

UNIVERSITY OF PUERTO RICO
Medical Sciences Campus

School of Nursing



SELF-STUDY REPORT Re-Accreditation Visit

To Be Submitted to the
Commission on Collegiate Nursing Education
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OVERVIEW OF THE PROGRAM

The School of Nursing (SON) is one of the six schools of the Medical Sciences Campus of the University of Puerto Rico. The University of Puerto Rico (UPR) has been offering outstanding educational programs since its foundation in 1903. It is the oldest university education system and recognized as one of the most prestigious institution of higher education in the Island. The University of Puerto Rico is a multiunit, state supported, university system consisting of eleven campuses: Rio Piedras, Mayagüez, Medical Sciences, Cayey, Humacao, Aguadilla, Arecibo, Bayamon, Carolina, Ponce, and Utuado. It is a co-educational university system offering graduate, first professional, five, four, and two year programs with over 56,943 students, 4,766 faculty members, and 7,233 other employees.

The MSC is the unit of the State University system dedicated primarily to prepare health professionals to promote and maintain the best possible health conditions in the Puerto Rican population. Moreover, the MSC brings together all professional and academic health programs offered by the UPR, maximizing the use of existing resources and facilitating the interdisciplinary experiences of health professionals. The Medical Sciences Campus is composed of the School of Medicine, the School of Dental Medicine, the School of Biosocial Sciences and Graduate School of Public Health, the School of Pharmacy, the School of Health Professions, and the School of Nursing. Three support deanships, i.e., Academic Affairs, Student Affairs, and Administration, assist the Chancellor and the schools in daily operations. The Chancellor is the chief executive officer for both the academic and administrative affairs at the Medical Sciences Campus. He coordinates the various administrative structures common to all academic units and promotes and directs academic planning for the comprehensive development of the institution. The Chancellor represents the Medical Sciences Campus at institutional bodies and the community at large, and is assisted by the Academic Senate on academic affairs, and by the Administrative Board on administrative matters. Each school is headed by a dean who represents it at the Administrative Board and who is an ex officio member of the Academic Senate. The schools are represented in the Academic Senate by academic senators elected by each faculty. There are also two faculty representatives to the Administrative Board elected from among the academic senators.

Founded in 1940, the School of Nursing (SON) is the oldest nursing education unit within the UPR system. The School promotes the provision of quality nursing services with an interdisciplinary focus, in order to meet the present and emerging health needs of the people in Puerto Rico. The SON began as one of the programs of the School of Tropical Medicine, later becoming part of the Department of Preventive Medicine of the School of Public Health. In 1975, the Medical Sciences Campus was reorganized, and the SON became a unit of the College of Health Related Professions, under the direction of an Associate Dean. On July 1, 1995 it became an autonomous deanship and later a School within the Medical Sciences Campus.

The Dean is the chief executive officer of the School. There is an Associate Dean for Academic Affairs, an Assistant Dean for Student Affairs, an Assistant Dean for Research, and a Director of Administrative Affairs. The School has an Undergraduate and a Graduate Department. The Undergraduate Department offers a Bachelor of Science in Nursing degree program. The Graduate Department offers the following degree programs: Master of Science in Nursing, Master of Science in Nursing with specialty in Anesthesia, and a Doctorate in Nursing Science since 2012.

From its conception the SON has been licensed to operate as a unit of the UPR and of the MSC by the Council on Education of Puerto Rico (previously Council of Higher Education), and accredited by the Middle States Commission of Higher Education as a School of the MSC. The National League for Nursing (NLN) accredited all the programs up to 2002. CCNE initial accreditation was in 2002, and re-accreditation in 2007.

The Anesthesia program received reaccreditation in 2004 by COA, in 2007 was under reconsideration because of pass rates. Revocation of accreditation was in 2008. After four years of moratorium, a revised Nurse Anesthesia curriculum was developed, submitted and approved by the authorities of the Medical Sciences Campus, the University of Puerto Rico and by the Puerto Rico Council on Education. It also was submitted to the Council on Anesthesia and initial accreditation was awarded effective October 12, 2012. The first group of the revised curriculum was admitted in August 2013 and completed the requisites on December 2015.

