—where student satisfaction rates have wavered between 2 and 15 percent below benchmark for the past 3 years. These surveys enjoy a relatively high response rate (overall student participation); in spring 2013 the response rate was 43 percent. The Student
Satisfaction Survey includes specific questions related to resources, academic support services, mentors, and overall educational experience (See Appendix II-B.2: Student Satisfaction Survey Results for the aggregate nursing program results for the past three years.). The student satisfaction survey question relating to mentors in Appendix IV-B.5 reveals a very similar pattern. All programs, except Prelicensure, demonstrate a level of student satisfaction that is 90 percent or higher.

**Alumni Satisfaction:** In addition to the Key Performance Indicators that are tracked routinely across all University programs, WGU collects data related to alumni and employer satisfaction to ensure our alumni are satisfied with their education and to evaluate alignment of programs and competencies with workforce needs. Appendix IV-B.6 is based on data obtained from the Graduate Application, which is completed at graduation and has a high participation rate. This survey contains both general questions related to WGU and nursing specific questions. All of the nursing programs exceeded the benchmarks among alumni; see Exhibit IV-D.1: Graduate Application Survey.

**Alumni Employment:** At WGU, the most commonly used survey to measure alumni employment rates is the Graduate Application Survey. The results of this survey, as demonstrated in Appendix IV-B.7, indicate that the prelicensure alumni fall short of the expected 80 percent employment, while alumni from all other programs exceed the benchmark for employment rate. While we recognize that the timing of this survey limits its usefulness for measuring alumni data, especially for the graduates of the Prelicensure Program, we recognize this opportunity for improvement in alumni data collection. Toward that end, the CNO has been working closely with the Institutional Research Department to supplement the existing Graduate Application survey with additional alumni survey mechanisms. One such mechanism is a comprehensive survey of all alumni that the University conducted through a third-party vendor (DataMark) during the summer of 2013. The results of this survey, which included several employment-related questions, indicate that alumni from all nursing programs exceeded the benchmark of 80 percent. The results indicate that at least 90 percent of graduates from each program were employed, and approximately half had increased their income since graduating. Of those in the MSN programs, about half of the respondents had received a promotion or a new job. In addition to the above-mentioned survey, the CNO collaborated with Institutional Research to develop another survey for capturing more descriptive data from this historically low response rate population. As a result, in August 2013, a questionnaire was sent specifically to all nursing program graduates inviting them to share their individual stories. These qualitative data will be available in time for the CCNE site visit. The CNO continues to plan with WGU leadership to develop strategies for the routine collection of nursing alumni data with a sample large enough to permit analysis by program.

**Alumni Employer Satisfaction:** Another important measure, but one that has also proven challenging to obtain given our large, on-line student population, is employer satisfaction. WGU conducts an annual survey of employers; however, the sample size of employers has been small. In order to obtain a sample of employers, students must first respond to the Alumni Survey or the Graduation Application Survey and grant permission to contact their employer. WGU has engaged Harris Interactive, Inc., a team of polling experts, to contact the employers of WGU graduates and conduct the Employer Satisfaction Survey. While the employers who were
interviewed have indicated very high rates of satisfaction, the response rate for this measure is not significant and results cannot be considered a valid outcome measure. Appendix IV-B.8.a illustrates the results for the past two years. While the University did not previously provide data by program, the data collected in August 2013 did capture program-specific data for the first time. The employer respondents are managers/supervisors of WGU graduates or other employers who are very or somewhat familiar with the WGU graduate’s abilities as an employee. Data is collected via in-depth phone interviews. Appendix IV-B.8.a addresses employer ratings of competencies relevant to nursing, in addition to a poll the University commissioned to gather even more insight regarding how employers view the skill sets of our graduates (Appendix IV-B.8b: 2013 Harris Interactive Poll of Employers of WGU Graduates). The CNO continues to work with the University leadership to develop strategies for collecting this important information about our alumni.

