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Western Governors University
CCNE Self-Study Report

Background of the University and the Baccalaureate Nursing Program

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 thirteen years since incorporation WGU has become a national university with a student population of more than 20,000 from all 50 states, three 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 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. WGU is also accredited by the Distance Education and Training Council (DETC). The WGU Teachers College is the only exclusively online teacher preparation program in the country to be accredited by the National Council for Accreditation of Teacher Education (NCATE). The Nursing Programs are accredited by the Commission on Collegiate Nursing Education (CCNE). The Bachelor of Science in Health Informatics program is accredited by the Commission on Accreditation for Health Informatics and Information Management Education (CAHIIM).

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 Teachers College is by far the largest college and provides the most extensive program offerings in the University, including online baccalaureate, post-baccalaureate and master’s degrees in Teacher Licensure Programs and graduate programs for licensed teachers. The Teachers College is also distinguished as one of the nation’s largest producers of Mathematics and Science teachers.

The Nursing Program is part of the College of Health Professions and 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 Program accomplishes its mission to prepare professional nurses and master’s-level nurses by offering 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. Additionally, The College of Business offers an MBA in Healthcare Management and the College of Information Technology offers a Bachelor of Science in Health Informatics.

The University launched a Baccalaureate of Science in Nursing (BSN) Prelicensure program in 2009 under the auspices of the Multi-State Approach to Preparing Registered Nurses (MAP RN) Project. The MAP RN prelicensure baccalaureate program is a unique, large-scale public-private partnership of Western Governors University, 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. 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. Texas quickly followed with approval from Texas Board of Nursing in July 2009 and the first cohort enrolled October 1, 2009. The Utah Board of Nursing granted provisional approval in June 2010. The program has been fully implemented in both California and Texas. However, we have temporarily delayed implementation of the program in Utah based on the softening of the nursing job market in Utah. A decision about the Utah implementation will be finalized by the second quarter of 2010. WGU is currently pursuing state approval in additional states, including Florida and Indiana.

The central vision of the MAP RN baccalaureate program is to: (1) increase the national pool of qualified nurses with baccalaureate degrees; and (2) develop and disseminate a new model for technology-based nursing education that can be implemented on a national scale. 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 incorporating relevant acute and community-based clinical experiences. The program’s vision is accomplished through the establishment of multiple student cohorts (maximum of ten students per cohort) in various sites across a state based on availability of clinical resources and support from partner hospitals, county health departments, and community health clinics. Such a strategy reduces the impact on what are currently the two most precious and limited resources for nursing education: clinical placement sites and nursing faculty.
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.

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 statement of WGU reflects the purposes of the University’s founders, the Western Governors Association. The founders created the University to provide access for, and meet the higher education needs of, adults and underserved populations in areas of established and often critical need. 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. The WGU 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 website at http://www.wgu.edu/about WGU/who we are.asp. The University includes it 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.

The goals of the University, as stated below, are firmly grounded in the mission statement and adhere to a set of core operational principles 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 nursing programs was developed to reflect the University’s mission and goals as evidenced by the following statement:

The mission of WGU’s Nursing Programs is to facilitate access to quality, competency-based, online baccalaureate and master’s degree nursing education and to prepare caring leaders who are technologically proficient nurses to preserve, promote, and improve the health and well-being of individuals, families, groups, communities, and populations.

The nursing programs achieve its 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 missions of the University and the Nursing Programs are clearly congruent and consistent with the goals and core operational principles of the University as shown in Table I.1 below.
Table I.2 - Alignment of the University and Nursing Mission Statements

<table>
<thead>
<tr>
<th>UNIVERSITY MISSION</th>
<th>NURSING MISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve quality, expand access to postsecondary educational opportunities;</td>
<td>Provide competency-based bachelor’s and master’s degrees programs that allow nurses to demonstrate their professional knowledge and skills;</td>
</tr>
<tr>
<td>Allow individuals to learn independent of time or place;</td>
<td>Provide broad access to education for nurses where they live and work;</td>
</tr>
<tr>
<td>Allow individuals to earn competency-based degrees;</td>
<td>Prepare students for new nursing practice roles;</td>
</tr>
<tr>
<td>Provide educational degrees credible to academic institutions and employers.</td>
<td>Provide access to degrees based on national professional standards that are credible and meet employers’ needs.</td>
</tr>
</tbody>
</table>

The faculty developed the baccalaureate program using contemporary professional standards and guidelines consistent with the changing role of the baccalaureate-prepared nurse and the increasing emphasis on providing safe, patient-centered care. The professional standards and guidelines adopted by the nursing program include the Essentials of Baccalaureate Education for Professional Nursing Practice (2008), Institute of Medicine’s recommendations for the Education of Health Care Professionals (2004), and Quality and Safety Education for Nurses (2007). (See Appendix A: List of Professional Standards and Guidelines in the Baccalaureate Program; also see Exhibit I-A.1: Copies of Professional Standards and Guidelines.)

Patricia Benner’s (1984, 2009) landmark works provide a theoretical framework of the “apprenticeships” essential for learning a professional practice, and this framework has heavily influenced the structure and development of the baccalaureate curriculum. The incorporation of concepts from Benner’s theory is further described in the response under Key Element III-A. The nursing curriculum is characterized by ten unifying themes, which flow directly from the adopted standards and guidelines and are threaded throughout the program. The themes are graphically illustrated in the program’s curriculum model and show the dynamic processes among the unifying themes and interactions between the nurse, patient and the environment in which nursing occurs. (See Appendix B: Nursing Mission, Philosophy, Conceptual Model and Program Outcomes.) Clear statements of program outcomes have been developed from the unifying themes and inform the development of program competencies. (An exemplar showing the alignment of adopted professional standards and guidelines, unifying themes and program outcomes is provided in Appendix C: Alignment of Professional Standards and Guidelines, Curriculum Unifying Themes and BSN 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:**

The BSN Program Systematic Evaluation Plan specifies the framework for programmatic review and revision of the nursing program’s mission, goals, and program outcomes. (See Exhibit I-B.1: BSN Program Systematic Program Evaluation Plan.) WGU is uniquely positioned to review its degree programs on a continuous cycle rather than a periodic one and has formalized a continuous program review model to keep its instructional system of competencies, learning resources, assessments, and ancillary instructional support current, effective, and relevant. At WGU, data are scrutinized on a regular basis to make improvements. The scrutiny of various types of data collected on a daily, weekly, monthly, quarterly, bi-annual, or yearly basis is central to the University’s goal to provide students high quality education and ensure their satisfaction with the learning experiences. The type and frequency of data collection relevant for the nursing program is documented in the Systematic Program Evaluation Plan. (See Appendix D: WGU Continuous Program Review Process.)

The needs and expectations of the community of interest are reflected in the mission, goals, and program outcomes. Product managers actively seek input from the community of interest and use it for programmatic revisions and improvements of the baccalaureate nursing program as the examples below illustrate. The nursing program defines the community of interest to include 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 faculty has developed the mission, philosophy, unifying themes, program outcomes, and competencies with considerable input and guidance from the Nursing Program Council. This Council consists of external experts from nursing education and nursing practice and meets quarterly with the leadership team of the baccalaureate program to provide valuable input essential to the development and
improvement of the program. The members of the council are considered senior faculty and are essential to the development of domains and competencies. Input from the Nursing Program Council may include such matters as the review and revision of domain competencies and program outcomes to ensure alignment with contemporary practice and national standards and guidelines. (See Appendix E: Membership of Program Councils and Advisory Groups; also see Exhibit I-B.2: Minutes from Nursing Program Councils and Advisory Groups, 2009 – 2010.)

The nursing program also encourages and solicits input from other components of the community of interest such as adjunct clinical faculty and nursing students. For example, shortly after the implementation of the first clinical intensives, focus groups were conducted with clinical instructors and coaches to determine what worked and what areas were in need of improvement. Students were also surveyed for their feedback about the clinical experience. Feedback from both adjunct clinical faculty and students about the clinical coaching model was overwhelmingly positive. Suggested areas for improvement included the need to improve student preparation for the clinical experience, i.e., communication of expectations and facility orientation requirements. (See Exhibit I-B.3: Clinical Coaches and Instructors Focus Group Transcripts and Summary; also see Exhibit I-B.4: California Pilot Clinical Intensive Survey Results, May 2010.)

Consistent with the University’s model of continuous program review, the nursing program began the collection and analysis of program data with the launch of the California cohort in July of 2009. This cohort was the first to actually “field test” the program and approximately six months into the curriculum, faculty members identified significant curricular gaps which led to a comprehensive curriculum review. Issues that prompted the review included: gaps between didactic content, lab and clinical experiences; misalignment of course competencies with didactic content and laboratory and clinical experiences; and a lack of depth and complexity in essential content such as physical assessment and pharmacology. Additionally, the newly revised AACN Baccalaureate Essentials were not effectively integrated in the curriculum.

As a result, the University established the Curriculum Realignment Project in January of 2010. Under the direction of the Nursing Director, selected faculty members met both face-to-face and via conference webinars to address the identified curricular disparities. Key accomplishments from the Curriculum Alignment Project included:

- Revision of program outcomes and competency statements to better reflect adopted professional standards and guidelines;
- Improved alignment of didactic content with lab and clinical experiences;
• Inclusion of essential content in Course of Study (COS) – i.e. pharmacology content threaded in all clinical courses of study; (See Exhibit I-B.5: Realignment Content Changes across Courses of Study.)

• Integration of content such as informatics, genomics, and genethics in selected COS; and

• Evaluation of methods for student pacing and workload requirements and the subsequent use of the knowledge gained to develop a “student expectations document” or program guide that is published and disseminated from the WGU website (http://www.wgu.edu/wgu/prog_guide/BS_NUR_prelicensure.pdf).

(See Exhibit I-B.6: Minutes from Committee Meetings and Special Reports.)

In addition, ongoing nursing faculty and curriculum meetings assured alignment, consistency, and integration with adopted professional standards and guidelines. A detailed description of the curriculum review and revisions is provided in the response under Key Element III-A.

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:

Expected nursing faculty outcomes are identified and derived from the annual goals the University leadership develops (with input from University faculty) and presents to the general faculty at the Mentor Meetings. (See Exhibit I-C.1: President’s Report: WGU Progress Updates, July and November 2010.) The discussion that follows outlines the expected nursing faculty outcomes relative to the University goals.

Expected Faculty Outcomes in Teaching

The University has established specific annual goals for student satisfaction, satisfactory academic progress (SAP), retention, and graduation. Therefore, expected nursing faculty outcomes in teaching are closely aligned with the University goals, as well as with nursing’s mission and program outcomes.
### Table 1.2 - University Goals 2010

<table>
<thead>
<tr>
<th>UNIVERSITY GOAL</th>
<th>CURRENT UNIVERSITY STATUS</th>
<th>PRELICENSURE PROGRAM STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students on SAP</td>
<td>83%</td>
<td>83%</td>
</tr>
<tr>
<td>Graduates</td>
<td>3400</td>
<td>916 through Oct (16 grads ahead of plan)</td>
</tr>
<tr>
<td>13 Month Retention</td>
<td>76%</td>
<td>23 students ahead of plan</td>
</tr>
<tr>
<td>Students Very satisfied</td>
<td>53%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Student satisfaction is determined by the level of students’ connection or engagement with mentors and the University, as well as their satisfaction with the quality of learning resources and courses of study. Considerable emphasis is placed on student learning—not teaching—as evidenced by the outcomes focus of the goals. Therefore, expected faculty outcomes for “teaching” are defined as providing oversight of the nursing program, creating quality academic curriculum and assessments, selecting learning resources that enable students to develop and demonstrate competency as baccalaureate prepared nurses, and designing learner-centric strategies to maximize student engagement. The Prelicensure nursing program has sufficient numbers of educationally and experientially qualified faculty to achieve the expected outcomes in teaching. (See Exhibit I-C.2: Faculty Curriculum Vitae and Faculty Practice.) Faculty members collaborate with supervisors to determine measures for the achievement of the teaching outcomes and this is reflected in the annual faculty evaluation.

**Expected faculty outcomes in scholarship, service and practice**

The Nursing faculty is expected to engage in scholarship, service, and practice that are consistent with the goals of the University and congruent with the mission and program outcomes of the nursing program. WGU is not a research-focused University, but has a “data-regarding” culture primarily for the continuous review and improvement of all of its programs. This data-regarding culture commits WGU faculty to use data for day-to-day operational optimization (such as access issues that arise with assessments and learning resources), as well as long-term changes and improvement initiatives (for instance, use of standardized assessment results to develop and refine the program for student enrichment and remediation). The data-regarding culture affords faculty opportunities to engage in scholarly activities. One example is the nursing faculty’s ongoing work with the development and implementation of a simulation rubric for use in clinical courses that include simulations as a learning and evaluation strategy. Faculty members developed the rubric in collaboration with the Assessment Department and it is used as a tool both to facilitate student learning and to evaluate student performance in simulation.
scenarios. Data on student performance are being collected to determine the effectiveness of the rubric as a learning and evaluation tool. (See Exhibit I-C.3: Simulation Rubric.)

Faculty service to the University is evidenced by membership in multiple task forces and standing committees. With the launch of the program, nursing faculty was actively engaged implementing the curriculum as well as developing programmatic processes. These activities required the creation of committees and task forces to accomplish needed work. Faculty members are also active in University committees and are expected to stay current in their clinical specialty to inform their engagement with students enrolled in their courses of study. (See Appendix F: Prelicensure Faculty Membership on Committees and Task Forces.)

Table I.3 - Nursing Faculty Membership on University Committees

<table>
<thead>
<tr>
<th>UNIVERSITY COMMITTEE</th>
<th>FACULTY MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic Standards Committee</td>
<td>Tori Canillas-Dufau EdD, MSN, MSEd, MS, MA, RN, CNE</td>
</tr>
<tr>
<td>Institutional Review Board</td>
<td>Bonnie Beardsley, PhD, RN CNE</td>
</tr>
</tbody>
</table>

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.*

The founding members of Western Governors Association intended that WGU be led by a strong executive structure rather than through a traditional academic governance model. WGU’s Council structure and mentor model helps ensure that the University is responsive both to the needs of the larger society for relevant higher education and to the needs of underserved populations through the voices of their mentors. 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 the fulfillment of the missions of the University and Nursing Program.

Examples of faculty participation in governance are varied. Nursing faculty serve on both University and Nursing committees that are crucial to the administration of the program. Senior administrators (e.g., Associate Provosts) hold monthly conference calls with the academic leadership team (which includes faculty) to disseminate new information on University operations and policies, and to answer questions and discuss current issues. (See Exhibit I-D.1: Academic Leadership Team Minutes, 2009-2010.) The Chief Nursing Officer, state directors, and curriculum and national coordinators are members of the Academic Leadership Team charged with the development of policies and procedures for the University.
New organizational structures and communication strategies were instituted in November 2010 in order to facilitate improved communication and feedback. (See Exhibit I-D.2: University and Nursing Organizational Charts.) Along with the new organizational structure, a new “Nursing Integration and Communication Plan” has been instituted to ensure collaboration and communication within and across the University. This plan establishes a set of standing committees to address program leadership, curriculum, policy, dispositions, admissions, and program outcomes. Under the new organization, all mentors, including prelicensure mentors, report to the student mentoring department; product managers report to the program management department of the University. Clinical and lab operations remain under the purview of the nursing operations manager with the guidance of the state directors of nursing, clinical faculty coordinator, and clinical learning lab/simulation coordinator. The Nursing Leadership group meets bimonthly to provide a mechanism for collaboration, communication, and leadership on nursing program matters. The faculty meets as a whole in the bi-monthly Prelicensure Team Meeting to review student progress and barriers to success. (See Appendix G: Nursing Integration and Communication Plan and Exhibit I-B.6: Minutes from Committee Meetings and Special Reports.)

The University’s recent initiative to become a Great Place to Work highlights its commitment for faculty to be active participants in the governance of the University as well as a determination to improve the culture of the work environment in such a way that values like credibility, respect, fairness, pride, and camaraderie are the norm. The initiative began in the spring of 2010 when the faculty was asked to complete the Great Place to Work Survey. This survey measures those values that distinguish a company as a “Great Place to Work.” WGU’s survey results were then compared with the top 25 companies of similar size and operations.

Table I.4 - MAP RN Great Places to Work: Strengths & Weaknesses

<table>
<thead>
<tr>
<th>Top Five Areas Where MAP RN Program Met or Exceeded Scores of the 50 Best Medium Sized Companies</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Management is approachable, easy to talk with.</td>
</tr>
<tr>
<td>▪ People here are given a lot of responsibility.</td>
</tr>
<tr>
<td>▪ People here are treated fairly, regardless of their sexual orientation.</td>
</tr>
<tr>
<td>▪ When I look at what we accomplish, I feel a sense of pride.</td>
</tr>
<tr>
<td>▪ People here are willing to give extra to get the job done.</td>
</tr>
</tbody>
</table>
TOP FIVE AREAS WHERE MAP RN PROGRAM RESPONSES WERE WEAK

- People are encouraged to balance their work life and their personal life.
- People here are paid fairly for the work they do.
- I feel I receive a fair share of the profits made by this organization.
- I am given the resources and equipment to do my job.
- We have special and unique benefits here.

MAP RN survey results met or exceeded the University averages in three of the five categories: Credibility, Fairness, Pride and Camaraderie

While WGU’s initial scores were in the average range, the results data provide valuable indicators of what we do well (strengths) and areas that need improvement, both university-wide, for specific colleges and in this case for the prelicensure program. For example, analysis of the prelicensure nursing program data indicated strengths in areas such as credibility (e.g., management is approachable; easy to talk with); but opportunities for improvement in areas that have to do with balancing work life and personal life and having sufficient resources to do the job.

Based on survey results the Nursing faculty has identified key areas that can be leveraged towards creating a great workplace within the nursing work team and developed a plan to address identified areas. (See Exhibit I-D.3: Great Place to Work Survey and Related Materials.)