For the current re-accreditation visit three programs are submitted for professional re-accreditation, one at the baccalaureate level and two at the graduate level; the Master of Science in Nursing, and the Master of Science in Nursing with specialty in Anesthesia. The DNS is not submitted for professional accreditation because it's not a practice doctorate. The Family Nurse Practitioner program is in moratorium since fall 2014 until it is revised.

Standard I

Program Quality: Mission and Governance

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

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

- congruent with those of the parent institution; and
- consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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

The program identifies the professional nursing standards and guidelines it uses. CCNE requires, as appropriate, the following professional nursing standards and guidelines:

- *The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008];*
- *The Essentials of Master's Education in Nursing (AACN, 2011);*
- *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006); and*
- *Criteria for Evaluation of Nurse Practitioner Programs [National Task Force on Quality Nurse Practitioner Education (NTF), 2012].*

A program may select additional standards and guidelines.

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

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

Program Response:

Congruency of Mission and Goals of SON with Those of the Parent Institution

The Medical Sciences Campus is the unit of the University of Puerto Rico System responsible for educating the health professionals that serve mainly the people of Puerto Rico. The School of Nursing (SON) maintains congruency of its mission and goals with those of the Medical Sciences Campus (MSC) and the University of Puerto Rico (UPR). The UPR spirit of service to the Puerto Rican community and its integral development within a democratic society is inherent to the SON mission and goals, which calls for the preparation of nursing leaders for service to a changing and culturally diverse society. The education and research components of the school mission and goals are in congruence with the UPR objective that seeks to transmit and increase learning by means of the sciences and the arts, making it serve the community through the actions of its professors, investigators, students and graduates.

The MSC mission and goals define three essential areas of activity: teaching, research and service. MSC goals address the training of health professionals; the creation of interdisciplinary health teams; the quest for excellence, ethical values, and commitment to the community; lifelong learning; and development of basic

and applied research in the health sciences.

In congruence with the MSC mission and goals, the SON offers undergraduate and graduate programs, and continuing education. It prepares highly qualified nursing professionals and fosters interdisciplinary work in the health team, leadership in service and research, leadership in service at all levels of health care and advancement of the profession in consonance with the MSC. Since the last accreditation visit, the SON has expanded its goals to prepare nurse scientists at a doctoral level. The program aims to conduct research in nursing and contribute to the advancement of nursing science and practice in congruence with MSC and UPR goals (*See Appendix I.A.1: Congruence of Mission, and Goals, of the University of Puerto Rico [UPR], the Medical Sciences Campus [MSC] and the School of Nursing [SON]*).

Congruence of SON Program Outcomes with Those of the Institution

The SON's expected student learning outcomes are in tune with campus expected outcomes for health professionals. All campus schools have aligned their graduates' profile to the campus profile as stated in UPR Board of Trustees Certification 43, 2006-2007, Certification 80, 2005-2006, and Certification 123, 2005-2006. The institutional graduates' profile, described in Goal 3 of the MSC Institutional Goals addresses the following domains: knowledge of the discipline, human sensibility and ethical values, social conscience, critical thinking/problem solving, lifelong learning, and inter-professional/interdisciplinary focus. The SON did this alignment and there is congruence between the campus profile and the SON's learning outcomes for the baccalaureate and master's programs (*See Appendix I.A.2: Alignment Between Institutional Student Learning Outcomes [SLO] and Program SLO*).

Written Program Mission Statement, Goals, and Expected Program Outcomes are written and accessible to current and prospective students, faculty, and other constituents

The mission and goals are written and published in the MSC Online Catalog, in the SON's home page, in classroom pages, and in program manuals. The mission is also included in brochures. The expected program outcomes are also published in the SON's home page, in classroom pages and in program manuals. Entering students attend an orientation in which they are informed about the mission, goals, and expected program outcomes.

Program Outcomes Include Student Outcomes, Faculty Outcomes, and Other Outcomes Identified by the Program

The stated student learning outcomes for each program, faculty outcomes, and other outcomes are outlined below.