**NCLEX-RN® Pass Rates:** In addition to the above outcome measures for all nursing programs, the Nursing Department tracks NCLEX-RN® pass rates for the Prelicensure Program. Although this program currently exists in five states, it has only existed long enough to have produced graduates in two states—California and Texas. Appendix IV-B.9 presents the results of NCLEX-RN® testing during the past two WGU fiscal years based upon the results of each state’s reports. The exhibit does not include students who have tested since the latest results were reported. California reports NCLEX-RN® scores quarterly and Texas reports them annually (October 1- September 30).

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

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

**Program Response:**

**Introduction**

The results of student outcome data indicate that the nursing programs at WGU are very effective in achieving their mission, goals, and expected outcomes. Given the challenges facing such a large, rapidly growing, and innovative Nursing Department, the outcome data describe a strong program that identifies and quickly responds to emerging problems. The outcome measures discussed in Standard IV-B above suggest that the nursing programs are meeting or exceeding the identified benchmarks in all but the following program-specific measures: Prelicensure BSN—overall student satisfaction, and employment rates; and MSN—retention and graduation rates. These will be discussed in the context of each program below.
RN-BSN Program
This program is the largest and the fastest growing of all nursing programs at WGU and it meets all of its student outcomes benchmarks. It continues to be a success in providing opportunities for employed nurses throughout the nation to obtain a BSN degree. With nearly 1,000 alumni responding, 96 percent reported being employed and, of those, 44 percent indicated their salary had increased since beginning their studies at WGU. Students and alumni from this program consistently demonstrate a high level of satisfaction. And, this program has shown continual improvement in its three-year graduation rate—achieving 75 percent in 2013, exceeding its benchmark (71 percent). In light of the rapid growth in this program, more than doubling the number of students each year, this is a significant accomplishment.

Prelicensure BSN Program
Graduation Rate—This is the smallest and newest nursing program at WGU, having started in 2009. It continues to evolve as best practices are identified and program improvements are implemented. The low (49.3 percent) three-year graduation rate, while below the benchmark (52 percent), is not surprising for such a young and innovative program. This rate is, however, comparable to national graduation rates for public universities (IPEDs data reports a national 6-year graduation rate of 59% for new bachelor’s degree seeking students http://nces.ed.gov/fastfacts/display.asp?id=40). Nevertheless, the Prelicensure Operations Team has been closely tracking and analyzing factors affecting the graduation rate. Unlike the other nursing programs at WGU, the Prelicensure BSN is a highly structured program with specific calendar deadlines, including lab and clinical progression requirements; therefore, interventions to help students succeed have had to be specifically tailored to this unique program at WGU.

While recognizing room for improvement, the University believes these outcomes are still quite high compared with national graduation rates for public universities. WGU’s shorter timeframes and different student population make direct comparisons more difficult; however this national benchmark does provide a frame of reference for these internal benchmarks.

Satisfaction Rate—Although the Prelicensure Program Student Overall Satisfaction rate has not reached the benchmark of 90 percent over the last three years, we believe this program is successful. From spring 2011 through the fall 2012, the satisfaction rate improved and remained in the 81 to 88% range. This modest deficiency in its satisfaction rate, compared to the benchmark, can perhaps be attributed to the newness of the program and challenges with working out the expansion and implementation of this complex program across multiple states. The recent decrease in student satisfaction rate to 76 percent (Spring 2013) has been influenced by two factors: program changes and mentor changes. Two program changes were implemented in 2012 and 2013: the extension of the pre-nursing term to six months and the implementation of a new standard curriculum path in January 2013. In addition, as the program has expanded new mentors have been hired. This has resulted in some reassignments
of student mentors to provide more effective coverage across programs. Students who have developed close relationships with their mentors find this transition difficult, which impacts program satisfaction.