WGU values and actively seeks input from its students regarding their educational experiences and provides a variety of important ways in which students may voice issues and concerns. For example:

1. Student satisfaction is an important goal that the University measures twice yearly. This survey gathers data from students about every aspect of their experience at WGU. The students rate the University and are encouraged to provide written comments and to request responses from WGU regarding their comments. The Student Success staff contacts as many students as possible to discuss their comments in greater detail. The data from these results are closely analyzed and used to improve student services and academic programs. The University establishes a student satisfaction benchmark annually and raises the benchmark each year with emphasis on increasing the percentage of students reporting “very satisfied” with their overall experience at WGU. Results from the fall 2010 survey indicate that the percentage of students reporting very satisfied has increased from 45% in the spring of 2009 to 51% for fall 2010; the combined results for students reporting satisfied/very satisfied have been relatively consistent with the most recent result at 92%. (See Appendix H: WGU Fall 2010 Student Satisfaction Data).

2. WGU periodically convenes student focus groups to elicit feedback regarding planned changes and current practices. The views students express impact University decisions. Students are
encouraged to provide feedback to help guide decision-making and improve their educational experiences. (See Exhibit I-D.4: Student Focus Group Schedule, Topics and Outcomes.)

3. Students are encouraged to openly communicate with their mentors. Through these regular conversations, students make suggestions about their educational experience at WGU. Mentors report student concerns to relevant members of the Prelicensure BSN Team for resolution of concerns or issues.

4. The Prelicensure program has recently implemented an open forum for students to communicate with their state director. This forum occurs on a quarterly basis and provides an opportunity for students to share concerns, ask questions, and provide input for programmatic improvements.

5. Student feedback on clinical experiences is collected at the conclusion of each clinical intensive and students complete post-assessment surveys to provide feedback on courses of study, lab experiences, and mentor support for preparation for assessment.

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 documents and publications are accurate and current. The Director of Nursing, as well as select faculty and staff, regularly review references in promotional materials concerning program offerings, outcomes, accreditation/approval status, academic calendar, admission policies, grading policies, degree completion requirements, tuition, and fees to assure accuracy. The Web Information Manager works with the product manager to ensure that information on the WGU website is current and accurate. WGU uses a variety of approaches to update information and share it with students, University personnel, and external interested parties. Information is shared through the WGU website, e-mails, telephone calls, learning and program online communities, mailings, and a variety of promotional materials. The nursing program has a process in place to notify students of Student Handbook updates and/or policy changes. Students are notified by e-mail about the changes or updates and given two weeks to review and provide comments or questions about the proposed changes before they go into effect. Students are required to electronically sign a statement that they have received the information.
The WGU website and Program Guides serve as the University catalog and provide detailed information about the University, each college and its programs, and academic policies. Each program has a Web page that outlines the specific competency requirements for each domain in both HTML and printer-friendly PDF format. The Program Guide for prelicensure nursing students describes the degree requirements and these same requirements are listed in each student’s individual Academic Action Plan (AAP). The AAP serves as a degree audit tool as well as a degree verification tool; thus, students have online access at any given time to exactly where they stand in their degree program. (See Appendix I: WGU Glossary.)

A Transfer of Credit (TOC) analysis is completed for all program applicants to determine the courses students have completed in previous educational programs and courses that will be accepted at WGU. Generally liberal arts and science courses that have been completed with a C or better at a regionally accredited college are accepted if they are comparable to those required by the University. Foundations of College Mathematics and Communications Fundamentals, a requirement for all WGU undergraduate programs, may be satisfied if applicants have passed college-level mathematics and English courses or if they have an Associate or Bachelor’s degree from a regionally accredited institution. (See TOC policy in the Nursing Student Handbook.)

Information about RN Licensure Qualifications and NCLEX-RN testing is thoroughly addressed in the nursing student handbook, which is available online. Each student is required to sign an electronic acknowledgement that they have been given access to, reviewed and understand they are responsible for the policies contained in the handbook. The policy provides a 10-step process for students to follow once they have enrolled in the Role Transition Course of Study (the final subdomain in the prelicensure program). (See Exhibit I-E.1: Nursing Student Handbook.)
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:**
Recruitment, admission, progression, retention, and graduation policies for the prelicensure baccalaureate program are consistent with those of the University and support the achievement of the nursing program’s mission, goals, and program outcomes. Nursing students are held to the same policies as other University students. However, some policies of the nursing program are more stringent than the University policies due to requirements of the professional program in which they are enrolled. (See Appendix J: Prelicensure Nursing Policies That Vary from University Policies.) For example, prospective applicants to the nursing program are required to take the Assessment Technologies Institute Test of Essential Academic Skills (ATI TEAS V) Exam and score at the “Proficient,” “Advanced,” or “Exemplary” level to be eligible for program enrollment. Other policies that are specific to nursing are related to the clinical component of the program such as immunizations, certification in CPR, attire in clinical facilities, and criminal background check. Policies are published for constituents and are implemented in a fair and consistent manner. All policies regarding students are published in the Nursing Student Handbook. (See Exhibit I-E.1: Nursing Student Handbook.

During the past year the prelicensure nursing program has used committees and workgroups for the development of academic policies and processes necessary for the implementation of the program. The primary method has been the use of ad hoc task forces or work groups appointed to address specific needs. For example, the Student Expectations Task Force was established and charged with the task of developing clear guidelines for students about expectations to successfully complete the nursing program, along with an approximation of the time commitment requirements as they progress from term to term. The completed document now forms the basis for the Prelicensure Nursing Program Guide currently disseminated to all students and posted on the WGU website. Once the work was complete, the task force was disbanded.
Faculty has recently completed significant revision on the nursing enrollment and admission policy. The changes were implemented to ensure that students admitted to the program were equipped with the necessary knowledge and skills to successfully complete the program, and were also able to demonstrate a serious commitment to the program from the beginning. The faculty therefore implemented a two-phase admission process. The first phase begins when prospective applicants meet Pre-Nursing Curriculum Requirements. These students enroll in introductory nursing coursework for a half term. (See Exhibit I-F.1: WGU Department of Nursing Applicant Rubric and the pre-nursing admission requirements published on WGU website: http://www.wgu.edu/online_health_professions_degrees/bachelor_science_nursing_licensure.)

Shortly after enrollment (week 4), students take a Foundation Skills Exam, similar to a certified nurse aide exam (CNA). They are provided the option of attending a 2-day “boot camp” prior to the mandatory exam. Students who are unsuccessful on the Foundation Skills Exam are ineligible for nursing program admission.

Students who pass the Foundation Skills Exam receive additional admission information and guidance. (See Appendix K: Student Guide to Admissions Requirements and Admission Interview Rating Rubric.) The Pre-Nursing Enrollment phase is also a time for students to become familiar with the structure, expectations and requirements of the nursing program. Student performance is closely monitored by their first-term mentor and mentor recommendation is an admission requirement. Upon successful completion of all pre-nursing requirements—including an admission interview, completion of urine drug screens and criminal background checks—and a positive recommendation from the assigned mentor, students are officially admitted to the Prelicensure nursing program. More time is required to determine whether the implementation of this revised admission policy is effective in attracting quality applicants to the program and providing clear expectations to students in the pre-nursing curriculum. The opportunity for faculty to know students prior to being officially admitted is a positive change as some students are not well suited for the program and can be so advised early in the program. There is a defined process outlined in the BSN systematic review plan. (See Exhibit I-B.1., which provides for annual review of nursing policies. Policy review occurs annually and revisions are made then and as needed.)
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:**

Student complaints are tracked and logged by the Student Success Department and are reported monthly to the Director of Nursing to evaluate trends or repetitive issues that suggest system problems to be addressed. The log includes a description of the issue and steps taken to achieve resolution. The Student Success manager confers with the Director of Nursing regarding real-time issues as needed to address situations that negatively affect student advancement. The Director of Nursing and Operations Manager for Nursing have worked closely with the manager of Student Success to clarify the appropriate escalation path for issues that arise during student clinical or laboratory experiences. In such cases, it is important that the state directors of nursing, who are physically present in the state, be included in complaints or conflicts related to on-the-ground activities such as lab or clinical. The appropriate escalation path for such matters is described in the newly revised grievance and complaint policy, implemented in November 2010 with the support and assistance of the Student Success department. (See Exhibit I-E.1: Nursing Student Handbook.)

**STANDARD I**

**STRENGTHS:**

- The mission of the BSN Nursing Program is consistent with the mission and goals of the University.
- Data-driven organization facilitates continuous programmatic improvements.
- Feedback from faculty and student is sought out, valued, and integrated into program development, revision, and evaluation.
- Active, engaged program councils and advisory committee support the program.
- The corporate governance model enables rapid decision making, thus reducing bureaucratic delays and frustrations for both students and staff.

**CHALLENGES/AREAS OF IMPROVEMENT:**

- The newness of the program, along with the alternative learning methods employed (e.g. simulation lab assessments, clinical intensives with clinical coaches, competency based model), demands a great deal of focus on program planning, implementation, improvement
methods, and outcomes analysis to understand strengths and respond in timely manner to weaknesses of the program.

- Most of the academic faculty in Nursing, while certainly not new to nursing or education, is new to WGU. Therefore, continued training, involvement in program development, evaluation and revision, and engagement in the University are important.

- As the newest program in the University and perhaps the most complex, the prelicensure program needs to become fully integrated into all university systems. The November 2010 reorganization was the next phase in implementation to ensure better integration.

**PLAN/GOALS:**

- Continue to evaluate program components and outcomes in relation to the mission of the University and the nursing programs in order to provide improved educational access to working adults and to provide a high quality educational alternative.

- Continue to provide faculty support and training about the WGU educational model, program development process, evaluation process and WGU mission goals and commitment to students.

- Implement the Nursing Integration and Communication Plan to ensure that communication related to necessary changes, enhancements or identified problems in the program is consistent across all WGU departments and services that support the nursing programs.
STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

The parent 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.

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

Physical Resources

The physical resources are sufficient to enable the baccalaureate nursing program to fulfill its mission, goals, and expected outcomes. By virtue of its mission and online educational model, WGU’s facility and physical resource needs differ from traditional universities. The administrative headquarters are located in Salt Lake City, Utah, and houses the administrative support departments, the information systems infrastructure, computing and networking resources. WGU covers all offsite work-related expenses for remote faculty and staff; including laptops, high-speed Internet service, and VoIP (Voice over Internet Protocol) phone service. Laptop docking stations, wired connections, and wireless connectivity are available throughout the Salt Lake City facility.

WGU information system is crucial to the life of the University and has been designed to meet the needs of over 30,000 students, faculty, staff, and education providers. Every aspect of the systems infrastructure is accessible securely via an industry standard web browser. Financial systems, student services, instructional delivery, assessments, and reporting are provided over the Internet from the secure servers.
These electronic transactions support the WGU mission to “expand access to post-secondary educational opportunities by providing a means for individuals to learn independent of time and place.”

Skills and simulation lab facilities required for students to develop nursing competencies are provided through contractual agreement between WGU and local universities and colleges with simulation capabilities. (See Exhibit II-A.1: Lab and Clinical Facility Contractual Agreements.) In general, contracted labs are well equipped with variety of low-, mid-, and high-fidelity simulators necessary for learning basic assessment skills, and increasingly complex critical thinking skills through simulation. Several labs are also contracted to provide a simulation technician. In addition, WGU maintains a small clinical learning lab in Santa Ana, California, that is equipped with a human patient simulator and is configured as two hospital rooms, with headwalls, beds, and hospital furniture. It is supplied to provide Foundations boot camps (nursing fundamentals) and student practice of nursing skills such as indwelling urinary catheter insertions, IV starts, and injections. Skills and simulation remediation also occurs in this lab. Students schedule open lab hours with the California Director of the program, who provides appropriate staffing for student needs. A similar one-room lab with a high-fidelity mannequin has been established in the Salt Lake City office.

Clinical learning lab instructors are experienced nursing faculty whose contracts, orientation, and training depend on the type of lab to be taught. The University provides all instructors with instructor lab kits containing disposable supplies and detailed instructor manuals for teaching and assessment. Orientation to teaching/assessment evaluation expectations and methodologies consists of webinars and discussion online and over the phone. Instructors also receive on-site orientation as needed for teaching/assessing with simulation.

Financial Resources
The University is governed by an independent Board of Trustees that exercises broad oversight over financial and budgetary matters. The Board has entrusted execution of financial affairs and planning to the President of the University and the Vice President for Finance and Administration. The President, in conjunction with his senior administrative team, which includes the Chief Nursing Officer, sets goals and objectives; the Vice President for Finance and Administration supervises the preparation and execution of the annual budget and is an ex officio member of the Finance and Audit committee of the Board of Trustees. Budgets are set annually but may be reviewed and adjusted as needed by program requirements or changes. An example of this is provided later in the document under Element II-C. The Finance and Audit Committee directs the audits of the University’s finances and reports regularly to the entire Board. Since inception, all audits have resulted in clean opinions and the University has operated on a balanced budget throughout its history.
The University provides significant financial resources to support its educational programs and the current financial data demonstrate financial stability that allows the University to support on-campus and clinical work essential for preparation of professional nurses. The nursing program receives sufficient budgetary allocations proportional to other units. The nursing program average salary is slightly higher than the average salary for WGU Faculty Mentors, illustrating that salary allocations are at least proportional to other units at the University. Faculty performance and salary reviews are completed in August of each year. Since the inception of the program, we have hired eight full-time mentors, three State Directors of Nursing, two national coordinators (one for clinical labs and simulation and one for clinical faculty) as well as an operations manager, product manager and mentor manager. We have had only one mentor resign in these two years of operating the program and despite many changes and revisions in roles and responsibilities. The baccalaureate program has received grants from the U.S. Department of Labor, California and Texas Department of Workforce Services, and the Robert Wood Johnson Foundation; all have provided additional funding for program development and implementation. Budgets for the prelicensure nursing program have been developed for each state as part of the approval process. These budgets provide a detailed illustration of program financial support during the initial program startup. The University is self-sustaining on student tuition and has not had a tuition increase in five years. New programs, however, require development costs and funding to support their growth until they reach scale. At that point, the programs can sustain themselves. The budgets for California, Texas, and Utah illustrate the plan for growth and the corresponding financial support. (See Exhibit II-A.2: California, Texas, and Utah Prelicensure Program Budgets.)

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:
As mentioned previously, WGU has a ‘dataregarding’ culture and a data rich environment. This is true of not only of student outcomes data but also for data in relation to adequacy of support services. The semiannual student and employee surveys each ask specific questions about adequacy of academic and other support services notably mentoring, assessment scheduling and delivery, learning communities, student
portal, quality of courses of study and learning resources and timeliness of grading to name a few. (See Appendix H: Fall 2010 Student Satisfaction Survey Results.)

The data from both surveys inform the budgeting process and help to set priorities about support service improvements that may be needed. Providing high quality, student-centered academic support services is critical to achieving the retention, graduation, and student satisfaction goals the University has established. The University has set a four-year graduation benchmark of 60% by 2015 (only five of 50 U.S. states have a 5-year University graduation rate of 60% or more). Sixty-two% of the annual University budget is devoted to academic services to ensure that the services are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected student and faculty outcomes.

Prelicensure baccalaureate nursing students receive a comprehensive array of academic services that are similar in many respects to services offered on traditional university campuses. However, some services, such as assessment scheduling and delivery, are unique to a distance-learning environment, and others have been especially designed to assist students who may have life issues that negatively impact their progress in the program (e.g., SAP specialists and WellConnect Student Assistance Program). The University collects data on student satisfaction with academic services semiannually. The discussion of specified services that follows reflects the most recent findings. (See Exhibit II-B.1: University Academic Support Services.)

**Library and Learning Resources**

From its inception, the University has contracted with third-party providers to make high quality library and learning resources (LRs) available to students. The University has recently switched from the University of New Mexico to a new library provider, Jones e-Global library®, effective in January 2011. An important reason for the switch to the new virtual library was the availability of the technology which provides single sign-on and deep linking to various library providers. Jones e-Global also provides students access to a federated search engine so they are able to search across multiple databases simultaneously. The single sign-on is an especially important university initiative that improves the quality of service to students who are predominantly working adults by facilitating one-time access to learning resources without the hassles of multiple passwords.

The contracted library resource includes: (1) real time reference support provided by MLS librarians (Masters Degree in Library Science) and available to WGU students twenty-four hours a day, seven days a week; (2) search and retrieval service for full-text articles from commercial databases selected to match

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WGU’s degree programs; and (3) electronic reserve services through which students can access specific materials related to their courses of study. Students may also search the book collections of the University of Michigan library—one of the ten largest collections of materials in the United States—and obtain relevant titles through interlibrary loan.

WGU’s library services maintain major academic databases, giving students search and full-text access to academic materials through First Search, Academic Search Premier, ABI/Inform, CINAHL Plus and Select, Health Business, Medline, and Gale Opposing Viewpoints. WGU’s library also provides students access to over fifty-thousand full text e-books through Ebrary and access to over twelve thousand full text titles from Books24/7 Online. All new WGU students complete the University’s Education Without Boundaries (EWB) orientation course and in this course, they are provided e-tutorials on how to access and use all library resources.

**Bookstore Services**

In 2007 WGU entered into a textbook fulfillment relationship with ED MAP to enable students to purchase the precise textbooks adopted by University programs in hardcopy, used, and e-book formats with full customer service. Student Academic Action Plans (AAPs) link directly to the bookstore, which is set up for easy title or author searching, as well as navigation by WGU program or college. As an online university, WGU is increasingly adopting e-book editions and encouraging their use for several reasons: (1) access—e-books are available within minutes of purchase; (2) integration—chapters and specific portions of e-books can be integrated into WGU’s Courses of Study; (3) availability of improved study tools on e-book platforms for highlighting, note taking, citation, and collaboration; and (4) cost—e-books are roughly 50% of the cost of a hardcopy edition. Of the University’s approximately 365 adopted textbooks, roughly 41% are currently available as e-books. The percentage of e-books on March 1 will increase to approximately 61% as we continue to make e-books a priority. WGU has recently begun providing a sizeable number of textbooks in electronic format as contracted collections or bundled with e-tutorials and labs, at no additional cost to students. Students have the option to purchase textbooks through the contract with ED MAP in addition to electronic formats they receive from WGU.