Expected Learning Outcomes

1. Expected BSN Learning Outcomes

a. Competent Practitioner

BSN graduates demonstrate behaviors as competent practitioners through the following: Application of nursing process skills, basic level direct client services, cultural and ethical sensibility, leadership skills, technical skills, communication skills, patient care technologies, and information management systems.

b. Research Skills

BSN graduates demonstrate the following behaviors: Application of scientific reasoning to solve problem situations; basic understanding of the research process and models for applying evidence to clinical practice and protection of human subjects in the conduct of research; access, analysis, and utilization of relevant literature and utilization of relevant research findings for evidence based practice in patient care at different settings.

c. Critical Thinking Skills

BSN graduates demonstrate critical thinking skills through the following behaviors: Use of clinical judgment and decision making skills, engage in objective self-evaluation process, evaluate nursing care outcomes, and foster creative problem solving.

2. Expected MSN Learning Outcomes

a. Competent Practitioner

MSN graduates demonstrate behavior as competent practitioners through: Application of body knowledge, performance of advanced assessment, advanced skills for direct client services, leadership skills, application of ethical principles and multicultural knowledge, communication skills, and collaborative/interdependent relationships.

b. Research Skills

MSN graduates demonstrate the following behaviors: Capability to analyze and critique research publications, utilization of research findings in practice, active participation in designing and implementing research studies or evidence based projects, and dissemination of research findings at different levels.

c. Critical Thinking Skills

MSN graduates demonstrate critical thinking skills through the following behaviors: Application of theories and models in problem solving and decision making when applicable, application of inductive and deductive reasoning for decision making, objective professional practice self-evaluation, and creative problem solving.

3. Expected MSN-Anesthesia (NAP) Learning Outcomes

a. Competent Practitioner

NAP graduates demonstrate behaviors as competent practitioners through: Application of knowledgeable, ethical and legal practice; communication skills; and leadership and clinical competencies of nurse anesthetists as defined by COA.

b. Research Skills/EBP

NAP graduates demonstrate the following behaviors: Critical appraisal and synthesis of the most relevant and best evidence, utilization of the best evidence into practice, design, implementation, and dissemination of evidence based projects (EBP).

c. Critical Thinking Skills

NAP graduates demonstrate critical thinking skills through the following behaviors: Problem solving and decision making, objective professional practice self-evaluation, and creative problem solving.

Expected Faculty Outcomes

1. 100% of faculty evidence engagement in activities conducive to professional development and expertise in areas of responsibility within a period of three years.
2. 100% of faculty evidence engagement in scholarly work in teaching, research, or service within a period of three years.
3. 100% of faculty evidence engagement in activities within professional organizations, and other communities of interest within a period of three years.

Other Expected Program Outcomes

SON Expected Student Satisfaction Outcomes

1. 80% of students will be satisfied with course content, teaching learning methodology, evaluation strategies, and faculty evaluation.
2. 80% of graduating students will be satisfied with achievement of learning outcomes related to competent practitioner, research, and critical thinking.

3. 70% of graduating students will be satisfied with the acquired knowledge, skills, values, and attitudes needed for professional performance.
4. 80% of graduating students will be satisfied with the program.
5. 80% of alumni will be satisfied with the program.

SON Expected Student Program Completion Outcomes

1. 80% of students will be promoted through the program according to the established curricular sequence.
2. 75% of admitted students will be retained.
3. 70% of admitted students in each program will graduate in the established time frame.

SON Expected Successful Graduates Outcomes

1. 80% of BSN graduates will pass the Puerto Rico Nursing Board Examination (PRNBE) *in their first intent*.
2. 80% of anesthesia graduates will pass the national certification examination (NCE) in their first intent.
3. 70% of graduates will be employed or studying within 6 months to one year after graduation.
4. 80% of employers will be satisfied with alumni and with the program.

Program Goals Are Clearly Differentiated by Levels

The SON goals for the baccalaureate and master's programs are differentiated by levels. Goal 1 pertains to the baccalaureate program and Goal 2 to the master's programs.

Goals

1. Prepare nurse generalists at the baccalaureate level with the knowledge, ethical decision making, critical thinking, technical and technological skills and attitudes necessary to practice as professional nurses, and to assume a leadership role when offering direct competent care that is evidence-based, collaborative, interdisciplinary and culturally congruent with individuals, groups and populations in a variety of settings, including primary, secondary, and tertiary health care levels.
2. Prepare master's level nurses with knowledge and skills in evidence-based practice and research for the improvement of health care and the advancement of education, administration, and practice that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists, and nurse anesthetists.

Mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals

As seen in **Appendix IA.3**, there is a clear congruence between standards and guidelines for nursing professionals' education and the mission, goals, and expected program outcomes. Evidence of this congruence is presented in **Standard III A and B**. The alignment was prepared considering the *Essentials for Baccalaureate programs* (2008), *Essentials of Master's Education for Advanced Practice Nursing* (2013), *Professional Performance Standards of College of Nursing Professionals of Puerto Rico (CPEPR)*, *Code of Ethics (CPEPR)*, *Standards for Accreditation of Nurse Anesthesia Educational Programs* (Revised in 2013) and the 2014 *Standards for Nurse Anesthesia Practice* (See **Appendix IA.3: Consistency of Program Mission, Goals, and Expected Program Outcomes with Relevant Professional Nursing Standards and Guidelines**).

I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

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

Elaboration: There is a defined process for periodic review and revision of program mission, goals, and expected student outcomes. The review process has been implemented and resultant action reflects

professional nursing standards and guidelines. The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes. Input from the community of interest is used to foster program improvement.

Program Response:

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 resulting actions reflect professional nursing standards and guidelines.

Mission and Goals

The SON's mission continues to address the goals of the parent institution, professional nursing standards, and communities of interest in terms of their needs and expectations. In 2012 a goal was added to the general goals of the School and rephrased in 2016: The corresponding goal reads: *Prepare nurse scientists at a doctorate level to conduct research in nursing and contribute to the advancement of nursing science and improvement of practice.*

In 2016, the goals of the baccalaureate and master's programs were reviewed to incorporate current wording to clearly reflect the student learning outcomes and Essentials of Baccalaureate and Master's Education (AACN, 2008, 2011). This revision responded to the findings of a curriculum analysis conducted for the CCNE self-study. As stated above, the revised goals are the following:

- Prepare nurse generalists at the baccalaureate level with the knowledge, **ethical decision-making, critical thinking, technical and technological** skills and attitudes necessary to practice as professional nurses, and to assume a leadership role when offering direct **competent** care that is **evidence-based, collaborative, interdisciplinary and culturally congruent with individuals, groups, and populations** in a variety of settings, including primary, secondary, and tertiary health care levels.
- Prepare master's level nurses **with knowledge and skills in evidence-based practice and research for the improvement of health care and the advancement of education, administration, and practice** and that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists and nurse anesthetists.

Two other goals were rephrased. The goal pertaining to continuing education was rephrased according to the campus lifelong learning competency. The other goal pertaining to globalization was rephrased to include the nursing professionals' contribution at the national and international levels:

- Provide continuing education activities to enhance knowledge **and lifelong learning among professional nurses and other health professionals.**
- Contribute to the development of nursing professionals for the improvement of health care at the **national and international levels.**

The campus vision, mission, and values were last reviewed by the Academic Senate in AY 2008-2009. The institutional goals, which accompanied the original mission statement, remained the same, inasmuch as changes to the mission were editorial and did not alter its essence.

Student Learning Outcomes

Since last accreditation visit, the expected student learning outcomes have been reviewed, rephrased, and reworded for more clarity and to render them measurable. In the baccalaureate program, the outcomes were reviewed to align them to the new curriculum. Faculty members participated in this process utilizing CCNE *Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs*, 2013, the *Essentials of Baccalaureate Education for Professional Nursing Practice of the AACN* (2008), the *Essentials of Master's Education in Nursing of the AACN*, 2011, and QSEN and IOM competencies. Also, the Nurse Anesthesia Program took into consideration the *Standards for Accreditation Council of Nurse Anesthesia Educational Programs* (Revised, 2012), and the *Standards for Nurse Anesthesia Practice* (2013). The definition of learning outcomes

of the baccalaureate, master's and master of nurse anesthesia programs are presented in Standard III.

The community of interest is defined by the nursing unit. Our communities of interest are: the campus, faculty, students, alumni, advisory board, employers, professional organizations, accrediting agencies, and the nursing boards.