**Employment Rate**—This outcome measure is one of the most challenging to obtain at WGU. The instrument that yields program specific data about alumni at the University is the Graduation Application. Results of this survey for prelicensure BSN graduates indicate employment rates have increased from 55% to 68% from 2012 to 2013. However, these data tell us little about the employability of newly graduated BSNs, because these graduates had not yet taken NCLEX-RN® at the time of the survey. A survey conducted in Summer 2013 of all WGU alumni who have graduated at least six months earlier has a very small prelicensure student sample of 30, but 90% of respondents reported that they were employed. This data, though incomplete, is very promising. The CNO continues to work with the University leadership to develop strategies for routinely obtaining more complete nursing alumni employment data.

**NCLEX-RN® Pass Rate** – The NCLEX-RN® results for the first two cohorts of prelicensure BSN graduates demonstrate that this program is a success. From July 2011 through June 2013, the official record indicates that a total of 51 graduates have taken NCLEX-RN® and 45 of them passed on their first attempt—an overall first-time pass rate of 88%. The benchmark established by the Nursing Department for the annual first-time pass rates is 87 percent. Our graduates exceeded that in FY 2012 (94.75 percent) and fell slightly short at 84 percent in FY 2013. Of the four graduates who took the NCLEX-RN® a second time, three were successful. While there has been a slight decline in the overall first time pass rate, this is not suggestive of a serious concern, especially in light of the increase in the number of first time candidates taking the NCLEX-RN® exam (from 19 in FY 2012 to 32 in FY 2013).

**Clinical Evaluations**—In addition to the various outcome measures discussed above in Key Element B, the Prelicensure Nursing Program also tracks student evaluations of their lab and clinical experiences—including lab and clinical instructors. While the results vary according to course, state, and clinical site, we believe the scores indicate that student lab and clinical experiences contribute to the success of the Prelicensure Program (See Appendix IV-C.1: Lab and Clinical Evaluation Summary.). While there are no official benchmarks, the coordinator for prelicensure operations analyzes the results of these evaluations immediately after the completion of each lab and clinical course, and then addresses these results in the prelicensure operations team meetings. Details of these clinical and lab evaluations will be discussed further in Standard IV-D.

**MSN Program**

Although this program, with tracks in Education and in Leadership and Management, falls short of its retention rate and its three-year graduation rate benchmarks, we believe it is effective in helping students to meet their goals. The retention rate for both tracks has ranged between 79 and 86 percent since 2011—falling short of the 88 percent benchmark. Moreover, the graduation rate has fluctuated between a low of 34 and a high of 57 percent since 2011—consistently below the 60 percent graduation benchmark. Despite these challenges, this program enjoys consistently high student and alumni satisfaction rates, and very high employment rates. The high level of alumni satisfaction affirms that the graduates believe they were prepared upon exit to meet the complex demands
of the healthcare environment. In addition to these favorable outcome measures, the On Time Progress (OTP) rate for these two MSN tracks has improved to 69 and 70 percent. This suggests stronger retention and graduation rates for the future. Both the Education and the Leadership/Management tracks of this program continue to grow rapidly, which has contributed to ongoing challenges. Nursing leadership has closely followed the MSN retention and graduation rates in weekly Program Manager/mentor meetings. As a result of the challenges our MSN programs have faced in meeting the retention and graduation benchmarks, a number of important changes have recently been instituted. These will be discussed in Standard IV-D.

**RN to MSN Program**

This program, with components in the BSN and in the MSN program, provides unique challenges to students, including moving through a BSN and then an MSN curriculum. Tracking the academic path of these students has proven to be difficult, given the data collection structures and processes at WGU, which are designed for students who select and remain within one program of study. However, the nursing leadership team has found that most students who begin in this track complete their BSN within three years (62% of those who began in 2011). This program is designed to accommodate RNs who wish to move more quickly into a Master’s program, requiring eight fewer competency units than the student who follows the traditional RN to BSN and then MSN programs. This RN to MSN program continues to grow; yet not all students continue on immediately to pursue the MSN. Many choose to stop after completing their BSN. The Office of the Registrar and the Institutional Research department at WGU are working with the Nursing Department to develop a more effective tracking and reporting mechanism that recognizes students who enter the RN to MSN program and follows them as they graduate with the BSN and continue for an MSN at WGU. This is a popular program and we believe it is effective in helping students achieve their goals, but currently we lack the data to verify this.