The University regularly collects and reviews data such as student satisfaction with resources, pass rates on assessments, and student communication directly with mentors to make decisions concerning the effectiveness of library and learning resources and whether to continue their use. Recent results from the Fall 2010 Student Satisfaction Survey revealed 42% of WGU students were very satisfied with learning resources provided and 86% were satisfied/very satisfied with learning resources—reflecting steady improvement from prior survey results (See Appendix H: WGU Fall 2010 Student Satisfaction Data.)
Computer Systems

WGU offers the flexibility of online, competency-based learning that is supported by powerful and reliable computing resources. Electronic instructional tools connect students to personalized Academic Action Plans, third party and independent learning resources, assessments, web-based communities, and library resources. Students communicate with faculty by means of telephone, e-mail, discussion boards, and web conferencing. These instructional facilities are the means by which WGU provides students with anytime, anywhere access to its programs, thus fulfilling the founding governors vision of “providing a means for individuals to learn independent of time and place….”

The student portal is a secure online site designed specifically for WGU students, faculty, and staff. It provides access anywhere at any time to the student’s academic information and Academic Action Plan (AAP). Students can download documents, access learning resources, check assessment results, and interact with faculty and other students in program and learning communities. Faculty members can manage their students’ academic progress through the student portal, access learning communities they facilitate, download documents, and access the Student Handbook and Employee Handbook through the portal. Results from the Fall 2010 survey indicate that over 90% of students are satisfied with the student portal.

Mentor Support and Facilitation

Each enrolled student is immediately assigned to a mentor (nursing faculty) whose role is to support that student through various stages of the prelicensure program. For example, first term prelicensure mentors support first term students through the pre-nursing phase, admission consideration process and the first clinical course including lab and clinical intensive. As part of WGU’s introductory course—Education Without Boundaries—the mentor initiates contact with the student within the first two days. Together, mentor and student develop a personalized Academic Action Plan, which is renewed at the beginning of each new term. The mentor determines the best learning resources based on the individual student’s background, strengths, and weaknesses, and in many ways supports the student’s efforts to stay on track and make satisfactory academic progress (SAP). The mentor serves as the student’s primary faculty contact at WGU, accomplishing this through regular telephone, e-mail, and web conference contacts. Mentors are required to communicate with each student according to a defined protocol that is posted in the Student Handbook. WGU students have responded positively to the WGU mentor-guided model, with 93% expressing satisfied/very satisfied with mentor on the fall 2010 Student Satisfaction Survey.

However, the percentage is lower for Prelicensure nursing students (76%). Because only a very small number of nursing students responded to the survey (n=17), faculty will closely monitor future student responses on this issue.
Course of Study
For each subdomain or area of study within a degree program, WGU provides its students with a Course of Study (COS). A COS is a web-enabled, time-managed plan that provides the student with multiple access points for development of competency. It addresses five important components: (1) defined competencies with learning objectives students are required to meet; (2) learning resources, which may include texts, online courses, web links, podcasts, simulations, etc., to assist the student in attaining the competencies; (3) mentor guidance as students work to develop competence; (4) participation in a learning community with mentors and peers to co-construct understanding; and (5) the assessment of competence.

The Fall 2010 Student Satisfaction Survey results indicate that 41% of students were very satisfied with the quality of the COS and 87% were satisfied/very satisfied. As mentioned above, the University is committed to improving learning resources (LRs) for students and efforts are underway to improve each COS with learning resources that are more directly relevant to COS content and supported by deep links embedded in LRs and coaching reports. This deep link strategy is designed to provide students with a seamless navigation, when working in a course of study, between the guidance in the COS and the LRs provided, to assist the student in learning and developing competency. Through deep linking, student do not have to leave the COS, go to another website and sign in using another username and password, and then navigate back to the COS when they have completed work with the LR. (See Exhibit I-C.1: President’s Report: WGU Progress Updates, July & November, 2010.) Site visitors will have onsite access to web-enabled Courses of Study for the nursing program.

Student Academic Progress (SAP) Mentoring
The Student Academic Progress (SAP) Mentoring Program is a recent addition to the academic services and support provided by WGU. This service has been implemented to help students achieve and maintain satisfactory academic progress in their respective degree programs. University data has shown that students who do not make satisfactory academic progress—meaning, those who have not successfully completed 66.6% of coursework by the end of the term—are more likely to drop out of the program. Specially trained mentors called SAP Specialists work with students for eight weeks to address five key areas: establishing purposes; improving time management and use of organizational tools; improving support; managing unexpected life events; and using quality strategies and learning resources. Mentors may refer students to SAP Specialists as needed, and it has been shown that the best referral is the student who shows interest in the added layer of support and is willing to commit to the eight-week program. Nursing mentors have referred a number of prelicensure students to SAP Specialists and evaluation of the
effectiveness of the program with nursing students is ongoing. (See Exhibit II-B.1: University Academic Support Services for a detailed description of this program.)

**Testing and NCLEX Specialist**
The Testing and NCLEX Specialist is a nursing course mentor who works closely with prelicensure nursing students to facilitate their success in the program. Students who are not successful on the ATI specialty exam are referred for this service. The service includes: a comprehensive assessment of student learning needs; provision of instruction on effective study and learning strategies; assistance to students in developing a study plan and holding them accountable to the plan; reviewing key nursing content with students in live sessions; and working with students to develop effective test-taking skills and to overcome test anxiety. Students receive help in seeing the purpose and meaning behind what they are learning, and the content comes alive for them through applications to real-life situations. (See Exhibit II-B.2: Sample of Student Remediation Plans.) This is a relatively new service that has been positively received by most students. Students retesting with ATI after receiving this service have been successful; most reported they like the structure of the service. Outcome evaluation of this important service is ongoing.

**Assessment Grading**
WGU students demonstrate mastery of competencies by completing assessments. An assessment may be a traditional test, a project, an essay, or another practical demonstration of a required skill. Therefore, assessments come in many different forms, including:

- Assignments involving utilization of the nursing process for individualized patient care and exploration of interdisciplinary team roles and available resources;
- Vendor-based ATI specialty or comprehensive nursing examinations using application-level NCLEX-style items;
- Projects requiring the student to design individualized patient teaching or discharge plans, or makes nursing decisions based on real-life scenarios;
- Case studies requiring critical thinking in the application of nursing knowledge, priority setting, and resolution of patient issues;
- Research papers on particular nursing topics; and
- Direct patient care requiring the student to apply clinical knowledge and skills in both high-fidelity patient simulation laboratory settings and real-life patient care environments.

Students submit all of the above assignments to TaskStream to be graded by nursing graders. WGU’s assessment department has a goal of 72 hour turn-around time. Course mentors develop the tasks and provide grader’s notes and rubrics developed specifically for the tasks. The nursing graders in assessment
use the notes and rubrics to evaluate task submissions. A task is passed if it meets all of the criteria as specified on the rubric; it is sent back with comments to the student for revision if it fails to meet requirements.

Assessment Scheduling and Delivery

Assessment Centers – Since 2000, the University has built a network of testing centers to meet the examination delivery needs of its growing student body. When new students enroll in geographic areas where a testing center has not been identified, WGU staff members work with that student to identify an appropriate facility. If a facility cannot be identified, an appropriate individual is found. A new partnership with Prometric in April 2007 significantly expanded WGU’s network of Assessment Centers. The prelicensure program uses ATI exams as assessments for several of the subdomains in the program and these exams must be scheduled and administered at a test center. Since the program is currently limited in its geographic reach to southern California and three cities in Texas, it has been relatively easy to identify test sites for prelicensure students to take these exams. The University has been working with a new testing method called “On-Line Proctoring” or OLP that allows for students to be assessed and proctored in their homes through the use of sophisticated biometric surveillance using webcams and established student eye and typing patterns to identify variations in behaviors. These methods have not yet been implemented with assessments for prelicensure students, but show promise for addressing the problem that adult students face of accessing testing centers. ATI has expressed a willingness to explore this option in the future for prelicensure students.

Student Assistance Program

The WellConnect Student Assistance Program – WellConnect is a partnership agreement with The Wellness Corporation to provide free and confidential services to students was launched November 1, 2010. Services include short-term counseling, crisis support, budget, debt, and credit counseling, legal consultations, and new parent coaching. The full array of WellConnect services is described on the website [www.wgu.edu/wellconnect](http://www.wgu.edu/wellconnect) and students may access the services or speak with a counselor 24 hours per day, 7 days per week.

Enrollment and Advisement Services – Enrollment counselors are the first contact prospective students have with the University. Enrollment services are designed to help students learn about the nature of study at WGU and to enable them to reach an informed decision about enrollment. Prior to enrollment, potential students receive extensive counseling through the website and discussions with their Enrollment Counselor regarding the competency-based education model. In addition, they complete an intake interview with enrollment counselors to determine their eligibility for admission. Prospective students are required to take and pass three entrance assessments measuring basic mathematics, reading
comprehension, and writing skills as part of WGU’s Admissions Screening Process. Additional enrollment requirements for applicants to the BSN Prelicensure program include successful completion of the ATI TEAS V Exam as previously described in the response to Key Element 1-F.

**Student Success Department**
The immediate goal of the Student Success Department is to help students navigate WGU systems, processes, and procedures, resolve issues or concerns, and find answers for general questions. The larger objective is to foster student success leading to graduation. This department conducts outreach efforts to students on term break, connects with inactive students, or those considering withdrawal. It is not intended to replace the existing academic support students receive from mentors, but rather to supplement it. (See Exhibit II-B.1: University Academic Support Services.)

**Financial Services**
Approximately 79% of WGU students receive some form of federal financial aid for the College of Health this percentage is slightly lower (62.8%). WGU provides an effective program of financial aid to help these students fund their education. Because tuition at WGU is quite modest, students are able to finish their degrees without incurring large education debts. Federal financial aid covers much, if not all, of a student’s direct education expenses (tuition and fees, books, technology) and indirect costs such as room and board and personal expenses. The U.S. Department of Education selected WGU to be one of the first distance-learning institutions in the country to provide financial aid to online students. Two types of aid, Pell grants and loans, are available to WGU students who are eligible for financial aid. A detailed Financial Aid website is available for prospective and current students seeking more information. Students may also obtain information from Financial Aid Office staff and through our outsourcing agency, ACS (Affiliated Computer Services, Inc.). ACS provides WGU with help desk services, and WGU has a staff member dedicated to support services as well.

**Students with Disabilities**
WGU recognizes and fulfills its obligations under the Americans with Disabilities Act of 1990, the Rehabilitation Act of 1973, and similar state laws. (See WGU Student Handbook, article 1019 accessible online at: [http://www.wgu.edu/sh](http://www.wgu.edu/sh). Enter the article number in the search field to go directly to this information.).

For some students who need assistive devices due to a handicapping condition, WGU may be a good fit; for others it may not. Since the prelicensure program requires clinical education, the physical requirements are more specific. The Nursing Student Handbook (Exhibit I-E.1, article 2479) includes a specific policy about the physical requirements of this program. (This policy can be viewed in the
WGU strives to make its website universally accessible and useful to all people, including those with disabilities. TTY technology is offered for students who contact the Student Success Office for that assistance. The Learning Resources Department works with Education Providers to deliver learning resources that are universally accessible with accommodations available to the hearing- or visually-impaired. However, for those who need more extensive support, capacity is limited simply because WGU is an online institution. It is a challenge both to anticipate and to provide the structures, the mentor training, and the mentor time necessary to support students with special needs.

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 for WGU formerly served as the MAP RN Project Director and was charged with the development of a new prelicensure nursing education model as part of the design and implementation of that program. Jan Jones-Schenk has a BSN in nursing, a Masters degree in Nursing Administration, is a board certified Nurse Administrator and is currently enrolled in an interdisciplinary Doctor of Health Sciences program with an emphasis in leadership. Prior to coming to WGU, Ms. Jones-Schenk had extensive experience in competency evaluation in her roles as President of the American
Nurses Credentialing Center (ANCC), Operations Consultant for ANCC and as Director of State Healthcare Licensing for Thomson Prometric. She began her career at WGU in 2007 as MAP RN Project Director. In that role she participated in the first CCNE approval process and led the approvals of the program by the California Board of Registered Nursing, Texas Board of Nursing, and Utah Board of Nursing. In September 2009, Ms. Jones-Schenk was tapped by the University to take charge of implementing all aspects of the prelicensure nursing program and in June 2010, was appointed interim Chief Nursing Officer (CNO). The appointment became permanent in November 2010. Since the fall of 2009, Ms. Jones-Schenk has reported directly to the Provost and served as a member of the Academic Leadership Team.

The University Academic Leadership team is led by the Provost and all academic unit heads (Associate Provosts) report through this structure. The CNO meets weekly with the Provost and meets weekly with other 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 programs budget allocations for program operations, and professional development of faculty. The CNO has access to and influence on allocation of resources for the nursing programs. For example, when it became apparent soon after the program began that initial arrangements for clinical learning labs to support California students were inadequate, Ms. Jones-Schenk worked with the Clinical Learning Lab Coordinator to develop an operational plan and financial proposal for a WGU-operated clinical skills lab, and then approached the University’s Chief Operating Officer to secure the necessary approvals and funding. The ribbon cutting for the lab took place during Nurses’ Week in May 2010. (See Exhibit II-C.1: California Skills Lab Proposal.) This illustrates Ms. 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.

In working with faculty and clarifying student needs, Ms. Jones-Schenk directed the implementation of a unique mentor model for prelicensure students that provides more focused attention and lower student-mentor ratios during the critical first and second terms of the program to ensure better student orientation, immersion, and retention. A bimonthly prelicensure team meeting was initiated in the fall of 2009 to improve communication between the online mentors and state-based and national clinical operations. This student-focused meeting has been successful in identifying issues for improvement and refinement, including student enrollment, admission, scheduling, advancement, and calendaring. (See Exhibit I-B.6: Minutes from Committee Meetings and Special Reports.) The CNO serves as a role model for faculty by demonstrating ongoing commitment to teaching, practice, service, and scholarship. She serves on the
Board of Directors of a local community hospital (Park City Medical Center) and chairs the Professional Standards Committee of the Board, which is responsible for credentialing and privileging of all physicians, NPs, and PAs in the hospital. In the area of scholarship, the CNO has both modeled and supported scholarship activities for nursing mentors and has recently appointed the Clinical Faculty Coordinator to serve as a faculty development resource to assist mentors in preparing presentations, posters, and publications. Lastly, in the areas of teaching and learning, the CNO focuses in bimonthly prelicensure meetings on student learning outcomes and has implemented many team recommendations for strengthening student learning, including the innovative mentor model described previously.

While in charge of daily operations for the prelicensure program, she has assembled a National Advisory Committee to provide high-level guidance for the development of a national prelicensure initiative. (See Appendix E: Membership of Program Councils and Advisory Groups.) She has led the MAP RN Governing Council (composed of leading nurse employers and clinical partners) and MAP RN Program Council, both of which have provided critical advice for the development of the prelicensure program, including its design, deployment, and refinement. These various bodies represent significant communities of nursing educational policy leaders. (See Exhibit II-C.2: 2010 Annual Meeting Calendar for Councils and Advisory Groups.)

As part of the design and implementation effort for this program, the CNO appointed essential work groups, task forces, and committees to address how to balance the program and infrastructure needs of a nationally focused program with the specific and often contradictory requirements of multiple approved jurisdictions. This has required development of strategies for working closely with state boards of nursing to design and implement innovative, often groundbreaking approaches. For example, Texas statutes require programs to be “geographically based.” WGU proposed the concept of deploying cohorts of ten at identified sites across the state, thus reducing the impact at any particular geographic site on scarce resources such as faculty and clinical site availability. Ms. Jones-Schenk and Dr. Abdur-Rahman, Texas Director of Nursing, worked with the Texas Board of Nursing to develop this proposal that will allow the program to expand, during provisional approval, to more than the initially approved sites. This exemplifies Ms. Jones-Schenk’s leadership in developing a cohesive national program while working creatively with a key community of interest in the regulatory arena. A similar innovations proposal was developed under Ms. Jones-Schenk’s leadership and approved by the Utah Board of Nursing to allow for the program to be implemented in Utah. (See Exhibit II-C.3: Texas and Utah Innovation Pilot Applications.)

Ms. Jones-Schenk has been a highly effective spokesperson for the prelicensure program at many national meetings over the past two years, raising awareness of regulatory barriers and enhancing the dialogue
about innovation in clinical education. Beginning in November 2010, she delegated operations responsibility to the State Directors of Nursing, the Operations Manager, and the National Coordinators for Clinical Faculty and Clinical Labs, and has developed a matrix and committee leadership model to better integrate all nursing faculty across all WGU nursing programs. (See Appendix G: Nursing Integration and Communication Plan.)

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:

WGU’s definition of faculty flows from its mission which dictates that the responsibility for the quality and coherence of curriculum and instruction resides with a qualified faculty. University faculties traditionally share responsibility for numerous academic functions, including oversight of the content of the curriculum, the designation of educational outcomes, the design and delivery of instruction, the evaluation of student learning and achievement, and the advisement of students—in addition to individual scholarship and service. In most institutions these functions are generalized and non-specific. As online
learning has grown in scope and volume, many institutions have found it necessary and useful to disaggregate or “unbundle” some of these roles and have them performed by specialists—curricular and instructional design, for example. The conceptualization and creation of an institution built around the identification, development, and measurement of competence made such specialization in the faculty a necessity. At WGU, every function described above is found within the faculty, but those responsibilities are distributed among different groups.

Core faculty members oversee academic programs, are involved in faculty selection and training, participate in curricular oversight, provide instructional leadership, manage online learning communities, develop assessments, and develop Courses of Study (comparable to traditional course syllabi), used to provide support and structure for student preparation for assessments. The core faculty comprises three groups—Program Council Faculty, Administrative Faculty, and Academic Mentors. Together these groups share oversight responsibility for the quality and content of the curriculum and instruction. All mentors at WGU possess graduate degrees in nursing including specialization that aligns with their specialty mentoring assignments. Many have specialty certifications and all have extensive experience in nursing. (See Appendix L: Faculty Education, Experience and Expertise.)