- **University of Puerto Rico and Medical Sciences Campus-** UPR and MSC input are considered for curriculum development or revision. Specifically, campus stated competencies and profile of its graduates were considered in the revision of the SON's goals and student outcomes.
- **Faculty-** Faculty input is obtained at meetings, through committee work, and in the last year, through a survey.
- **Students-** Student input is collected from assessment and evaluation of didactic and clinical courses, meetings with students, the Nursing Students Council, written recommendations or complaints, and graduating students' surveys.
- **Alumni:** alumni input has been obtained from surveys, and recently, by their representation in the SON Advisory Board.
- **SON Advisory Board (AB)-** The Advisory Board was established in June 2016 to advise and support SON programs. The AB has 12 members that represent public and private institutions in the health services, education, and the community. Many of its members are SON alumni. **Employers-** Employers fill out a satisfaction survey in which they offer their feedback regarding curriculum, clinical competencies for patient care, and whether our graduates are meeting their needs. At the SON AB there is representation of employers.
- **Professional Organizations-** The main organizations that are part of the school's communities of interest are the American Association of Colleges of Nursing, the American Association of Nurse Anesthetists (ANA), Institute of Medicine, and the Puerto Rico College of Professional Nurses. These organizations establish guidelines for health and nursing education. The Puerto Rico College of Professional Nursing (CPEPR, Spanish acronym) establishes practice standards in accordance with current legislation and the Puerto Rico Nursing Board. Through its bylaws, the CPEPR is also responsible for the development of the Nursing Code of Ethics, and the professional development of nursing educators and administrators, among others.
- **Accreditation agencies-** Council on Collegiate Nursing Education (CCNE), Council on Accreditation of Nurse Anesthesia Educational Programs (COA), and the Middle States Commission on Higher Education (MSCHE). The SON follows standards, key elements/criteria, and recommendations of these agencies in order to achieve its effectiveness.
- **Nursing Boards-** Puerto Rico Nursing State Board (Generalist Examination to be certified as RN, bylaws of the Nursing Law, committees) National Council of State Boards (NCLEX-RN Examination), National Board of Certification and Re-certification of Nurse Anesthetists (NBCRNA)

The needs and expectations of the community of interest are reflected in the mission, goals, and expected student outcomes.

Input from the communities of interest such as professional organizations, faculty, and accrediting agencies was considered for the review of SON goals and in defining the expected learning outcomes. The MSC mission, goals, and student outcomes were also considered in the revision. Table I.B.1 shows examples of changes made based on input.

Table I.B.1 Input from the communities of interest and changes made to the School of Nursing mission, goals, and expected outcomes

Community of Interest	Recommendations	How it was used to improve program
Faculty	Incorporation into SON goals the concepts related to competencies of MSC graduates, and health professional's competencies established by the Institute of Medicine (IOM) and QSEN.	Goals were revised and approved by graduate and undergraduate programs faculty. Revised goals clearly reflect expected outcomes of each program.

Community of Interest	Recommendations	How it was used to improve program
Medical Sciences Campus	Review profile and expected outcomes to reflect clear alignment with MSC competencies	In 2012, student learning outcomes of the BSN and MSN were revised and incorporated lifelong learning and other competencies as identified in the MSC profile. In 2015, with the beginning of the BSN revised curriculum, student learning outcomes (SLO) were revised to assure that the courses were in curricular sequence per levels.
Professional organizations AACN CPEPR ANA	Essentials of AACN nursing education of baccalaureate and master's programs CPEPR, ANA standards of practice	The essentials and standards were taken into consideration in the goals and student learning outcomes revision.
Accreditation Agencies CCNE COA MSCHE	Accreditation standards and criteria for evaluation of educational programs	The standards, key elements or criteria were used to revise goals and establish program outcomes.

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

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

Program Response:

In order to achieve its mission (*Preparing highly qualified nursing professionals who are leaders in service, education, and research to work in an interdisciplinary manner within a changing and culturally diverse society*), the SON has qualified and competent faculty committed with the achievement of student outcomes, with the improvement of the current health conditions in Puerto Rico, the advancement of the nursing profession, and with lifelong learning. Its goals seek to prepare nurse generalists at the baccalaureate, master's, and doctoral levels, and offer continuing education for nursing professionals. The school aims to develop these professionals as competent practitioners with critical thinking and research skills. The faculty is the school's most valuable resource to achieve the mission, goals, and expected student outcomes. Accordingly, faculty expected outcomes are:

1. 100% of faculty evidence engagement in activities conducive to professional development and expertise in areas of responsibility within a period of three years.
2. 100% of faculty evidence engagement in scholarly work in teaching, research, or service within a period of three years.
3. 100% of faculty evidence engagement in activities within professional organizations and other communities of interest within a period of three years.