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

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

Program Response:

**Introduction**

The nursing programs at WGU use aggregate student outcome data for program improvement when actual outcomes are not consistent with expected ones. Aggregate student outcome data suggest that the outcomes for the following areas are not consistent with expected outcomes: Prelicensure BSN—graduation, overall student satisfaction and employment rates; and MSN—retention and graduation rates. Ways in which data have been used to foster ongoing program improvement are discussed below.
Prelicensure Program

Graduation Rate: The Prelicensure Operations Team, in an effort to promote individual student success and to treat students in a fair and equitable manner (elements of our Promise Statement), examined a variety of outcomes data and discovered that a combination of factors was contributing to the low student low graduation rate. For example, by closely examining students with low OTP scores, the Ops Team identified three main causes of students falling behind: a lack of success in lab skills/simulation assessments, demonstration of key high-risk behaviors during clinical intensives, and poor performance on didactic final assessments. To address one of these key factors, the lack of success in lab assessments, the faculty and lab coordinator instituted a change that increased the number of assessment attempts students are permitted that would allow them to move into the clinical curriculum. They increased the number of attempts from 1 to 2 to offer students an opportunity to take a trial attempt in a simulation environment, thus reducing anxiety in the high-stakes assessment. Students who successfully complete the first (trial) attempt are not required to take the second (final) assessment; however, those who do not pass the first attempt receive a comprehensive debriefing. It is hoped that this strategy will reduce student anxiety and promote success in lab assessments. If a student fails in the second attempt, faculty closely review results of grading rubrics and, if needed, video recordings to assure equity and fairness in grading. We believe this additional opportunity for students to demonstrate their assessment skills will decrease anxiety and promote student success, prevent students from going on Modified Progression (an official status where students in academic difficulty enroll in reduced course load), and ultimately strengthen graduation rates.

Retention Rate: Based on the belief that improvements in the 13-month retention rate will help to improve the graduation rate, a number of changes have also been implemented to promote student retention in the Prelicensure Program. One of these changes has been to revise enrollment and admission processes, specifically, by expanding the Pre-Nursing term from three to six months. This step was instituted to promote student success through three mechanisms: to improve acclimation to the online environment prior to clinical courses; to support establishment of a strong student-mentor relationship; and to provide additional time for completion of pre-nursing requirements. A second change has been to alter the admission criteria. Among the most important new admissions criteria are strengthening the importance of mentor recommendations and examining a student’s prior performance in the Pre-Nursing term. In 2012, the Nursing Admissions Committee refined the interview and mentor recommendation rubrics used as part of the selection process. These tools now provide a more quantifiable rating for variables such as reasoning process, oral expression, problem solving, professionalism, and motivation. The third change designed to promote student retention has been the development of Pre-
Assessments in the didactic component of the class to provide formative student feedback and an objective measure of engagement in learning resources. This mechanism helps to identify at risk students and enable mentors to intervene quickly to prevent student failure. Over the past three years, in conjunction with these changes, the 13-month retention rate in the Prelicensure BSN Program has improved from 89 to 94 percent.

**NCLEX–RN Pass Rates:** Informal tracking of student **NCLEX–RN** pass rates, especially in Texas, has indicated a decline in first time pass rates in recent months. This has drawn the attention of the state director and the Prelicensure Operations Team. These results were not expected, given the use of the ATI specialty exams throughout the prelicensure curriculum and the ATI Comprehensive Predictor exam as a final assessment. The Texas state director and course mentor responsible for preparing students for the ATI Comprehensive Predictor exam and NCLEX have already undertaken research to identify the reliability of the ATI exams in predicting success of WGU’s prelicensure students. WGU has set the cut score at 74% for this exam, which (according to ATI) equates to a 95% probability of passing the **NCLEX–RN** (See Appendix IV-D.1: Texas Prelicensure Project.). However, we are discovering that this has not been true at WGU. This team is exploring the correlation between the likelihood of passing the **NCLEX–RN** and a number of other factors, including: the average number of attempts needed to reach the cut score; whether a student reached the maximum of four attempts or achieved the required score prior to the fourth attempt; student performance on specialty ATI exams; and the ATI-predicted probability of passing the **NCLEX–RN** based upon the outcomes of the ATI Predictor exam. Faculty will continually monitor **NCLEX–RN** pass rates and will utilize the results of this research to guide the implementation of curricular revisions in the Prelicensure BSN Program, including the continued use of ATI as a reliable predictor of **NCLEX–RN** pass rates.