**Program Council Faculty**

The Nursing Program competencies were developed in collaboration with members of the MAP RN/Nursing program council2, Governing Council, and National Advisory Committee. Each group provided a perspective and focus that contributed to the initial development of the program content and curriculum. From the employer perspective, the MAP RN Program Council provided specific guidance about gaps in new graduate competence upon graduation. A great deal of time was given to the consideration of skills such as communication (the ability and experience of new graduates in contacting physicians appropriately to report changes in patient’s condition), delegation (the ability to appropriately delegate and use the skills of others while retaining authority for outcomes), and anticipation of unexpected changes in patient condition based on clinical reasoning and surveillance skills. These discussions led to the implementation of a framework of key behaviors that became the evaluation context for developing clinical competencies. The key behavior framework was adapted from the Stanford Model of debriefing clinical simulations and addressed nine behaviors critical to successful patient care

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2 MAP RN stands for “Multi-State Approach to Preparing Registered Nurses. This is the name of the initiative to develop the prelicensure program and deploy it nationally. The MAP RN program council was assembled from members of the BSN working group and clinical representatives appointed by the MAP RN Governing Council composed of national corporate partners who provided support for this program. The name “MAP RN” is still used to refer to the national project however the council has been renamed to more accurately reflect their advisory scope, to Nursing Program Council. In some minutes and other documents the name MAP RN may still appear.

The Governing Council appoints members to the program council to provide clinical expertise and advice, but also provides guidance in relation to implementation strategies, support for Board of Nursing approvals and commitments for clinical rotations using an alternative method of clinical education rotation to ensure minimal impact on existing schools of nursing. A fundamental concept of the design of the program was to make sure clinical facilities could accommodate the WGU prelicensure nursing students, not disadvantage or negatively affect existing affiliations, and not negatively impact the availability of qualified nursing faculty. This group was also instrumental in the initial design thinking around how to best serve incumbent workers with a prelicensure program.

The National Advisory Committee (NAC) provided yet another perspective and insight critical to the development of the program. Prelicensure programs are typically state-specific, geographically bound and have limits on the use of simulation by statute. One goal of the MAP RN project was to develop a national prelicensure program with a single curriculum and education model that could be deployed in every state. The NAC stimulated discussion about the potential barriers to this vision and helped to develop the value proposition for this program. (See Exhibit II-D.1: MAP RN Briefing Book, September 2010 Version.) Additionally, the participation of Dr. Benner emphasized the importance of integration of clinical and didactic learning, clinical reasoning, and the development of clinical imagination. These discussions helped to inform the early design work, but more significantly provided clear guidance and direction during the curriculum realignment phase, which occurred after the first six months of implementation. The response under Key Element III-A describes the curriculum realignment project. (See also Appendix E: Membership of Program Councils and Advisory Groups.)

**Administrative Faculty**

The University's Administrative Faculty consists of the Provost, five Associate Provosts (Teachers College, Academic Affairs, Assessment, Program Management, and Student Mentoring), the Chief Nursing Officer, Directors of academic departments, and College Product Managers. Administrative faculty in the BSN prelicensure program also includes the state directors, mentor manager, simulation program manager, and the clinical faculty coordinator. These faculty members serve as the members of the academic leadership and management teams of WGU. Under the guidance of the Board of Trustees, President, and Program Councils, they create the curriculum.

**Academic Mentors and Clinical Faculty**

The Academic Mentors coordinate and guide student learning by providing general academic support and individual progress guidance for students. All mentors have a minimum of a master’s degree in nursing
and expertise both in teaching and in specific areas of practice such as Obstetrics, Psych/Mental Health, Medical Surgical Nursing, and Critical Care. Nursing Mentors are supervised by a mentor manager, and work collaboratively with the state directors, managers, and coordinators to create Courses of Study, evaluate and participate in customization of third-party learning resources, and serve on ad hoc committees and project teams. (See Appendix L: Faculty Education, Experience and Expertise.) The program currently has eight full-time mentors serving approximately 100 students (the total number of students may vary from month to month depending on when new cohorts are admitted. This staffing level is expected to serve up to 280 students (approximately 1:35 ratio) for the online didactic work.

Clinical faculty comprises the onsite clinical and learning lab instructors. Clinical instructors are typically on staff at partner hospitals and other clinical agencies and have a minimum of a master’s degree in nursing from an accredited institution and at least one year of continuous, full-time experience in direct patient care practice as a registered nurse. Consistent with our clinical model, the clinical instructors collaborate closely with mentors to plan and implement the clinical intensive, and both engage with students’ post-conference discussions in the online learning community. This learning strategy is essential for helping students synthesize and apply knowledge gained in both didactic and clinical areas. (See Exhibit II-D.1: MAP RN Briefing Book, September 2010 Version; also see Exhibit II-D.2: Mentor-Clinical Instructor Collaboration Binder.)

Lab instructors, like clinical instructors are also master’s prepared with a minimum of at least one year of continuous employment, with the expertise to instruct students in the specialty areas for which they are employed. Labs are staffed with a minimum of one lab instructor per cohort of ten students. For more skills-intensive labs, two instructors may be required for one or more days of a lab series. High-fidelity simulation labs and assessments are staffed with one Lab instructor plus a simulation technician. This staffing ensures that the simulation technologies are managed appropriately and lab instructors can focus their attentions on student learning. (See Exhibit II-D.3: Clinical Learning Lab Staffing Plan.)

Job descriptions for each faculty role list academic requirements and provide standard definitions for what the University considers to be exceptional expertise in each of the Colleges. (See Exhibit II-D.4: Faculty Job Descriptions.) Nursing faculty curriculum vitae demonstrate that faculty members possess the appropriate content expertise for their positions, as well as advanced degrees appropriate to the academic areas in which they advise and mentor students or perform other faculty responsibilities. (See Exhibit I-C.2: Faculty Curriculum Vitae and Faculty Practice; also see Appendix L: Faculty Experience and Education Form for more detailed information on the academic credentials, areas of clinical expertise and teaching experience of current faculty.)
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:
Clinical coaches are used as extension of faculty and their roles with respect to teaching, supervision, and student evaluation are clearly defined. (See Exhibit II-E.1: Clinical Coach and Clinical Instructor Handbook.) Coaches are preferably baccalaureate-prepared registered nurses with at least two years of continuous, full-time experience in direct patient care practice. Occasional exceptions to the requirement of a BSN may be made in cases where the clinical partner management highly recommends an individual to serve as a coach and the individual has a history of demonstrating exemplary nursing care and commitment to teaching students. Since student-coach dyads are supervised by a master's-prepared clinical instructor, educational and experiential expertise and supervision are available for coaches with an Associate Degree in Nursing.

Coaches are employed by the partner facility and are awarded adjunct faculty status with WGU upon completion of WGU’s clinical faculty development program. In preparation for their coaching assignment, coaches complete a WGU-developed online course of study on clinical teaching approved by the American Nurses Credentialing Center (ANCC) for 20 contact hours of continuing education. This program must be completed before coaching a student in the clinical setting. It includes content such as cognitive coaching, learning styles, giving effective feedback, practical considerations for coaching, and evaluation strategies as well as an overview of WGU’s competency based model of education, the program mission and goals and expected roles and responsibilities for each clinical adjunct faculty member. (See Exhibit II-E.2: Adjunct Clinical Faculty Training Curriculum.) WGU’s Clinical Faculty Coordinator also holds face-to-face “kick-offs” with potential coaches. During the face-to-face meetings, coaches receive an overview of the BSN Prelicensure Program, including the conceptual model and mission, goals and objectives of the program’s clinical coaching model, and instruction for using online tools and software for monitoring and evaluating student progress in the clinical setting. This face-to-face meeting typically includes all clinical coaches, clinical instructors and the CNO and Education Director from the clinical site. In addition to reinforcing the content in the Adjunct Clinical Faculty Training
Curriculum and the Clinical Faculty Handbook, this kick-off provides a personal introduction to the Clinical Adjunct Faculty Coordinator who is the liaison between the clinical site and the University.

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:
The University provides funding for and supports participation of the faculty in professional development activities that promote faculty outcomes congruent with the mission, goals, and expected faculty outcomes. (See Appendix M: Nursing Faculty Scholarship, Service and Practice Activities for specific examples of such Nursing faculty professional development activities.) Priority for financial support for professional development is given to faculty who are presenting research or other content at local, state, and national conferences. Selected faculty members have received financial support to attend and/or present at national conferences, including but not limited to:

- National League for Nursing Education Summit
- AACN Baccalaureate Education Conference
- Robert Wood Johnson Foundation Nursing Education Innovations
- Quality and Safety Education for Nurses
- National Conference of Nursing Workforce Leaders

As an institution devoted primarily to teaching, WGU has not made the pursuit of an active research agenda an expected faculty outcome. However, the University provides funding and support for those
who choose to pursue research. An example of current original research conducted by nursing faculty is a descriptive, longitudinal study examining emotional intelligence (EQ) of nursing students to determine whether student EQ correlates with successful staff nurse EQ or with program and NCLEX-RN success. Although research is not an expected faculty outcome, this particular research has received approval from the University. Faculty members are also encouraged to participate in clinical practice and professional development activities that help them maintain their professional currency and bring cutting edge approaches to their teaching. Requests for professional development funds outside of University-scheduled events require the Chief Nursing Officer’s approval. In addition to professional development activities outside the institution, there is significant involvement in professional development internally as described below.

Mentors and Academic Leaders participate in Mentor Academic Meetings held in Salt Lake City twice a year. (See Exhibit II-F.1: 2010 Mentor Academic Meeting Agendas.) All faculty members are required to attend these semiannual meetings, and the University provides financial support for travel and related expenses. These meetings are a forum for training, sharing best practice across the Colleges and academic departments, and networking that enhances student service. Best practices in the integration and effective utilization of technology is an important area of focus in training, given the nature of WGU as an online institution. For calendar year 2009, 100% of the faculty participated in professional development activities. (See Exhibit I-C.2: Faculty Curriculum Vitae and Faculty Practice.)

The Mentor Development Community (MDC) is an essential resource for professional development and training. The MDC was created to help build a sense of connectedness among the mentors by providing a positive space for all mentors to interact with one another through collaboration and sharing of best practices, news and announcements, upcoming conferences and professional development materials, and issues related to serving students. Mentors can find training documents, discussion forums, and information on what other faculty have done with Professional Development in this community. The mentor newsletter, We've Got Updates, is published to and archived in the MDC. The MDC can be accessed through the WGU portal at: http://community.wgu.edu/clearspace/thread/52575?tstart=0.

**Orientation and In-Service training**

Initial training for new faculty includes face-to-face workshops and web conferences led by seasoned WGU facilitators. The Prelicensure Mentor Manager developed a customized orientation plan for onboarding new prelicensure mentors to ensure they are orientated to WGU systems and resources but to also provide training about the unique role for mentors for prelicensure students play. (See Appendix N: Prelicensure Mentor Orientation Schedule; also see Exhibit II-F.2: Mentor Staff Training Agenda.) This format for training is also used for all adjunct nursing clinical faculties. (See Exhibit II-E.2: Adjunct
Clinical Faculty Training Curriculum and Exhibit II-E.3: Clinical Lab Instructor Training Materials.) In addition to training sessions, new faculty mentors observe and shadow experienced faculty making student calls. This experience introduces mentors to student communication protocols and the types of issues they will face. Ongoing in-service training sessions are held weekly. A single topic is repeated in four sessions to allow mentors to schedule attendance. Topics include best practices in working with students, policy updates, administrative processes, and other areas that impact how mentors work with students. The In-Service Training Calendar in the MDC contains links to all materials from each week's session, with an archive of all sessions' recording links.

We discovered this year that because prelicensure mentors had not experienced or seen any of the lab experiences or clinical sites, they felt ill equipped to assist and advise students on that aspect of their nursing education. Since one implementation goal is to assure alignment between didactic, lab and clinical learning, the CNO felt some onsite learning lab experiences for prelicensure mentors would be essential to making this part of the curriculum come alive to the mentors and to empower them in their communications with students. Two prelicensure mentors were sponsored to attend a clinical lab boot camp weekend in 2010 and their experiences and insights have been very beneficial to the program and students. (See Exhibit II-F.3: Prelicensure Mentor Lab Report.) Discussions are underway about how to best continue this opportunity. This exemplifies how the program continues to seek and offer opportunities for faculty development in keeping with the mission, goals and expected faculty outcomes.

**STANDARD II**

**STRENGTHS:**

- The University is committed to identifying the best available learning resources for students.
- WGU has clearly demonstrated financial stability and sufficiency of financial resources that has allowed the hiring of a strong faculty who bring a wide range of experiences and specialties.
- The prelicensure program has obtained additional support in the form of grants to develop and implement this new program.
- The University makes optimal use of technology that has been evaluated as successful, is easily accessible, and cost-effective.
- WGU has made a concerted effort to implement a student support services strategy across all levels of the institution, including WellConnect, SAP Specialists, Library Services etc. The program has added additional support in the form of the Remediation/NCLEX specialist role. Staff members recognize the importance of serving students from the point of initial contact to graduation and beyond.
• Access to some of nursing’s’ most well-respected “thought leaders” has been a significant strength and the ongoing access to leaders in nursing practice settings has provided this program with critical advice and oversight.

**CHALLENGES/AREAS OF IMPROVEMENT:**

• Managing the scheduling of clinical and lab sites for overlapping cohorts in multiple states is a complex undertaking which will be even more challenging with the addition of new states in 2011.

• Prelicensure mentor orientation needs to include a focus on the student experience in lab and clinical so the mentor can assist the student in tying it all together.

• The changing complexion of the nursing shortage may make recruitment of clinical coaches and clinical instructors from employers more difficult. Recent economic developments have softened the nursing shortage and concurrently the workforce demands. The growth of the program will depend largely on these external factors.

• Communication between the Clinical Operations team, mentors and product managers will require focus and commitment.

**PLAN/GOALS:**

• Construct a scheduling and forecasting system to address the needs of the students, the clinical sites and the faculty as the program expands. Currently there are 10 cohorts in California and 6 cohorts in Texas. The recent addition of an operations manager for the prelicensure program and plans to hire a dedicated clinical scheduler will help to meet the challenge of scheduling many lab sites and multiple clinical intensives.

• Find ways to provide prelicensure faculty with ways to experience some of what students experience in lab and clinical as part of mentor development. This might be accomplished in part by providing viewing access to videotaped student lab scenarios.

• Continue to support clinical coaches and clinical instructors and monitor retention of those who already engaged in the program. Continue to recruit at new sites and use the experiences of existing clinical adjunct faculty to ‘tell the story’ to other potential participants.

• Continue with bimonthly prelicensure team meetings to provide a forum for exchange of important information and recommendations. This team performs an important function in escalating program issues and concerns for consideration and resolution.
STANDARD III

PROGRAM QUALITY: CURRICULUM AND TEACHING-LEARNING PRACTICES

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.

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.

Elaboration: Curricular objectives (course, unit, and/or level objectives or competencies as identified by the program) provide clear statements of expected individual student learning outcomes. Expected individual student learning outcomes contribute to achievement of the mission, goals, and expected aggregate student outcomes.

PROGRAM RESPONSE:

Benner’s (Benner, 1982) theory articulating how nurses learn to “do nursing,” has been very influential in the development of the nursing curriculum and particularly the clinical education model for the BSN prelicensure program. Benner illustrated that teaching nursing practice requires experiential teaching and learning, situated cognition (the capacity to think in ways important to the nursing profession), and reflection on particular cases and situations as well as the development of ethical comportment. These themes are illustrated in the application and integration of the three apprenticeships in the program’s conceptual framework, unifying themes and program outcomes.

To assist students in developing competence and to meet expected individual student learning outcomes, the faculty applied Benner’s concepts to develop the Content, Task/skills, Situated Use, Synthesis Model (CTUS). This model provides a pedagogical structure whereby students develop professional nursing competencies through structured, interactive, technology-based activities. As described in the CTUS Model, students gain competence by progressing from content knowledge to synthesis of knowledge with concurrent increasing complexity, thereby enhancing critical thinking and clinical reasoning skills. (See Appendix O: CTUS Model.)

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The prelicensure nursing program contains two nursing domains: *Nursing Theory and Practice* and *Nursing Science*. Each domain is made up of subdomains. The subdomains address a subset of the domain competencies that the student is required to demonstrate before completion of the program. For example, a subdomain under Nursing Theory and Practice is *Psychiatric/Mental Health Nursing*. The competency entitled *Management of Psychobiological Disorders* is one of the competencies addressed in this subdomain. Each subdomain has an online course of study that provides students with learning activities that help them master the competencies. Each subdomain also has a set of assessments that the student must pass; these assessments address the competencies associated with the subdomain. (See Appendix P: Prelicensure Nursing Competencies and Exhibit III-A.1: Baccalaureate Nursing Standard Path Competencies.)

All clinical experiences fall under the *Nursing Theory and Practice* subdomain and include nursing courses with theoretical and clinical components. Concepts from the clinical subdomain are consistent with the program’s professional standards, unifying themes, and conceptual framework. Concepts were identified from the 2010 NCLEX-RN test plan and the Health Cost and Utilization Project (H-CUP) data were used to guide development of the clinical subdomains to ensure that content is relevant and reflective of contemporary practice. (See Exhibit III-A.2: 2010 NCLEX-RN Test Plan.)

Approximately six months after the initial launch of the BSN Prelicensure program, it became evident that the didactic content, the skills and simulation labs, and the clinical intensives were not adequately aligned. Student performance in the skills labs, the simulation labs and the clinical settings was inconsistent. In essence, students were not prepared to synthesize their learning and to apply their knowledge in the practice settings, and, therefore, students were struggling to demonstrate their competence as outlined in the CTUS Model. Feedback from clinical faculty primarily focused on performance gaps in the clinical setting but also identified areas where students lacked an understanding of the nursing process and comprehension of essential didactic content. Mentors reported student difficulty in completing didactic course work and poor performance on their assessments, whether summative tasks or objective exams. Students were not achieving established benchmarks on ATI exams (see key element IV-B). Data collected at the end of each clinical intensive indicated that students felt their course of study did not consistently prepare them for their clinical intensive. (See Exhibit I-B.4: California Pilot Clinical Intensive Survey Results, May 2010.) This inconsistency in clinical alignment of the curriculum led to an in-depth evaluation of the curriculum by the entire faculty. A Curriculum Task Force (CTF) was formed and charged with evaluation of the entire baccalaureate curriculum, including the conceptual model and unifying themes, competency statements, and learning resources. (See Exhibit
Beginning with the conceptual model and the unifying themes, the CTF made small but significant revisions to promote clarity and understanding. For example, the unifying theme, genetics and genomics, was changed to genomics and genethics. Faculty reasoned that the term ‘genetics’ is generally used for the study of individual genes while the term genomics encompasses the human genome project and provides a broader view of how genetic make-up influences health. Genethics refers to the social, ethical, and policy issues associated with genomic knowledge; therefore, faculty considered this term to be more reflective of what the generalist nurse encounters in practice. The unifying theme Professional/Legal was also changed to Professional/Legal/Ethical and Leadership was changed to Leadership/ Education. Originally it was felt that professional naturally included ethical and that leadership naturally included education. However, adding these concepts to the model help to clarify the unifying themes and eliminate misinterpretation. In addition, the words ‘being,’ ‘knowing,’ and ‘doing,’ were added to the conceptual model to reinforce the integration of Benner’s Three Apprenticeships of cognitive knowledge (knowing), clinical reasoning (doing) and ethical comportment (being). (See Appendix B: Nursing Mission, Philosophy, Conceptual Model and Program Outcomes.)

The second step was to review the alignment of the unifying themes with the program outcomes. The operational definitions of each unifying theme were reviewed in relation to the appropriate program outcomes. (See Appendix C: Alignment of Professional Standards and Guidelines, Curriculum Unifying Themes and BSN Program Outcomes.) No changes were made to the program outcomes. The CTF determined that there was consistency between the unifying themes and program outcomes and therefore no revisions were needed.

Competency statements should describe an integrated performance comprising a set of skills around a specific topic ranging from know to know how, show how, do, and be. A good competency statement is a blend of knowledge, skills, demonstrated abilities, and even (perhaps) dispositions that measure the full range of a student’s actual competence.

During the realignment phase of curriculum review, competencies were more clearly defined and made more measureable. (See Appendix P: Prelicensure Nursing Competencies.) These refinements informed the process for revising the Courses of Study, which was the first step in adjusting the curriculum immediately to better serve students. The Provost and other University leaders realized that “just-in-time” revisions needed to occur immediately with stages of refinement to continue until the fully revised curriculum could be implemented. Effective July 1, 2010, the revised Courses of Study were implemented to address the concerns of student performance on ATI exams and clinical and lab performance.
assessments. Preliminary results show these changes have improved the content, leading to significant improvements in student performance. (See Table IV.3 ATI Exam Results on First Attempt by Cohort, under Key Element IV-B.)

The curriculum evaluation process resulted in a clearer definition of desired program outcome and improved alignment to the program mission and goals. During this process the team used the program mission and goals and professional standards as guideposts for alignment. This process helped to ensure that course competencies were clearly stated and reflective of unifying themes and professional standards and guidelines. Didactic content was revised as needed to align with learning and simulation labs as well as clinical intensives. Each course of study was reviewed by the Curriculum Committee and appropriate course faculty also provided input. The review provided the Curriculum Committee with a broad overview of the curriculum as a whole, which has been helpful as faculty continue to closely review and monitor the curriculum. (See Appendix C: Alignment of Professional Standards and Guidelines, Curriculum Unifying Themes and BSN Program Outcomes; Exhibit III-A.4: Curriculum Concepts Mapped to BSN Essentials; also see Appendix Q: Concepts Classified as Threaded, Integrated, or Addressed in the Curriculum.)

Implementation of the revised clinical courses of study in July 2010 was a critical step in aligning the didactic, lab, and clinical components of the curriculum. Because this first stage has resulted in good results for students in terms of addressing immediate gaps and alignment issues, the implementation of the fully revised curriculum is anticipated in early FY 2012.

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. All master’s-level advanced practice nursing programs incorporate the Advanced Practice Nursing Core Curriculum of The Essentials of Master’s
Graduate-entry program curricula incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) and appropriate graduate program standards and guidelines.

DNP program curricula incorporate professional standards and guidelines as appropriate.

a. All DNP programs incorporate The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.

b. All DNP programs that prepare nurse practitioners also incorporate Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2008).

Elaboration: Each degree program and specialty area incorporates professional nursing standards and guidelines relevant to that program/area. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum. Advanced practice master’s programs (Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) and DNP programs with a direct care focus incorporate separate graduate level courses in health/physical assessment, physiology/pathophysiology, and pharmacology. Additional content in these areas may be integrated as needed into specialty courses. Separate courses in physical assessment, physiology/pathophysiology, and pharmacology are not required by CCNE for students enrolled in post-master’s DNP programs who hold current national certification as advanced practice nurses, unless the program has deemed this necessary.

PROGRAM RESPONSE

The curriculum has been developed, implemented, and revised to incorporate The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008). Competencies based on guidelines from the Institute of Medicine (IOM) report Health Professions Education: A Bridge to Quality and the prelicensure KSAs (knowledge, skills and attitudes) from Quality Safety Education in Nursing (QSEN) have also been incorporated in the curriculum. (See Appendix C, where consistency among The Baccalaureate Essentials, IOM and QSEN competencies with the curriculum unifying themes and program outcomes is illustrated.)

The congruency among the adopted professional standards and guidelines facilitated their incorporation in the nursing program. For example, the IOM competencies related to building a safer health care system parallel the competencies found in both the Baccalaureate Essentials and QSEN. The curriculum committee was diligent in ensuring that common key concepts such as patient-centered care, nursing informatics, and evidenced-based practice were integrated in courses of study. Concepts from each of
these sets of professional standards were identified and classified as Threaded, Integrated or Addressed Concepts.

Threaded concepts form the WGU Baccalaureate Nursing Conceptual Framework and each of these ten concepts is present in the Baccalaureate Essentials with some overlap with QSEN and IOM concepts. Additional concepts were identified as needing to be integrated throughout the courses of study, frequently addressed, but not necessarily found in all courses of study. These concepts were labeled ‘Integrated Concepts.’ These include thinking and theoretical concepts like clinical reasoning, growth and development, patient advocacy, and fundamental clinical concepts such as homeostasis, oxygenation, and functional ability. Finally, a group of concepts were identified that needed to be addressed at least once in the curriculum. These were labeled “Addressed Concepts.” All concepts were aligned with the BSN Essentials. (See Appendix Q: Concepts Classified as Threaded, Integrated, or Addressed in the Curriculum & Exhibit III-B.1: Mapping of Concepts from Professional Standards and Guidelines across the Curriculum.) This allowed the curriculum committee to visualize the overall curriculum as it related to the conceptual model and the adopted professional standards and guidelines including the BSN Essentials. The concept mapping provided a tool to ensure that all adopted professional standards and guideline concepts were identified and integrated into the Courses of Study. (See Appendix R: Exemplar of Concepts Mapped to Introduction to Nursing and Exhibit III-B.2: Concepts Mapped to Each Subdomain across the Curriculum.)

As previously stated, faculty reviewed the curriculum for incorporation of unifying themes and content which addressed adopted professional standards and guidelines and used the Baccalaureate Essential Outcomes to determine how, where and to what degree learning resources and activities developed for didactic, lab, and clinical were consistent with the Essential Outcomes Analyses of integration of the Baccalaureate Essential Outcomes in the curriculum reveal the following:

- The emphasis of content consistent with the Essential Outcomes varies from course to course. For example, in the Introduction to Nursing Arts and Science and Community Health Nursing courses, students are exposed to content and learning activities which include moderate emphasis on Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety. There is less emphasis on Essential II in the medical/surgical courses such as CASAL II or Chronic Care. As the student progresses in the program Essential II is moderately emphasized in Evidence-based Practice and Organizational Systems and Quality Leadership.

- All courses address one or more of the Essential Outcomes. (See Appendix S: Exemplar of AACN Baccalaureate Essential Outcomes in BSN Courses of Study.) Some courses address
multiple outcomes with varying degrees of emphasis. For example, the content and learning activities in the *Organizational Systems and Quality Leadership* course are well aligned with Outcomes in Essentials I, II, V, VI, and VIII, with minor emphasis given to Essentials IV and VII. However, the Informatics course strongly emphasizes content related to Essential IV and the Community Health Nursing course emphasizes content for Essential VII.

The congruency among the adopted professional standards and guidelines facilitated incorporation in the nursing program. For example, the IOM competencies related to building a safer health care system parallel the competencies found in both the Baccalaureate Essentials and QSEN Competencies. The curriculum committee was diligent in ensuring that common key concepts such as patient-centered care, nursing informatics, and evidenced-based practice were integrated in courses of study. An exemplar illustrates how the standards are integrated and mapped in the course of study. (See Appendix R: Exemplar of Concepts Mapped to Introduction to Nursing.)

The implementation of simulation experiences in almost every clinical course is another excellent strategy for reinforcing the importance of concepts such as patient safety, as well as assessing students’ clinical progress in a safe environment. The prelicensure nursing program uses a set of key clinical behaviors to determine student competency in the learning lab 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. These behaviors are consistent with the Baccalaureate Essentials, IOM and QSEN competencies. Students must be able to demonstrate competence in these key behaviors in the laboratory, as well as in the clinical setting, as part of their competency assessments. (See Appendix T: Key Clinical Behaviors Aligned to Program Outcomes.)

**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.
- DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.

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

Graduate curricula are clearly based on a foundation comparable to a baccalaureate degree in nursing. Graduate programs delineate how students who do not have a baccalaureate degree in nursing acquire the knowledge and competencies comparable to baccalaureate education in nursing as a foundation for advanced nursing education. Accelerated programs that move students from basic nursing preparation (e.g., associate degree or diploma education) to a graduate degree demonstrate how these students acquire baccalaureate level knowledge and competencies delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008), even if they do not award a baccalaureate degree in nursing in addition to the graduate degree. DNP programs, whether post-baccalaureate or post-master’s, demonstrate how students acquire doctoral-level competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). The program provides a rationale for the sequence of the curriculum for each program.

**PROGRAM RESPONSE**
The Prelicensure BSN Program builds on a strong foundation in the arts, sciences, and humanities. The Nursing faculty recognizes that a solid base in the sciences is essential to success in the program. Additionally, competencies developed in math, arts, and the humanities help students think critically and logically as they enter the upper division nursing phase. WGU’s General Education competencies in the Liberal Arts are arranged in two categories:

- **Core competencies** constitute foundational knowledge, skills, and abilities. In most instances, core competencies will help students prepare for development in their major fields of study. At WGU these core competencies include: (1) Finding, Analyzing, and Communicating Information; (2) Understanding Societies and Cultures; (3) Understanding the Natural Sciences; and (4) Connecting and Applying Core Competencies.

- **Integrated-learning competencies** involve acquisition of knowledge and skills helpful to students as they relate insights from their majors to contemporary social, environmental, and personal concerns. Integrated-learning competencies include: (1) Identification of Differing Values and Ethics; (2) Demonstration of learning how to learn; and (3) Professional collaboration with peers and within teams.

All of the requisite general education courses contribute to the achievement of the nursing program outcomes. The knowledge base forming the foundation of nursing practice is drawn from the principles and concepts of the Liberal Arts and Sciences. The content of selected general education support courses
and nursing courses interfaces with the nursing courses to provide graduates with critical thinking skills to practice competently. 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 as resourceful role models for others upon graduation.

The baccalaureate nursing curriculum is 120 competency units for completion. (One competency unit is equivalent to one semester hour of learning in the traditional university.) Using the standard path described in the Standard Path for the BSN Prelicensure Program, a student admitted with all prerequisites completed will require two additional years to complete the nursing program. (See Appendix U: Standard Path for the BSN Prelicensure Program.) The standard path acts as an official guide for students to understand what is required for program completion and contains all assessment codes, assessment names, unit values, and recommended term schedule. The Baccalaureate Program follows a logical progression from liberal arts through upper division nursing.

Benner’s CTUS Model (described in key element III-A) frames and structures how the didactic and clinical components of the curriculum are delivered. For example, students progress from simple to complex as they develop content knowledge; acquire relevant skills, and apply what is learned in theory and learning labs in clinical settings. An example illustrating the progression of learning using the CTUS Model is Caring Arts and Science Across the Lifespan I—the first clinical nursing course. This course integrates concepts of human growth and development across the entire lifespan in concert with fundamental nursing theory and practice. The didactic component of the course clearly builds on theories and concepts drawn from the sciences, humanities, and arts. As students progress through the course they must successfully complete assessments to maintain satisfactory academic progress (SAP). As illustrated by the CTUS Model, the content knowledge required as a basis for the development of competency is verified and/or determined by standardized exams or assessments that have either been developed by content experts at WGU and validated as psychometrically sound by the University’s assessment specialists, 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 are expected to demonstrate both theoretical knowledge and competence in skills appropriate to clinical management of patients prior to progression to the clinical setting. (See Exhibit III-C.1: Sample of Clinical Referral Form.)
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. Clinical evaluation is accomplished with the use of an evaluation tool that reflects increasing complexity in key clinical behaviors as the student progresses in the program. For example, in CASAL I, the key behavior *Surveillance-Anticipate and plan for unexpected changes in patient condition* is defined as:

*Demonstrates understanding of the normal course of illness/hospitalization and possible variations in the normal.*

In *Chronic Care*—the third medical/surgical course—however, this same key behavior is defined as:

*Identifies potential complications/sequelae related to chronic illness. Implements measures to prevent or minimize complications. Appropriately assesses clients with chronic diseases or conditions. Recognizes signs of increased system instability in chronically ill patients and initiate steps to intervene.*

Thus, as noted above, the beginning nursing student is expected to demonstrate understanding of an expected behavior; the advanced student must do more and actually make appropriate assessments, recognize signs and symptoms of instability, and intervene. (See Exhibit III-C.2: Key Clinical Behaviors in the Prelicensure BSN Program.) Building on this model, the nursing curriculum is logically structured to achieve expected individual and aggregate student outcomes. The effectiveness of learning increases when it is associated with previous learning and when course work progresses in a planned sequence. Therefore, each Course of Study in subsequent terms builds on the previous term, culminating in the student meeting educational outcomes and achieving the expected competencies upon graduation.

**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**

WGU subscribes to a competency-based, facilitated-learning model. Strategies used to enhance learning incorporate adult learning principles and consider diverse learning styles. These strategies include the following:

**Mentor-guided Learning Model**

Course mentors, as content experts, are responsible for delivering the online components of the program and use a variety of synchronous and asynchronous strategies to facilitate student learning.

As students complete activities in the Course of Study (COS), they call or e-mail mentors with questions related to the course content. Mentors are in frequent contact with students and work closely with them, guiding them through the COS and documenting their progress on the Academic Action plan (AAP). As a result of this interaction, mentors are able to detect early warning signs of students who may be at risk of not meeting course competencies and to intervene in a timely manner. Students frequently make positive comments about the helpfulness of the one-on-one established mentor relationship. This observation is verified by results from the Combined Fall and Spring 2010 Student Satisfaction Data in which 75% of students indicated being satisfied or very satisfied with the mentoring support they receive. Additionally, mentors conduct synchronous webinars with students which provide an excellent opportunity to review or clarify challenging concepts and for students to ask questions and share ideas with mentors and peers. Webinars are frequently recorded and made available to students not able to attend.

Course mentors also facilitate the online learning communities and message boards associated with the COS for which they are responsible. The learning communities are intended to provide content specific support, as well as opportunities to work collaboratively with other students. In addition, the message board provides a list of Frequently Asked Questions relating to specific topic areas in the COS. Students may also post questions related to a course section or topic area in the course.

**Learning Resources**

Strategies to facilitate student learning incorporate a number of online/technologically enhanced resources. For example, My Nursing Lab (MNL) is essentially an online interactive version of a textbook. In MNL, an assigned chapter from the COS is presented as a pretest. Based on how the well the student fares with the pretest, a study plan is generated for the student to follow. Once the study plan is completed, the student takes the posttest. If the student scores well enough on a pretest to demonstrate competence in a given area, no study plan is generated and the student may accelerate to the next topic. This feature correlates with WGU’s competency-based framework, where students can apply prior knowledge to their current studies. Podcasting is another example of a learning resource that has been built into the COS to facilitate student learning and is incorporated in a number of courses. A podcast
from “The Nursing Show,” focusing on medical-surgical nursing, is a part of the CASAL I COS. Additional podcast topics that are integrated in courses include hepatitis, antihypertensive medications, test-taking tips, and pandemic updates.

*Evolve online case studies* (Elsevier) are used in numerous courses to facilitate and validate application of learning to patient care. These case studies begin with a brief statement of a nursing care situation, followed by a series of multiple-choice questions. This pattern repeats throughout the case. The student works through the study until the case is resolved and then gets immediate feedback related to the multiple-choice questions, including a brief rationale statement that explains why a certain choice was incorrect. These case studies have helped students prepare for simulation lab and clinical learning, where they interpret data and base interventions on acquired knowledge.

A resource used to facilitate student outcomes in the clinical setting is *Nursing Central*, by Unbound Medicine. *Nursing Central* is a nursing software application for the iTouch that each student is required to purchase at the beginning of the program. The software includes *Davis's Drug Guide, Davis's Laboratory and Diagnostic Tests, Diseases and Disorders*, and *Taber's Medical Dictionary*. Students bring the iTouch to clinical where they can use it to reference the patient’s medical condition, which is cross-linked to diagnostic procedures and related medications. Students can also save commonly used drugs to their favorites list, for quick referencing. Student coaches can specifically report student learning as a result of the availability of this resource.

**Clinical Learning Labs**

An underlying assumption of the prelicensure program and the CTUS model is that clinical education can be substantially transformed through the use of high-fidelity simulation as a learning strategy. Students spend from two to five 8-hour days per 10-12 week clinical course learning nursing care through high fidelity simulation. The simulation curriculum is standardized across on-site clinical learning labs and includes multi-state scenarios that have been specifically designed to address high-risk, high-volume patient diagnoses across the lifespan and to reflect Health Cost and Utilization Project (H-CUP) hospitalization data and current quality and safety patient care initiatives.