**Lab and Clinical:** At the end of each lab and clinical experience, students must submit an evaluation. This feedback provides the Prelicensure Program leadership a rich source of information regarding program strengths and areas where improvement is needed. As a result of this feedback, numerous program changes have been implemented, including: devising constructive alternative activities for students during lab downtime; adoption of standardized Coursey lab kits so all supplies are uniform; strengthening the electronic medical record charting component of the orientation to the clinical setting; and soliciting student shift/schedule preference before assignment to a clinical coach (See more examples in Appendix IV-D.2: Prelicensure Lab and Clinical Program Improvements.).

**BSN Program**

While aggregate outcome data do not identify any problems with the RN to BSN program, course specific qualitative data (in the form of student course feedback) has provided impetus for program improvement. As a result of this and other external factors, the Nursing Leadership Team collaborated with the Program Development Team to redesign the Health Assessment course to incorporate a more interactive approach. It altered the curriculum to make Health Assessment a stand-alone course in the BSN program.
MSN Program

Retention and Graduation Rates: These are the two outcome measures identified in the Systematic Program Evaluation Plan where the outcomes do not meet expectations (See Appendix I-B.1: Systematic Program Evaluation Plan.). Results of tracking retention and graduation rates, as well as input from a number of sources (e.g., students, mentors, the Advisory Council, and other Communities of Interest) have prompted the nursing leadership team to undertake two different strategies to improve the MSN program. The first strategy was a complete revision of the MSN curriculum, which was launched in September 2013. The revised curriculum incorporates a number of changes (discussed in Standard III) that include lengthening the program from 30 to 38 CUs and seeking to better meet student and industry needs. The second strategy, to promote increased MSN student retention and graduation, was to create a MSN Program Mentor Manager position designed to provide dedicated mentor leadership support and data tracking. In addition to these efforts to promote retention and graduation rates, Program Managers in the MSN have collaborated with mentors to develop two important measures to improve OTP, directly impacting program retention. The first is to create focused MSN Student Mentor teams to address students identified to be at risk of falling behind in OTP. The second is to assign additional support and feedback for students working on Capstone projects through modifying the existing role of the Capstone Evaluator in the MSN programs. All of these changes are designed to provide individualized educational support, consistent with the mission and goals of the nursing program, that helps students through a competency-based and personalized student focused learning model.

All Nursing Programs

The following improvements have been undertaken as a direct or indirect result of examining program outcomes:

Data Collection: The Nursing Department has made other important program improvements in response to the challenges in obtaining and analyzing nursing-specific data in a meaningful, ongoing way at a large, national university.

1. The CNO advocated for the creation of the position of Program Report Coordinator for Health Professions, which was established within the Compliance and Accreditation Department at WGU in Fall 2012 to coordinate the self-study processes and other responses to the many regulatory and accrediting bodies overseeing the education of health professions. In support of the Nursing Department, this position also serves to facilitate communication with the Institutional Research Department and to assist in obtaining relevant nursing data.

2. Another related resource created in 2013 is the Nursing SharePoint site. SharePoint provides centralized access to nursing data and institutional reports, program evaluation plans, CCNE initiatives, committee minutes, policies, projects, curriculum, shared calendars, and working documents for all nursing faculty and staff.