The simulation curriculum for each clinical course is tied to the didactic content from the current and previous courses. For instance, *CASAL II* didactic content addresses perioperative care of the adult and care of patients with respiratory and cardiac problems. In the clinical learning labs for *CASAL II*, students first learn skills, before progressing to simulation (e.g., they learn to insert and maintain intravenous lines and fluid, start and maintain blood transfusions, and care for tracheostomies and colostomies). They then provide nursing care to a simulated patient who is being admitted for colostomy placement surgery. The simulation curriculum for this course addresses pre- and postoperative care of this patient and includes
surgical complications that require a blood transfusion. The patient also has a long-standing tracheostomy that requires care. In *Chronic Care of the Adult*, the didactic curriculum focuses on, among other areas, nursing care of persons with illness involving the gastrointestinal and endocrine systems, along with care of the person with cancer. The simulation curriculum for this course includes scenarios related to cardiac and respiratory issues (a continuation of *CASAL II*) and musculoskeletal, endocrine and gastrointestinal illness, along with caring for the person with cancer. Because the focus of this course is chronic care, scenarios are set in the home, in the community clinic, in a provider clinic and in the hospital, as acute exacerbations. Topics include back pain, congestive heart failure, coronary artery disease, diabetes mellitus types I and II, ulcerative colitis and brain tumor. (See Exhibit III-D.1: Simulation Curriculum.)

Since this online nursing program does not have a physical campus, the lab itself becomes a critical learning strategy. Simulation labs occur on a regularly scheduled basis in clinical learning lab facilities that are rented from schools of nursing and/or hospitals across the country. The lab contract requires that a lab carry as full a complement of human patient simulators as possible—adult, pediatric, and laboring mom and baby—along with the technology to support them, such as video recording capabilities. (See Exhibit II-A.1: Lab and Clinical Facility Contractual Agreements and Exhibit III-D.2: Videotaped Student Lab Assessments.) In addition, a lab must either provide a simulation technician or WGU will do so. The contract also requires a lab have the equipment and skill trainers needed to teach skills such as indwelling urinary catheter insertion, IV insertion and maintenance, and advanced skills such as care of chest tubes and PICC lines. WGU supplies disposable items, such as sharps, IV catheters, dressings, and medication administration practice meds. Exemplar labs include El Centro Community College in Dallas, TX, and Providence Little Company of Mary Medical Center in Torrance, CA. These labs contain all of the simulators needed, and the space for multiple cohorts of students to be present at one time in low-, medium- and high-fidelity learning environments. In addition, both labs provide experienced simulation technicians who are well versed in preparing a lab for simulation learning and in working with nursing faculty to conduct scenarios as provided. The clinical learning lab staffing model includes hiring expert nurse faculty adjunct lab instructors where cohorts are located and providing them with a thorough orientation to the skills and simulation curriculum and teaching with simulation as needed.

Consistent with the progression model, students must demonstrate competence in both skills and simulation labs prior to progressing to actual patient care clinical settings. Competence is therefore determined through the performance assessment, which involves students engaging in a course-specific patient care scenario designed to measure their ability to provide patient care at the expected level of competence. Student statements from post-course surveys regarding their simulation learning experiences include the following:
• “Simulation labs really helped me to prepare for clinical in the hospital.”
• “I love my simulation lab. They really help me to learn what I need to know before I go to clinical.”
• “My simulation instructor is the best. She is so experienced and knows just what to teach.”

And, from a student journal:

Monday November 29, 2010-Fountain Valley Hospital: “Today was my first day back with ..., RN in the Surgical Unit. We started out with a 4 patients, discharged 2, and admitted 2. Prior to getting to the hospital I set a small goal for myself, which was basically to really look at a patient and know them. So I chose my lady in 19C, which interestingly enough had a Hematocrit level of 7.5 that required her to have a blood transfusion, 2 units which I was so ready to do since this was exactly what we learned to do in skills lab this last few weeks. We had our slow moments which allowed us to monitor our patient better while she received her transfusion, catch up on some needed charting, and gave me the time I needed to read up on the 4 patients we had. But the best part was that this last clinical lab prepared me for this unit better this time around. Learning about pre and post operative patients was a plus on my first day back because today, I admitted someone, prepared their pre-operation papers, started the IV (20 Gauge) along with hydration fluids (LR @ 100ml/hr), and discussed with them what to expect before and after she returns from her Gastric Bypass Surgery...”. Finally, this statement from a clinical instructor – “What did you do to these students between their 2nd and 3rd rotations – they have grown so much”.

Another strategy used to support student learning and instructor communication for all learning labs, whether they are simulation or skills, is the “Clinical Learning Lab Student Roster/Instructor Report.” (See Exhibit III-D.3: Clinical Learning Lab Student Roster/Instructor Report.) This electronic form is first sent to lab instructors as a student roster a few days prior to a lab event. Within 48 hours after the lab event (typically after a weekend of labs), the instructor returns the form to the Program Coordinator for Simulation, who then disseminates it to the prelicensure team as a report regarding student attendance, performance and behavior, and any lab facility issues. This tool permits timely monitoring of students and labs. It also enables communication between lab instructors and WGU personnel which facilitates program improvement.
Clinical Coaching Model

Through live “kick-offs” and on-line educational programs, faculty are provided a number of strategies to promote student learning outcomes in clinical settings. These strategies include think-aloud, questioning, use of the GEM model, and cognitive coaching. The think-aloud strategy involves the clinical coach talking with the student about each step in the decision-making process or skill performance. For example, when an experienced nurse walks into a patient room and says “Good morning” to the patient, the nurse makes a number of observations about the patient such as general appearance, color, posture, responsiveness, presence of IVs and drainage devices, etc. By thinking aloud, the coach identifies salient observations and critical thinking steps that may not be evident to the student. When asked to list one or more clinical learning activities that were most helpful in developing clinical competencies, one student wrote: “Instructions by clinical instructor and my coach talking aloud in all her actions.”

Questioning is another strategy used by clinical faculty to promote individual student learning outcomes. Questioning helps both the coach and the student to identify the level of the student’s knowledge and stimulates critical thinking in the student. Questioning also leads to use of the GEM model. GEM stands for Generate, Evaluate, and Modify. In the GEM model, the clinical faculty starts by questioning the student to generate the student’s current level of understanding about a concept. During the evaluation stage, students encounter challenges to their current understanding as the clinical faculty introduces appropriate learning experiences. Ultimately, the student modifies the initial model of understanding to incorporate what has been learned. The GEM cycle is repeated as the student progresses to provide a more complex understanding of the concept. The GEM model works particularly well with the coaching model as implemented by WGU because the student works with the same clinical faculty consistently through Medical-Surgical clinical intensives allowing the coach to know the student’s current level of knowledge, including strengths and weaknesses, and to build on that knowledge. Students report that one of the things they like best about the clinical intensive is having the same coach and working one-to-one with a coach.

Cognitive coaching involves goal setting with frequent evaluation of progress toward those goals. Clinical coaches are taught to begin each day with their student by setting goals based on the Key Behaviors, with course-specific competencies, identified for the clinical intensive. Throughout the day, they evaluate their progress toward meeting those goals. Ultimately, at the end of the day, the coach and student collaboratively evaluate the student’s progress toward meeting the day’s goals and then use that evaluation as the basis for goal setting for the next clinical shift. Coach observations of student progress toward meeting the nine Key Behaviors are electronically recorded within 24 hours of the end of the shift or before the next clinical shift, whichever is shortest, providing students with timely feedback about their
progress. Feedback given through cognitive coaching and through the electronic observation form helps the student to identify personal strengths and weaknesses and to engage in learning activities to strengthen performance before the next clinical shift.

The clinical post-conference is a strategy instituted to measure student learning after their clinical experiences. Post-conferences take place in the online learning community, where the clinical instructor provides oversight and evaluation of student learning. Initially, students wrote a substantive description of how specific key behaviors were met during the clinical intensive and synthesized clinical and didactic components of their course. This method helped students learn through reflection and synthesis of information from the course of study and clinical. However, this initial method of post-conference discussion did not require peer-to-peer interactions and the course mentor involvement was primarily observational. As a result of evaluation and feedback from clinical instructors, the process was modified. Currently, in addition to the description of how a key behavior was met, students must also include a discussion about a question that arose during the clinical intensive and how it was resolved; an unexpected event, why it was unexpected, and how it differed from the expected; or an “aha” learning moment that other students should know. During the week following the clinical intensive, students are also required to respond substantively to at least two other students’ postings, comparing and contrasting experiences. The clinical instructor and course mentor use probing questions to enhance discussion and student learning and to correlate the course of study with clinical experiences. Because of its interactive nature, this revised strategy has been effective in assisting students to meet individual student learning outcomes in that it allows students to learn from one another. In addition, course mentor involvement promotes synthesis of didactic content and clinical experiences.

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 new prelicensure program reflect the needs and expectations of our identified community of interest (COI). The COI, as defined in the response under 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. Some examples illustrating how the nursing curriculum and teaching-learning practices have been shaped by the COI needs and expectations are provided below.

Typically, it is challenging for many working adults to enroll full time in prelicensure nursing programs while maintaining work and family responsibilities. The design of the Prelicensure BSN clinical education model is a direct result of WGUs 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 professional responsibilities. The nursing program has benefited significantly from the oversight and guidance of our Nursing Program and MAP RN Governing Councils and the National Advisory Committee members. These thought leaders representing clinical practice and academe took the leadership role to create a clinical educational model reflective of contemporary nursing practice and consistent with national standards and guidelines.

Clinical partners, as collaborators in the development and implementation of the educational model, are provided significant input into student selection in order to help meet their workforce development needs. Prospective students from partner facilities who meet admission criteria and have a recommendation from the clinical partner receive a higher score on the admission rubric than students without a clinical partner recommendation. (See Exhibit I-F.1: WGU Department of Nursing Applicant Rubric.) In addition to recommending prospective students, clinical partners collaborate with the nursing faculty to identify expert staff nurses with the clinical expertise, ethical comportment, and willingness to serve as clinical coaches and clinical instructors.

The following examples illustrate WGU teaching-learning practices that are responsive to the needs of working students while also maximizing student learning:

- The online format and use of the mentor-guided, student-centric model as described in the response under Key Element III-D readily accommodates students’ busy lives. Mentor appointments with students are flexible and students have access to learning resources when needed on their own time. Additionally, learning skills and simulation labs are scheduled as described in the response to III-D, primarily on weekends, and students are provided lab and clinical calendars upon admission to the nursing program. (See Appendix V: Cohort Calendar Sample and Exhibit III-E.1: National Program Calendar Binder for all Cohorts)

- The structure of clinical intensives emphasizes the smooth transition to actual practice—a well documented concern for many health care employers—while facilitating student learning.
• Because it costs approximately $60,000 to recruit, hire, and orient a single new graduate, our program councils recommended providing early exposure to the rigors and realities of practice as part of the nursing education model to see if the student is up to the task. During the clinical intensive, students are working one-on-one with a coach who has a full patient assignment, and are therefore exposed to the realities of priority setting from the first clinical day. And while the student is not likely to practice as an experienced nurse, the fact that students are assigned the same clinical coach for three successive clinical intensives provides them with the opportunity to build on their knowledge over time, seeing and participating in the same process of care management they will encounter in practice, but under the careful and focused tutelage of a coach over approximately nine months (clinical intensives occur every 12 weeks).

• The support of the clinical instructor ensures that coaches are not left to cope on their own with challenging educational or personal conflicts; they have a ready and experienced resource to turn to. The fact that Clinical Instructors are primarily employees of the partner organization who serve in their trainer capacity on a “release time from other duties” basis has significant benefits as well. Because they are known and respected members of the staff, “embedded” clinical instructors are more cognizant of the relationships and opportunities available in their own facility and bring a level of credibility to interdisciplinary engagements that may not always be possible with traditional clinical faculty.

• The clinical model provides enriching staff development opportunities also. As an example, one clinical instructor in a California facility serves as the Director of the Intensive Care Unit in her facility. She was intrigued by the clinical instructor role as teaching has always been a great love, but she did not want to give up her role as ICU Director. She approached her CNO with the proposal to be allowed two weeks release time every 12 weeks to serve as CI and that her assistant be empowered to serve as Acting Director of the ICU during that time. This working arrangement provided some terrific professional development opportunities for both individuals. Additionally, our students’ learning was enhanced by having such an excellent clinical instructor who facilitated their learning in the clinical setting and also had intimate knowledge of the organization system and culture.
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 or assessment of student performance is directly aligned with course competencies (expected individual student outcomes). The Curriculum Committee makes recommendations about the type of didactic assessments that would provide the best competency measurement for each course and then works with the product manager, who works with the Assessment Department to develop or license specific assessments. These may include objective exams, performance tasks, clinical evaluations, or third party assessments that align to competencies.

Objective exams, 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 exams, which are scheduled through the Assessment Department. Results are uploaded from the testing sites to Banner and automatically registered in the student’s AAP (Academic Action Plan). The mentor counsels the student regarding objective exam results and, if necessary, discusses an appropriate course of action such as remediation, retesting, or modified progression.

Performance task assessments are developed by the faculty in conjunction with the 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. Some tasks are associated with a five-level rubric and some are associated with a three-level rubric. Every performance assessment has one task with a five-level rubric and up to three tasks with three-level rubrics. A task can include a variety of types of assignments.
such as a case study analysis, a scholarly paper, a nursing care plan or a project. A task may require a student to upload evidence of work such as written work or a certificate of completion of an online learning module. All performance assessments are given a final edit and approval by the Product Manager and the CNO prior to publication.

Performance task assessments are published online in TaskStream, an electronic software program that facilitates student access and work submission. (CCNE site visitors will have access to TaskStream during the visit.) A performance task assessment may consist of one or more required tasks. Each task is graded by faculty graders using WGU-developed evaluation rubrics, allowing for consistent, objective grading and removing the burden of grading from mentors. Although mentors do not grade performance tasks, they are able to review the student’s submission, the score for each item in the rubric, and the grader’s comments. The mentor’s role is to confer with students about results and work with them to develop the competence necessary to improve performance and demonstrate mastery. The student must successfully complete all performance tasks to pass the performance assessment.

The Product Manager receives monthly reports regarding student success, including the number of attempts necessary to pass an assessment and concerns or issues that may arise. The Product Manager also responds to issues from faculty mentors, notes from faculty graders, and student complaints. The University has defined and clearly delineated in the Student Handbook policies regarding assessment and number of retakes allowed per assessment. (See Exhibit I-E.1: Nursing Student Handbook.)

**Evaluation of Clinical Lab Performance**

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 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.) The Prometric exams are administered by lab instructors who have been oriented to testing processes and procedures. Assessment results are integrated into students’ AAPs within 24 hours of testing. 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-E.1: 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. Students who have borderline scores in their lab assessments receive a Clinical Lab Coaching Report, developed by the Simulation Program Coordinator in conjunction with the Lab Instructor. (See Exhibit III-F.1: Clinical Lab Coaching Report.) This information about weaknesses in lab performance is communicated to the Clinical Instructor prior to the student beginning their clinical intensive. The Clinical Instructor ensures that the clinical coach knows about and emphasis development in the areas identified.

Clinical lab instructors also serve as evaluators for simulation performance assessments. However, when functioning as an evaluator, the role of the instructor is to observe performance only and does not include any teaching activities. Following an assessment observation, the evaluator completes the rubric in a Word file and then submits the file to the Clinical Learning Lab Coordinator, who then disseminates the rubrics to the Assessment Department, the student’s course mentor, the state director, the Clinical Faculty Coordinator, and the Operations Manager. Students can access their score reports in their AAPs, once the Assessment Department transfers the scores from the Word file to the AAP. Once the rubric is placed online (targeted for April of 2011), evaluators will enter test data electronically, and an electronic results report will be available internally and for students as needed. The rubric measures competence on a five-point Likert-type scale:

0 = Unsatisfactory
1 = Does not meet standard
2 = Minimally competent
3 = Competent
4 = Highly competent

A free-text comment area is available for additional comments. Students must score a 2 or better in each aspect of the rubric in order to pass the assessment and qualify for clinical intensives. (See Exhibit I-C.3: Simulation Rubric.) Students who do not pass all components of the assessment are placed on modified course progression and must repeat the course.
Simulation assessment scenarios target course content. For example, the *Critical Care* course includes a practice simulated patient care scenario about the care of patient with a myocardial infarction (MI). As part of this scenario, students learn about basic cardiac rhythms and commonly encountered arrhythmias. Subsequent summative performance testing includes a scenario that involves responding to the patient with a cardiac diagnosis that includes a cardiac arrhythmia.

**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 Exhibit III-C.2: Key Clinical Behaviors in the Prelicensure BSN 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.

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. The CI interacts with each coach/student dyad at least twice face-to-face during the clinical intensive. During this interaction, the CI observes student-patient and student-coach interactions and discusses student progress with the coach and student.

During the clinical intensive, students maintain an electronic field experience record that consists of a skills checklist and a daily journal. In journals, students reflect on their clinical learning experience to identify personal strengths and challenges and to explore affective responses to their experiences. Pursuant to all required clinical shifts, students craft a post-conference discussion that is posted in the online Prelicensure Community where other students may read it. This substantive discussion identifies how students met at least one key behavior during the clinical intensive and synthesizes clinical learning with didactic content from the course of study. The CI evaluates the post-conference and may challenge the student to provide more in-depth synthesis. Both the journal and post-conference are required for progression.

The clinical coach completes a daily coach observation form online, ideally in collaboration with the student near the end of each shift. (See Exhibit III-F.2: Clinical Coach Observation Form Sample.) The coach observation form consists of the nine Key Behaviors with course-specific performance criteria that the coach marks on a five-point Likert-type scale:

0 = Unsatisfactory

1 = Does not meet standard
2 = Minimally competent

3 = Competent

4 = Highly competent

A free-text comment area is available for coaches to make additional comments as desired. Once submitted, the electronic coach observation forms are immediately accessible by students and CIs. CIs review coaches’ Clinical Observation Forms and plan for input and guidance to facilitate student movement toward achieving the Key Behaviors during their clinical intensive.

Upon student completion of the clinical intensive, the CI completes an online Clinical Evaluation form. (See Exhibit III-F.3: Clinical Evaluation Form Sample.) Like the Coach Observation Form, the Clinical Evaluation Form consists of the nine Key Behaviors with course-specific performance criteria that the CI marks on a five-point Likert-type scale that is identical to the scale used by coaches. In addition to scoring the Key Behaviors, the CI indicates whether the post-conference requirement has been satisfactorily completed and makes comments about overall progression. A free-text comment area is also available for additional comments. 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 of 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 AAP.

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:
Institutional Research collects and compiles data related specifically to student performance on assessments including student satisfaction data, which addresses satisfaction with mentor interactions, learning resources and learning tools such as Courses of Study. Students provide feedback on mentoring
support, amount of contact with mentor, connection with mentor, and mentor response time. (See Appendix W: Fall and Spring 2010 Aggregate Student Satisfaction with Mentor.) Data are evaluated by the Institutional Research Department and reported by department and for the entire university. Data are then used to foster program improvement.

At the end of each lab session, clinical laboratory instructors communicate a summary of the lab experience which includes student specific comments but also comments about the time schedule, lab content, availability of equipment and supplies, performance of technicians and other support personnel or any other experience relevant to the evaluation of the lab both from the student and from a program improvement perspective. (See Exhibit III-D.3: Clinical Learning Lab Student Roster/Instructor Report.)

At the end of each course of study, students are invited to complete an anonymous online survey that seeks student opinion about both the specific course content and the course mentor. Queries related to the course mentor include interest in student, helpfulness, responsiveness, knowledge, feedback, and creation of positive learning environment. Course content is evaluated for preparation for assessment, workload, and usefulness of learning activities and learning resources. Results from the clinical evaluation tool have been analyzed quarterly to monitor effectiveness of the clinical intensive, student interactions with their clinical coach and their feelings of being well-prepared for the clinical aspects of their education. Table III.1 below summarizes the analysis conducted in October 2010 for presentation to the program council. (See Exhibit III-G.1: October 2010 Program Council Report.) Student evaluation of clinical intensives includes evaluation of clinical coaches, clinical instructors, and the clinical site. Initial questions relate to student preparation for the clinical intensive and ask if the student understood the competencies to be attained, and if the course of study and learning labs prepared the student for the clinical experience. Students evaluate coaches regarding personal interest, collaboration, involvement, supervision, and feedback. Students evaluate clinical instructors regarding personal interest, identification of learning activities, knowledge, and feedback. Students evaluate the clinical site for the availability of patient types to allow for attainment of key behaviors, helpfulness of other staff, respect for and appreciation of students, assignments that promoted coach involvement with the student, and nursing staff as role models. Students are also asked if they recommend continued use of the clinical site.
Table III.1 Summary of Findings - Post Clinical Student Satisfaction Survey

**Observations:**

1. Overall, students are highly satisfied with clinical. All scores remain near or over 4 on a 5 point scale (excluding TX 001 – 002 Chronic Care where only 4 students completed survey).
   a. One TX student in Chronic Care had poor experience with coach due to patient load. Previous evaluations with same coach were good.
2. Lowest scores are consistently for item #2 “COS assignments helped prepare me.”
   a. Curriculum realignment project implemented.
   b. CA 004 consistently lower for this item. Students progressed to clinical before completion of COS.
   c. Task force forming to address clinical readiness assessment and process for progression to clinical.
3. Scores for CA 004 (second Cedars cohort) higher in all areas related to student satisfaction with coach (items 4 – 12). CA 005 and 006 (second Tenet/HCA cohort) lower in all areas related to student satisfaction with coach (items 4 – 12). Initial impression is coach fatigue with second group of students. Difference between facilities, may be a function of organizational culture.
4. CA pilot students’ favorite clinical intensive has been critical care.
5. Initial results of the expanded survey indicate high levels of satisfaction with the clinical instructor.

State Directors and the Clinical Faculty Coordinator conduct ongoing review/assessment of facilities participating in clinical partnership agreements with WGU to provide a variety of patient care experiences for students. These reviews cover timeliness of information flowing to and from the facility, performance of clinical instructors and coaches, and responsiveness of clinical instructors to university needs.

Feedback about clinical intensives is obtained formally and informally from clinical instructors and clinical coaches. (See Exhibit I-B.3: Clinical Coaches and Instructors Focus Group Transcripts and Summary.) Clinical faculty may e-mail or telephone the State Director or Clinical Adjunct Faculty Coordinator. In addition, face-to-face focus groups and telephone conferences are conducted periodically to obtain structured feedback about student preparation, benefits of coaching, use of the online evaluation software, challenges of coaching, and overall impressions. Results obtained from faculty and student evaluation of teaching-learning practices provided the impetus for the programmatic improvements highlighted in Table III.2 and discussed below.
Table III.2 Program Improvements Related to Clinical Preparation

<table>
<thead>
<tr>
<th>IMPROVEMENT ACTIVITY</th>
<th>DATE IMPLEMENTED</th>
<th>APPENDIX / EXHIBIT REFERENCES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process for Referral of Students to Lab or Clinical</td>
<td>November 2010</td>
<td>Appendix X: Student Referral Process for Lab and Clinical</td>
</tr>
<tr>
<td>Better Student Preparation for Clinical</td>
<td>December 2010</td>
<td>Appendix Y: Clinical Preparation Worksheet</td>
</tr>
<tr>
<td>Revision of Requirements for Post Clinical Conference</td>
<td>November 2010</td>
<td>Appendix Z: Post Clinical Conference Guidelines</td>
</tr>
<tr>
<td>Improve Collaboration between Mentors and Clinical Instructors</td>
<td>November 2010</td>
<td>Exhibit II-D.2 - Mentor-CI Collaboration Processes</td>
</tr>
</tbody>
</table>

The Clinical Evaluation Results collected at the end of each clinical prompted the following questions: What are the pre-requisites for attending clinical and how are students referred to clinical? Does the student have an adequate understanding of what is necessary to be prepared for the learning labs and the clinical? How can the post-conference better reflect what the student has gained from their clinical experience? Would better collaboration between Mentors and CIs benefit students by ensuring consistency in emphasis and expectations?

Feedback from the lab instructors, the clinical instructors, the coaches and the students indicated that students were not consistently prepared for their learning labs or their clinical intensive. While mentors were always required to refer students for learning labs and clinicals, the criteria for referral was not clearly outlined. It was recognized that, in order for students to be adequately prepared, the process needed to be formalized and consistent. In addition, the mentors needed a standardized method of tracking student progress in assignment completion. The students also needed a method to track their own progress and to demonstrate accountability for their preparation. To this end, individual course of study tracking forms were created that list the assignments by week and include other requirements such as attending webinars, weekly call with mentor, attending learning labs, etc. Students are provided this form at the beginning of the course of study and asked to track their own progress. The mentor's clinical referral form requires the mentor to verify student participation and completion of assignments. (See Appendix X: Student Referral Process for Lab and Clinical.) Finally the process is formalized in the clinical referral procedure that gives clear instructions to the mentor on how to proceed. Mentors continue to have discretion regarding the referral of a student and may make decisions based on a student’s overall performance, attitude, and work ethic. For example, a highly successful student may fall behind on one or two assignments due to a personal problem or illness. The mentor may chose to refer the student knowing
the student is responsible and will make up the assignments. The method also provides the mentor with solid grounds for not referring a student.

Student preparation for lab and clinical was also a concern; however, the more traditional pre-visits to the unit to review patient charts and prepare didn’t work with the program model. A task force of mentors and program leaders worked to develop “pre-clinical preparation tools” that would require students to read, review and research pertinent topics (including common medications) prior to attending their first clinical. (See Appendix Y: Clinical Preparation Worksheet.) The implementation of the preclinical prep process has begun in Texas and will be implemented nationwide with all cohorts this spring.

The original format for the online post-conference was not adequate to evaluate the learning experience in the clinical setting. The timeframe for posting was not exact and the quality of the postings varied. A pilot of new post-conference guidelines was instituted for three cohorts scheduled for clinical intensives beginning November 29, 2010. Post conference posting dates were between the 13th and the 19th of December. Full implementation began for all postings of subsequent cohorts completing their clinical intensives. (See Appendix Z: Post Clinical Conference Guidelines.) Changes included the following:

- Students who have not completed all assigned clinical shifts may post within the open discussion period. Student postings are not accepted once the discussion closes except under extenuating circumstances.
- The discussion area is now monitored by both the Clinical Instructor and the Course Mentor where previously only the CI monitored the discussion. Both use probing questions to enhance discussion and student learning and to correlate the course of study with clinical experiences.
- Each student is expected to participate actively in the discussions throughout the week, responding to Course Mentor and CI questions and comments. Each student must respond to a minimum of two classmates’ post-conference discussions in a meaningful way (responses such as ‘Great Posting,’ are not acceptable).
- It is now recommended that students check the discussion area at least every other day and are encouraged to check it every day. A student who does not meet established criteria will not receive a recommendation to progress from the CI.

A final critical improvement has been the increased interactions promoted between Mentors and Clinical Instructors. Early experiences with the clinical education model illustrated that without careful promotion of Mentor – CI ongoing communication, triangulation and miscommunication could easily occur. The Clinical Adjunct Faculty Coordinator, Directors of Nursing and Mentors have worked together to develop
recommendations and methods for routine Mentor-CI collaboration. The Mentors appreciate the opportunity to better understand how students are performing in clinical as it provides a direct feedback loop about the learning that has ‘taken hold’ and informs their own facilitation practices. (See Exhibit II-D.2: Mentor-Clinical Instructor Collaboration Processes.)

STANDARD III

STRENGTHS:

- The innovative curriculum model has been built on contemporary nursing education research, WGU’s competency based model, and alternative clinical education methods.
- The curriculum is based upon contemporary competencies that reflect national standards, including the BSN Essentials, and the needs of the communities of interest.
- Students have the flexibility to learn without the traditional constraints of fixed class times, and clinical rotations that are not consistent with the time demands for working adults.
- Student performance in high-fidelity simulation is required, assessed, and integrated throughout the program.
- Program leadership is able to respond quickly to feedback from communities of interest to improve the implementation of the curriculum

CHALLENGES/AREAS OF IMPROVEMENT:

- Assessing student preparation for learning labs and clinical.
- Ensuring the ability/interest of clinical partners in providing support for the clinical instructor role given the softening of the nursing shortage.
- Integrating the prelicensure program into all University systems to facilitate the implementation of the new curriculum.
- Changing knowledge demands require constant evaluation of the quality, content and accessibility of learning resources.

PLAN/GOALS:

- New curriculum will include additional mechanisms to measure student readiness for lab and clinical.
- Assist clinical coaches to continue to further their education and remain engaged in the program.
- To further implement and improve the integration of the prelicensure program into the University systems and processes.
- Continue to identify relevant, innovative learning resources
STANDARD IV

PROGRAM EFFECTIVENESS:
AGGREGATE STUDENT AND FACULTY OUTCOMES

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.

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 pre-licensure 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:
WGU relies heavily on data to evaluate and improve its’ programs. The University Institutional Research Department is central to all data functions within the University and provides quarterly reports to all unit heads and Associate Provosts on key performance indicators, which include student assessment outcomes, graduation rates, retention rates, student satisfaction rates and satisfactory academic performance rates (SAP). Processes are in place for the regular collection of aggregate student outcome data for the prelicensure nursing program and data sources will include NCLEX-RN® pass rates, student performance on standardized examinations, student and alumni satisfaction, job placement rates, and employer satisfaction rates. (See Exhibit I-B.1: BSN Program Systematic Evaluation Plan, and Appendix D:
Continuous Program Review at WGU.) Benchmarks have been established for program outcomes and are indicated on the program evaluation plan. The discussion that follows describes surveys and data sources currently used and those that will be implemented for the collection of student, alumni and employer data.

**Graduation and NCLEX-RN Pass Rates**

Graduation rates are calculated upon graduation of each cohort and also annually for each state and the overall program by dividing the number of students graduating by the number of students admitted into the program by cohort. The University also carefully monitors graduation rates by program and since graduation occurs twice a year at WGU, programs also track individual student expected graduation dates and progress toward graduation. (An example of a graduation rate report by program can be seen in Exhibit IV-A.1: WGU Graduation Report by Program.) The first prelicensure graduates will complete their program in July 2011 so beginning at that time, this program will have regular reporting of graduation rate data through IR. Pass rates for the NCLEX-RN exam will be obtained by the State Director of Nursing from each respective Board of Nursing. We are currently investigating whether we can receive a single national NCLEX-RN report from the National Council of State Boards of Nursing.

**Student Satisfaction Data**

Student satisfaction data is collected by the Institutional Research Department semi-annually in the Spring and Fall. The Institutional Research department uses a sophisticated set of tools and data analysis to extract outcome information by program code as well as by college. The nursing program also collects post clinical satisfaction data. (See Exhibit III-G.1: October 2010 Program Council Report.) Students must complete a student evaluation of clinical intensive survey at the end of each clinical. The survey initially included thirteen questions, which focused primarily on students’ experience in the clinical intensive with several free text options including questions about what they liked best and liked least about the clinical intensive. After a review of reports generated by the nursing product manager out of the Pass Port system (reports are generated quarterly), and in consultation with the Program Council and clinical partners, the survey was revised to include questions about the effectiveness of the Clinical Instructor and satisfaction with the clinical site. Table IV.2 below lists the new questions added to the survey that was implemented in September 2010.

<table>
<thead>
<tr>
<th>Table IV.2: New Questions to Measure Student Satisfaction with Clinical Instructor and Clinical Site</th>
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<tbody>
<tr>
<td>▪ My clinical instructor was genuinely interested in my learning.</td>
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<tr>
<td>▪ My clinical instructor helped identify activities to help me meet my goals.</td>
</tr>
<tr>
<td>▪ My clinical instructor let me know what was expected.</td>
</tr>
<tr>
<td>▪ My clinical instructor created a comfortable learning environment.</td>
</tr>
<tr>
<td>▪ My clinical instructor was knowledgeable.</td>
</tr>
</tbody>
</table>
Beginning in Spring 2011 the University is launching a post-assessment survey function that will assess student satisfaction with assessment experiences including the prelicensure lab and clinical assessments. This survey will improve the effectiveness of accessing data on satisfaction with lab and clinical. (A draft of the new post assessment survey is available in Exhibit IV-A.2: WGU Post Assessment Survey-DRAFT.)

**Annual Retention Data**
Annual retention rate is calculated by the Institutional Research department for the University and also specified for each college. However, given the nature of this program, retention data by cohort, by state are collected and analyzed quarterly within the program department. As illustrated in IV-B below, the routine collection and careful of analysis of this data has been critical during the start-up of this program. The Nursing Operations Manager and Data Analyst will continue to collect this data in conjunction with the Directors of Nursing for each state.

**Collection of Employer Satisfaction and Job Placement Data**
An employer satisfaction and job placement survey is administered annually by the University Institutional Research department (IR). These data were last compiled in June of 2010 and provide an overview of employer satisfaction and evaluation of the performance of WGU graduates in the workplace. (See Exhibit IV-A.3: Graduate Employer Research-June 2010.) The CNO and clinical operations team have begun discussions with IR about customized survey questions that will be developed to collect data specific to graduates of the prelicensure program.

WGU will collect job placement data on graduates of the nursing program. WGU recognizes the recent challenges with nursing job placements that have occurred over the last couple of years. The August AACN report on BSN new graduate employment breaks out the percentages of BSN graduates with job offers at graduation by region. In the West only 54% had job offers at graduation (the report goes on to say that 89% of BSN graduates are employed within 4-6 months). Our interest about employment prospects for our graduates has been a driving force since the inception of the program but the changes in the nursing workforce shortage have raised concerns. In designing the program, we incorporated a mini-
residency into the final term, which requires 180 clinical hours in a precept nursing role during the Nursing Role Transitions Course. In order to identify clinical placements for this final course, we poll clinical sites to identify units or areas with vacancy or anticipated hiring needs and place students in those areas. Data will be collected and analyzed on the effectiveness of this strategy with graduate job placements.

California recently conducted a study of newly licensed nurses in the state to determine the extent to which new graduate placements is a concern and to evaluate causes. (See Exhibit IV-A.4: CINHC 2009-2010 New Graduate Hiring Survey.) The survey found that 57% of respondents are working in their first job as a registered nurse and 43% are not working. Thirty-five percent (35%) were told that a BSN degree was preferred or required. The fact that WGU students will graduate with a BSN is an advantage to them in the current California job market. The State Directors of Nursing are engaged with clinical partners, employers and academic colleagues and able to determine the job placement status in their respective states. External national and state job placement data have been valuable in assisting us to keep graduate placement on the dashboard of important issues to track.

Course Specific Data on Standardized Examinations
The nursing program uses standardized examinations produced by Assessment Technologies Institute (ATI) to assess student achievement of several clinical course competencies. ATI standardized examinations are administered upon completion of the following clinical courses: CASAL I (Fundamentals exam), Chronic Care (Medical Surgical Nursing exam), Care of the Developing Family (Obstetrics exam), Nursing Care of Children (Pediatrics Exam), Mental Health (Psychiatry exam), and Role Transitions (NCLEX-RN Predictor exam). Student ATI examination results are reported using criterion-referenced proficiency levels. ATI reports proficiency at Level 1, Level 2, or Level 3 and the nursing faculty has established achievement of a Level 2 proficiency on the first attempt as the benchmark for all examinations. As defined by ATI, specifically,

“A Level 2 proficiency standard is considered to exceed minimum expectations for performance in the content area.”

The decision to accept a Level 2 as the benchmark was made after discussions with ATI representatives and faculty and was based on the ATI analysis that scores at Level 2 would represent mastery of the content area above minimum knowledge.
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:
As a distance learning program preparing students for initial nursing licensure, it is crucial that program-specific data is collected frequently and in greater detail to ensure that areas in need of improvement are identified early and addressed in a timely manner. The nursing program employs an operations manager and a data analyst who supports the additional data needs of the program and can work with IR to develop and access reports specific to the program. Aggregate student outcome data on student progression and retention have been collected and analyzed thus far for the pilot cohorts. Both types of data provide valuable information that serves as early indicators for areas that may need programmatic improvements. The timely analyses of collected data and resultant implementations of effective interventions are critical for students’ success in the program. Progression and retention data for the California and Texas pilot cohorts (first groups of students admitted to the nursing program), along with subsequent cohorts, are provided in Table IV.2 below.