3. The CNO has been successful in advocating for the administration of an additional survey of nursing program graduates in order to obtain a more complete picture of alumni outcomes.
**On Time Progress (OTP):** Program managers have implemented two initiatives in order to promote graduation and retention rates across all programs. The first involves improving communication between course mentors and students and addressing course-specific learning needs by creating opportunities for interactive learning modalities, including web-conferencing. The second initiative is for program managers to hold regular conference meetings with student mentors in order to review progress of all assigned students. The aim of these measures is to promote student success across all programs, consistent with the mission and goals of the nursing program.

**Evaluation of Student Work:** The University takes student satisfaction quite seriously. Concerns with a performance evaluation (other than clinical or lab evaluations which use a separate appeal process managed through the nursing department) are resolved through evaluation support (“E-Care”) and an appeal process to insure fairness and process improvement. The nursing faculty in the Performance Evaluation Department work through this program feedback system, along with other University departments, to respond to student concerns. Department leadership closely reviews student satisfaction results and comments. Arising from that exercise, the Evaluation Department examined and expanded its staffing and feedback model to provide more specific and robust commentary to students on evaluations. This department recently completed a successful pilot to add live study links to the evaluation comments that take a student to the appropriate topic level of their study plan (course of study). Phased implementation is now underway in all courses. Another pilot has been initiated to determine whether students benefit from date-stamping and retaining prior evaluation comments on future evaluations.

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

*Elaboration:* Aggregate faculty outcomes reflect the program’s mission, goals, and expected student outcomes. For example, if research is an identified element of the program’s mission, faculty research productivity should be assessed as an expected faculty outcome. If research is not part of the identified mission, it would not be expected as a faculty outcome. Evaluation of faculty outcomes is consistent with the institution’s and program’s definition(s) of faculty role expectations. There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.

**Program Response:**

**Alignment with Department Mission:** Aggregate faculty outcomes are consistent with and contribute to achievement of the program’s mission, goals, and expected student outcomes. The University goals, as discussed in Standard I, are expressed as operational principles, including: providing competency-based education, using technology to improve quality and efficiency, having a student-centric focus, and using a mentor-guided model along with external learning resources to facilitate student learning. Guided by these principles, as discussed in Key Element I-C, the University establishes institutional student success measures, such as retention, on-time progression, and student satisfaction outcomes.
** Aggregate Faculty Outcomes Related to Teaching:** The expected aggregate nursing faculty outcomes for teaching are reflected as direct and indirect performance measures. One of the most significant direct outcomes is **creating quality academic curriculum and assessments.** Over the past two years, a major faculty outcome has been revising both the BSN and MSN curricula according to the most recent professional standards. This included redeveloping the course competencies, objectives, activities, learning resources, and assessments. Key faculty participated in the process: the Product Development team, Course Mentors, Program Managers, State Directors, as well as the external bodies—the Nursing Program Council and the National Advisory Committee. Another important direct aggregate faculty outcome during 2013 has been **designing learner-centric strategies to maximize student engagement.** One of the most innovative and important faculty outcomes in this realm has been the development of two new courses that use technology in new ways. This project also involved the same interdisciplinary team of faculty mentioned above.

- **Advanced Information Management Technology course**—this course incorporates interactive software that is designed to challenge students with questions at the appropriate level of difficulty for the student’s skill level. As a student progresses, the material and questions become more difficult. For students who begin the course with strong information technology skills, the material is more challenging, and they can meet the necessary competencies more quickly.

- **Physical Assessment course**—**Shadow Health** is a software program that provides students the opportunity to take a patient’s history, engage in dialog with a patient, and complete a physical assessment. At the end of the assessment, the student receives feedback regarding performance and suggestions for improvement. The level of difficulty of the performance expectations differ according to the student’s educational level—BSN or MSN. This package is currently in the process of integration into the graduate and undergraduate health assessment courses and will be operational December 1, 2013.

Indirect aggregate faculty outcomes include **tracking student progress,** such as student satisfaction, On-time Progress (OTP), retention, and graduation rates. Mentors are evaluated individually according to specific goals in these areas (See Appendix II-F.1: Student Mentor Performance Evaluation Criteria and Appendix II-F.2: Student Mentor KPI Scorecard.). These results are discussed above in Key Elements IV-A through D.