Table IV.2. Retention and Progression Rates by State, Cohort, and Overall Program

<table>
<thead>
<tr>
<th>Cohort</th>
<th># enrolled</th>
<th># dropped</th>
<th># re-enter</th>
<th>Total remaining</th>
<th>Total on MP</th>
<th>% retention</th>
<th>% MP</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA001</td>
<td>11</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>63.6%</td>
<td>14.3%</td>
<td></td>
</tr>
<tr>
<td>CA002</td>
<td>10</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>40.0%</td>
<td>50.0%</td>
<td></td>
</tr>
<tr>
<td>CA003</td>
<td>10</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>70.0%</td>
<td>42.9%</td>
<td></td>
</tr>
<tr>
<td>Pilot Total</td>
<td>31</td>
<td>13</td>
<td>1</td>
<td>18</td>
<td>58.1%</td>
<td>33.3%</td>
<td></td>
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<tr>
<td>CA004</td>
<td>10</td>
<td>2</td>
<td>0</td>
<td>8</td>
<td>80.0%</td>
<td>12.5%</td>
<td></td>
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<tr>
<td>CA005</td>
<td>9</td>
<td>2</td>
<td>0</td>
<td>7</td>
<td>77.8%</td>
<td>14.3%</td>
<td></td>
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<tr>
<td>CA006</td>
<td>11</td>
<td>1</td>
<td>0</td>
<td>10</td>
<td>90.9%</td>
<td>10.0%</td>
<td></td>
</tr>
<tr>
<td>CA007</td>
<td>10</td>
<td>0</td>
<td>0</td>
<td>10</td>
<td>100.0%</td>
<td>10.0%</td>
<td></td>
</tr>
<tr>
<td>CA Total</td>
<td>71</td>
<td>18</td>
<td>1</td>
<td>53</td>
<td>74.6%</td>
<td>18.8%</td>
<td></td>
</tr>
</tbody>
</table>
As indicated on Table IV.2, progression and retention rates vary between California and Texas cohorts, with an overall higher program retention rate experienced by Texas students (76.6%). As specified in the BSN Program Systematic Evaluation Plan, the established benchmark for retention is that 80% of students who start the BSRN program will be enrolled and progressing in the program after 1 year. A review of the actual data reveals that the aggregate retention outcome for Texas pilot cohorts was achieved with a 90.9% retention rate after 1 year. This was not the case for the pilot California cohorts that had a retention rate of 58.1%. The table also shows that there are higher percentages of Texas students placed on modified progression. This is significant as students are placed on modified progression primarily because of difficulties experienced either in didactic or clinical components of the courses in which they are enrolled. These students are therefore potentially at-risk of not being successful in the nursing program or on the NCLEX-RN examination. The University and nursing program has therefore implemented timely measures to facilitate student success such as NCLEX-RN specialists and refinement of the enrollment/admission process. (See Key Elements II-B & IV-D.) Retention and progression data for students admitted after the implementation of these initiatives are being carefully.
monitored and preliminary retention trend data, as evidenced on Table IV-2, especially for the California cohorts, is very promising.

Students’ performance on standardized nursing examinations is an aggregate student outcome for the prelicensure program. The first cohort (CA001-003) began the nursing program in July 2009 and took their first ATI exam (CASAL I) in January 2010. Since January, the California 001-003 students have worked their way through the curriculum and have taken four ATI examinations; the first Texas cohorts (started October 2009) followed close behind the California students. Additional cohorts from both California and Texas began during 2010 and some have progressed far enough to take one or two of the ATI examinations. Preliminary aggregate student performance data from ATI specialty exams (January – December 2010) are found in the tables below. Results are reported by cohort and then overall for the specified course of study. Grayed portions indicate that students have not yet tested.

Table IV.3 - ATI Exam Results on First Attempt by Cohort

<table>
<thead>
<tr>
<th>COHORT</th>
<th>START DATE</th>
<th>CASAL I (FUNDAMENTALS)</th>
<th>CHRONIC CARE (MED-SURG)</th>
<th>CARE OF DEVELOPING FAMILY (OB)</th>
<th>CARE OF CHILDREN (PEDS)</th>
<th>MENTAL HEALTH (PSYCH)</th>
<th>ROLE TRANSITIONS (NCLEX PREDICTOR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA001-003</td>
<td>July 2009</td>
<td>Tested - 18 Passed - 13</td>
<td>Tested - 18 Passed - 9</td>
<td>Tested - 17 Passed - 12</td>
<td>Tested - 17 Passed - 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>72%</td>
<td>50%</td>
<td>71%</td>
<td>71%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX001-002</td>
<td>Oct 2009</td>
<td>Tested - 11 Passed - 8</td>
<td>Tested - 6 Passed - 0</td>
<td>Tested - 4 Passed - 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>73%</td>
<td>0%</td>
<td>50%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA004</td>
<td>Jan 2010</td>
<td>Tested - 10 Passed - 8</td>
<td>Tested - 10 Passed - 8</td>
<td>Tested - 10 Passed - 8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>80%</td>
<td>80%</td>
<td>80%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA005-006</td>
<td>April 2010</td>
<td>Tested - 16 Passed - 9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>56%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX003</td>
<td>July 2010</td>
<td>Tested - 7 Passed - 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>100%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CA007</td>
<td>Aug 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX004 &amp; 005</td>
<td>Sept 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TX006</td>
<td>Oct 2010</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As illustrated in Table IV.3 above, results for the Medical-Surgical exam (taken as part of the Chronic Care COS) were problematic and indicative of missing content in the curriculum. CA004 did much better on that exam (80% pass rate) as it was administered in Nov/Dec 2010 after the new COS for Chronic Care was implemented. We will continue to closely monitor results of this exam with subsequent cohorts. Students in the CA pilot group (CA001-003) and TX pilot group (TX001-TX002) have received additional remediation in Medical-Surgical content and will have a full review in the Role Transitions course, which they take in the final term of their program beginning in March 2011. Each student will take the ATI NCLEX-RN predictor exam in that COS and students will build a study plan to focus on areas needing strengthening.

Care of Developing Family and Care of Children both had a 71% first time pass rate for the CA pilot group, but the TX pilot was significantly lower in Care of the Developing Family however given the small number who took the exam, it is difficult to draw a final conclusion. We will continue to monitor these outcomes closely to determine whether the low pass rate in Care of Children continues.

Tables IV.4 and IV.5 below indicate that established benchmark of 80% pass rate on first ATI attempt was not achieved for all cohorts. Since this program uses rolling admissions, new students are taking the exams every few months. In fact, the last cohort that tested during December 2010 (CA004) had 100% pass rate on the first attempt of the Medical-Surgical ATI exam. Although there was some improvement in first time ATI pass rates for CASAL I (Fundamentals of Nursing ATI exam), the small student numbers and time element limits drawing conclusions. Faculty has discussed strategies to determine students’ readiness to take ATI examinations to improve first attempt results. In conjunction with the ATI pre-test score as a readiness indicator, faculty recommended implementation of a student oral evaluation to assess student understanding of content. (See Appendix AA: Student Readiness Interview.) Improving the process for mentor referral for assessment and remediation has been discussed with the prelicensure team and was implemented in November 2010. (See Exhibit I-B.6: Minutes from Committee Meetings and Special Reports.)

<table>
<thead>
<tr>
<th>Total # Tested</th>
<th>CASAL I</th>
<th>CHRONIC CARE</th>
<th>DEV. FAMILY</th>
<th>CARE OF CHILDREN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Passed</td>
<td>62</td>
<td>34</td>
<td>21</td>
<td>17</td>
</tr>
<tr>
<td>Percentage of Students Passing ATI on 1st attempt</td>
<td>45</td>
<td>17</td>
<td>14</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>72</td>
<td>50</td>
<td>66</td>
<td>71</td>
</tr>
</tbody>
</table>

Table IV.4 - Overall ATI Course Results on First Attempt
Mentors and program staff can access specialized reports at the ATI website. A sample of a Group Performance Profile report from ATI can be seen in Exhibit IV-B.1: Course of Study Assessment Pass Rates and Assessment Funnel Reports under the tab ‘Chronic Care.’ These reports provide analysis of areas of weak exam performance and can be pulled by individual student (as used by the remediation specialist), by cohort and state (for national team and State Director use) and by program group (for full program analysis). Additionally IR provides in the reports portfolio, a customizable report called the Assessment Funnel Report. This report can be customized to sort for a variety of views and shows the first time pass rates on assessments so individual assessment first time pass rates can be analyzed. (See Exhibit IV-B.1: Course of Study Assessment Pass Rates and Assessment Funnel Reports.) Additionally, IR provides a quarterly assessment report, which provides line item detail for each assessment in the program by quarter. (See Exhibit IV-A.5: BSRN 2010 Data Prelicensure Assessments.) This report focuses on the percentage of students who pass each assessment and trends quarter to quarter while the Funnel Report focuses on first time pass rates. Both measures are included in the Program Evaluation Plan as key measures of program success.

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:
Aggregate student outcome data such as graduates’ performance on the NCLEX-RN, alumni and employer satisfaction rates, graduation and employment rates are necessary to provide evidence of program’s effectiveness. As documented in CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs, aggregate student outcome data is not applicable to new programs without graduates. As a new program, program effectiveness cannot be fully determined. However, the continued collection and analyses of program-identified expected outcomes such as 13-month retention rates and performance on standardized examinations described in Key Element IV-B provides valuable early indicators of areas in the program that require revisions and measures that are needed to ensure the success of students. Some of these measures are described in Key Element IV-D.
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:**
Aggregate student outcome data on program retention and students’ performance on standardized examinations have not been consistent with established expected student outcomes (Key Element IV-B). The data obtained have been used to foster ongoing program improvement and the discussion which follows provides examples of measures which have been implemented to achieve the program’s mission and expected student outcomes.

As described in Key Element I-F, the nursing enrollment and admission policies were revised to ensure that students admitted to the program were equipped with the necessary knowledge and skills to successfully complete the program. Additionally, we wanted to assess whether students were seriously committed to devoting the time and resources the program required. The implementation of the Pre-Nursing Curriculum (equivalent to one semester - 3 months) provided students an opportunity to engage with mentors and become familiar with the program’s structure, expectations and requirements. Students’ performances are closely monitored by their assigned mentors and a positive mentor recommendation is an important admission requirement. Nursing Admission decisions are made based on students’ performances in the pre-Nursing Curriculum. (See Appendix K: Student Guide to Admission Requirements and Admission Interview Rating Rubric.)

The implementation of this 2-phase admission process, although still quite new, has been very revealing. Some students who ‘on paper’ appeared to be good applicants, were clearly not well suited for the rigor, focus and maturity demanded in the online learning environment. They failed to complete assignments or meet Required Completion Dates (RCDs); failed to keep mentor appointments; failed to attend scheduled course Webinars. These students did not progress to the clinical nursing program.

Measures implemented in response to students’ performance on standardized examinations included the curriculum review and re-alignment activities described in Key Element III-A and the implementation of a new mentor role – the NCLEX-RN Specialist. The NCLEX-RN Specialist works closely with students who are at-risk for failure in the nursing program. WGU policy allows a total of four attempts to successfully demonstrate competence on a summative assessment, students were initially allowed to reschedule and retake ATI exams without completing formal remediation activities. In order to enhance student success on subsequent attempts, a process has since been developed in which students who do not
achieve a score of 2 on the first attempt of an ATI exam are provided a formal remediation plan and work with the NCLEX-RN Specialist to determine readiness for retesting. (See Exhibit II-B.2: Sample of Student Remediation Plans.) These program initiatives (curriculum re-alignment and NCLEX-RN Specialist) will be carefully monitored, and data will be collected and analyzed to determine their effectiveness.

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:
In evaluating aggregate faculty outcomes for the prelicensure program, it is important to recognize that as a new program, the majority of the faculty has been at WGU for less than two years. Although the majority has been in nursing education for many years, most are new to teaching in an online, mentor-guided, competency-based nursing program. It is evident from a review of faculty curricula vitae and Appendix M: Nursing Faculty Scholarship, Service, and Practice Activities that the nursing faculty have a rich history of engagement in scholarship, service and practice that is consistent with the program’s mission, goals and expected student outcomes. The varied educational and experiential experiences of the faculty have been invaluable as we develop and refine the nursing curriculum. (See Exhibit I-C.2: Faculty Curriculum Vitae and Faculty Practice.)

As described in Key Element I-C, teaching is the primary focus of the University and faculty outcomes in teaching has been closely aligned with University goals for student satisfaction, satisfactory academic progression (SAP), retention, and graduation rates. Expected nursing faculty outcomes in teaching are closely aligned with the University performance goals and reflected on the annual faculty evaluation. (See Appendix BB: Prelicensure Nursing Course Mentor 2010 Performance Evaluation.) Mentors are therefore evaluated on student outcome data such as the percentages of students on SAP, student retention, and student satisfaction with mentors. Table IV-5 below shows aggregate performance for the prelicensure mentors for fall and spring 2010. The 13-month retention data and percentage of students on SAP are
consistent with the University goals; however, overall satisfaction with mentor support and frequency of mentor contact were below University’s results.

### Table IV-5 - Mentor Aggregate Outcome Data on Key Performance Indicators (KPIs)

<table>
<thead>
<tr>
<th></th>
<th>13-Month Retention</th>
<th>% of Students on SAP</th>
<th>Overall Satisfaction with Mentoring Support</th>
<th>Contact with Mentor (Once weekly or Every 2 weeks)</th>
</tr>
</thead>
<tbody>
<tr>
<td>University Goals FY 10</td>
<td>72%</td>
<td>75%</td>
<td>91%*</td>
<td>96%*</td>
</tr>
<tr>
<td>Aggregate Data for Prelicensure Mentors (Fall &amp; Spring 2010 Combined)</td>
<td>73%</td>
<td>74%</td>
<td>77.05%</td>
<td>88.52%</td>
</tr>
</tbody>
</table>

* Taken from WGU Spring 2010 Student Satisfaction Survey

Faculty professional development is valued as the University expects faculty to keep current in their field of expertise and promote faculty development activities. As indicated in Appendix M, since the initiation of the prelicensure program, faculty have made many presentations both on regional and national levels highlighting and sharing information about the program’s innovative features and relevance to nursing education. Faculty have therefore presented on wide variety of topics, including the clinical coaching model, the use of ‘boot camp’ format for skills and simulation labs and the mentor-guided model to facilitate student success. Faculty engage in service to the nursing program, the University, the profession and the community at large. (See Appendix F: Prelicensure Faculty Membership on Committees and Task Forces, and Appendix M: Nursing Faculty Scholarship, Service, and Practice Activities). Faculty also engage in service to the profession through membership and service to local, state, regional, and national nursing organizations such as the Association of California Nurse Leaders, Utah Organization of Nurse Executives, Texas Deans and Directors, National League for Nursing (NLN), and the American Nurses Association (ANA). One faculty member was recently appointed to the American Nurses Association Congress on Nursing Practice and Economics and one serves on the Board of Directors for the National Association of Hispanic Nurses. Several of our nurses hold certifications in specialty areas such as nurse educator, critical care, nurse midwifery and gerontological nursing.
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 Chief Nursing Officer and Provost review all formal complaints and their resolution at least quarterly. If formal complaints indicate a need for program improvement, action is taken to address the need. The CNO receives a monthly report from the Student Services Department that details every contact with a student from any health professions program. Very few issues have been reported through student services, most issues are related to communication problems only one interaction took the form of a formal complaint. The feedback from student services helped to refine the problem escalation paths for prelicensure students, to include the state directors of nursing. The WGU formal complaint policy provides students with guidance for complaints for grievances related to discrimination, nonacademic issues (such as billing), grading and assessments, transcripts and mentors.

An additional policy for prelicensure was added to provide for complaints that might arise related to clinical sites, clinical instructors, or lab sites or lab instructors. Students are directed to escalate any such complaints first to their instructor (lab or clinical) and if the complaint cannot be resolved, then to the State Director of Nursing. The State Director tracks student complaints and reports them to the CNO and prelicensure leadership team to ensure that complaints that may be indicative of a program failing can be addressed. An example of this is complaints from students that there are no retake options available for the foundations skills test taken during the prenursing term. This test is a national performance exam that measures basic skills to ensure that students can demonstrate safe patient handling, vital signs, assistance with ADLs and hand washing prior to admission to the program. Initially a CNA certificate was required for enrollment into the program and later, based on student feedback and concerns, it was determined that students who could take and pass this performance exam, even if they didn’t have a CNA certificate could qualify for enrollment. Some students with prior patient care experience were not able to pass the exam and expressed concern that the lack of retake opportunities was an unfair barrier. Retake opportunities impose a significant financial and scheduling burden on the program since we do not have extensive physical facilities and rent most physical space, and because retakes would be random and difficult to anticipate. The compromise was to offer a 2-day skills boot camp to all qualified enrollees prior to them taking the required skills test. This illustrates how student complaints and feedback are used to improve the program.
STANDARD IV

STRENGTHS:

- Program leaders have employed a wide variety of methods of formative program evaluation to measure student success and to initiate the earliest possible intervention.
- Evaluation has taken many forms, including ATI exams, lab assessments, clinical assessment, anecdotal feedback from lab instructors, clinical instructors, and clinical coaches, as well as student satisfaction surveys and program evaluation.
- The University is nimble in addressing issues quickly to improve student outcomes. In areas where school of nursing has additional requirements for matriculation, the University engaged quickly to develop a mechanism for a prenursing term.
- Effective systems are in place to evaluate student feedback, complaints, and mentor observations.
- What did we do to increase student access – response to communication problems expressed by students?

CHALLENGES/AREAS OF IMPROVEMENT:

- The absence of outcome data in the form of NCLEX-RN test results is a challenge that will be remedied as the first graduates will finish the program in July and take their exams in Fall 2011.
- Streamline collection of retention data. Strengthen systems for collection of retention data within the University system.
- Alumni services will be focusing on employment of graduates and follow-up of graduates.
- Need methods and resources to obtain national level data on student outcomes.
- Finalize implementation of a comprehensive program evaluation plan with benchmarks and measurement strategies.

PLAN/GOALS:

- Assist students to graduate and take the NCLEX-RN exam.
- Integrate prelicensure data collection into University Institutional Research systems to ensure timely and uniform results.
- Work with Alumni services to ensure that alumni and employer surveys include questions relevant to the prelicensure graduate population.
- Work with the National Council of State Boards of Nursing to see if we can obtain our national NCLEX-RN results overall from a national perspective. Plan/Goals:
- Finalize implementation of a comprehensive program evaluation plan with benchmarks and measurement strategies.