**Aggregate Faculty Outcomes: Scholarship, Service, and Practice:** It is evident from a review of faculty curricula that, while direct and indirect faculty measures related to supporting student learning are of central importance at WGU, the nursing faculty also engage in scholarship, service, and practice that are consistent with the program’s mission, goals, and expected student outcomes (See Appendix I-C.1: Faculty Experience and Education; Exhibit I-C.5: Faculty Curriculum Vitae; and Exhibit I-C.6: Catalog of Faculty Scholarship Activities.). WGU faculty members are at the forefront of pedagogical innovation, embracing distance learning technology and resources and applying expertise in instructional delivery and learning resource utilization throughout the programs. The varied educational and experiential backgrounds of the faculty have been invaluable in contributing to the development, evaluation, and revision of the nursing programs. For example, one of our master’s program
course mentors who have been involved in the development of the new curriculum, has undertaken research and published in the area of leadership, specifically on being a catalyst for change, a key component of our new curriculum. Another course mentor, a Latina nurse in the baccalaureate program, has presented a poster, published papers, and served as a keynote speaker at a national forum on topics related to multiculturalism.

Onsite Exhibit IV-E will present a catalog of scholarly activities from members of our faculty. This topic is critical to the WGU mission components of expanding access to professional education and serving underrepresented minorities (See entries for Kimberly Nerud and Josefina Lujan in Appendix I-C.1: Faculty Experience and Education.). In order to promote the development of scholarship among faculty, the department formed a new committee during the summer of 2013—the Nursing Mentors Professional Development Committee— which will meet at least once a quarter to curate scholarly activities, set benchmarks for scholarly engagement, and develop plans for internal and external professional development activities and support. WGU defines faculty outcome in service in terms of those activities in which faculty perform service to the University and the nursing profession. Faculty membership and active participation in state and national professional organizations illustrate service to the nursing profession; service to the University is evidenced by membership in University and Nursing committees. Additionally, faculty members serve on ad hoc project teams to support program initiatives, such as the formation of a Sigma Theta Tau chapter at WGU (See Appendix I-D.2: University Academic Meetings, Membership, Frequency and Purpose.). The University does not explicitly require practice as one of its expectations, except that faculty are required to maintain expertise in their field. Approximately 50 percent of all mentors have chosen to work part-time in the clinical setting to maintain competence.

**Prelicensure Clinical and Lab Faculty:** Expected faculty outcomes for faculty in the lab and clinical courses, part-time employees, also relate to student learning, but the teaching and learning environment differs from the online environment. These faculty are critically important to the Prelicensure Nursing Program’s ability to achieve its goal of preparing students for entry into the profession of nursing as BSNs. Lab instructors are under the supervision of the National Coordinator for Clinical and Simulation Labs, who conducts informal, ongoing formative evaluations and an annual performance evaluation. In the disaggregated faculty model, discussion related to performance evaluation and improvements takes place via conference call meetings and prior to 2013 was sporadic. To achieve more consistent evaluation the University implemented improvement processes in 2012-2013. Additionally, the process for evaluation of both clinical lab faculty and clinical instructors is currently under discussion for potential restructuring to a more disaggregated approach conducted by the state directors. Clinical instructors oversee the clinical cohort and the coaches during each clinical intensive, and are under the supervision of each State Director of Nursing. They also serve a critically important role in helping the Prelicensure Program to achieve its goal of preparing students for entry into the profession of nursing through application of knowledge. Student feedback is collected on Clinical Instructor (CI) performance and is used to improve CI preparation and orientation (See Appendix IV-E.1: Clinical Instructor Performance Evaluation Form.). Additionally, State Directors have periodically held debriefing meetings with clinical instructors to elicit feedback, support improvement in
clinical teaching skills, and foster program improvement. In the process of completing the self-study, faculty has reflected on how expected faculty outcomes are operationalized at the University and in the Department of Nursing. The need to make the outcomes more explicit and to more clearly define the expectations to all faculty is an area for improvement. This is especially noteworthy for faculty outcomes in scholarship and practice and, to a lesser degree, faculty outcomes for service. This will result in greater clarity in describing aggregate faculty outcomes in these areas.

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

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

Program Response:
The nursing programs use information from formal complaints to foster ongoing program improvement when appropriate. While WGU strives to meet student needs and has created numerous mechanisms for students to provide feedback, situations still arise where students encounter problems that result in a complaint, and the University has a process in place to accommodate those students (Appendices I-G.1 and I-G.2). While any department at the University can address student complaints, they are most often routed to the Student Services team, where they are recorded and tracked through the Student Relationship Management System (SRMS). Upon receiving a complaint, the Student Services team reviews it and seeks to find a resolution, forwarding the concern to the appropriate department. Students are kept informed of the progress and outcome of their complaint. Each month Student Services sends the CNO a summary of all nursing complaints for that month. These complaints are rated by level of severity (e.g., query, break in service, etc.) and category (e.g., clinical experience, dispositional concerns, etc.). Not all are considered “formal complaints.” The CNO reviews each report upon receipt and analyzes it to determine level of severity and implications for changes needed in the department. A number of program improvements were initiated as a result of student complaints. In 2013, for example, two students complained that they faced an extensive delay in obtaining Institutional Review Board (IRB) approvals, which prevented them from completing their Capstone course on time. The CNO examined the issue and determined that their request for tuition reimbursement was justified. Furthermore, the following steps were taken:

- The University hired an additional Capstone evaluator specifically to review IRB documents in an effort to speed up the internal approval review process.
- Capstone evaluators have started to work more aggressively in behalf of students who identify study approval delays/issues. For such students, the Capstone lead evaluator will now intervene by writing letters of proposed study support directly to the organizational contacts. This has helped to expedite the process in some cases.
• The lead Capstone evaluator has begun to offer special training to student mentors, advising them to encourage Capstone students to begin seeking study approval during the Literature Review course rather than waiting to enroll in the Capstone course. This has also helped smooth the process.

Another example of program improvement resulting from a student complaint occurred during 2013. A student in the RN to MSN program complained that she experienced a great deal of confusion after graduating with a BSN and while transitioning to the graduate portion of her program. This issue came to the attention of the CNO and led to a series of meetings with Institutional Research, the Registrar, and the Business Intelligence Analyst at WGU. As a result, the CNO and the affected departments gained a better understanding of the unique registration and tracking requirements for students in this unusual program, which takes students through a graduation (BSN) and yet requires that they maintain enrollment to continue their studies (MSN). Prior to these meetings, all students in the RN to MSN program were required to switch programs to the BSN program in order to graduate, and then they were required to re-enroll in the MSN portion of their RN to MSN program. Beginning October 1 of this year, a streamlined registration and tracking process was instituted, so students no longer need to switch programs or re-enroll after graduation from the BSN portion of their program. This change streamlines the process for students and produces more accurate data.

STANDARD IV

STRENGTHS:
• There is a strong University culture for the collection and analyses of student satisfaction data.
• The comprehensive evaluation plan is consistent with the mission and goals of the Department of Nursing.
• Student feedback and student achievement metrics receive the highest priority in determining improvement priorities.

CHALLENGES/AREAS OF IMPROVEMENT:
• Faculty outcomes are consistent with mission; however the disaggregated model presents challenges in assuring consistency of faculty outcomes for all nursing faculty across the multiple departments in which they function.
• Data is carefully collected and analyzed related to student complaints and concerns; however the categorization of those complaints needs more clarity in order to be more helpful.

PLAN/GOALS:
• Develop a plan to work more cohesively with IR to collect nursing specific outcomes data for students, alumni, and employers.
• Modify the process for gathering consistent employment data for graduates.
• Improve consistency of faculty outcomes in all places where nursing faculty work in this disaggregated model.
• Work with Student Services to refine data categorization around student complaints to improve understanding and analysis of monthly student services reports.