These faculty outcomes have been communicated to faculty in writing and verbally and discussed in meetings. They are published in the Faculty Classroom page and are reported in the faculty members' yearly report.

There is congruence with faculty outcomes of the parent institution. The General Bylaws of the University of Puerto Rico, Sections 63.1.1 to 63.1.11 state that faculty must:

- Must keep abreast and up-to-date in their specialty area and in current educational and cultural tendencies
- Participate in training and professional development programs offered by the department or school

The *MSC Manual for Faculty Evaluation* states on page 1 that the areas for evaluation are general aspects of teaching, teaching, research/creation, and service. SON faculty outcomes require evidence of engagement in scholarly work in teaching, research, or service.

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

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

Program Response:

Roles of the faculty and students in the governance of the program are clearly defined and promote participation

Faculty and student representation on campus is described in the *MSC Catalog 2016-2017*, page 5. The *SON Bylaws* (2015) establish faculty and student participation in committees and faculty meetings, which allow participation in decision-making in program matters. The school elects two academic senators, which is one of the mechanisms for faculty participation in governance. The Dean is an ex-officio member of the Academic Senate and a member of the Administrative Board. The Associate Dean for Academic Affairs and the Assistant Dean for Student Affairs are members of campus committees pertaining to academic and student affairs.

MSC student governance is exercised through the General Student Council and school councils. The SON Student Council is the official body for student participation in governance of the school. Students of all school academic programs are elected each year. The campus General Student Council is composed of student representatives from each school, including the SON. Regulations and bylaws for student participation at the different organizational levels are established in the *UPR Student Bylaws* and the *MSC Student Bylaws*. Student input is instrumental in policy making and revision. In addition, students are represented in the Academic Senate, the Administrative Board, the University Board, the UPR Board of Governors, student liaison committees and assessment committees at the school and campus level. Student liaison committees at the school level meet regularly with the Assistant Dean for Student Affairs of each school to work and resolve issues affecting student life and performance.

The leadership of SON students in School and university student affairs is evident. At the SON Student Council, there is ample representation of students of all programs. During the last three years and at the 2016-2017 SON student representatives have been elected to the Presidency of the MSC General Student Council in two occasions, and to the Vice-Presidency of the same body during the current academic year. Two students of the SON are elected to be representatives at the MSC General Student Council each year and two to the Academic Senate, one of them been alternate representative. **Appendix 1.D.1** shows student participation in governance.

Faculty participates in SON and MSC in many ways. There is ample participation of faculty at both levels. **Appendix I.D.2** presents examples of faculty participation in governance.

Nursing faculty are involved in the development, review, and revision of academic program policies

Faculty of the three school programs participate in the development, review, and revision of academic programs. Program faculty develop or review academic policies related to admission, progression, and graduation at the time the program is proposed or after implementation (if needed) following the established guidelines of the University of Puerto Rico.

The UPR Board of Trustees Certification 80, 2005-2006, establishes guidelines for the creation of academic programs. Guidelines were developed in January 2007 (*Guidelines for the Writing of Proposals for the Establishment of New Academic Programs*)

Certification 43, 2006-2007 of the UPR Board of Trustees states that every five years, each educational program not subject to an external professional accreditation must assess its curricular offering, including a revision of the graduates' profile or competencies. Reports must be submitted to the Vice Presidency for Academic Affairs in a predetermined schedule. The certification also establishes guidelines for the evaluation of academic programs. All academic policies including those for admission, retention and progression are reviewed as part of the curricular proposals per institutional policies prior to approval by the Deanship for Academic Affairs, the MSC Academic Senate, the UPR Vice Presidency for Academic Affairs, and by the Board of Governors. The Puerto Rico Council on Education authorizes the programs to operate and approves changes to existing ones. Another academic guideline, the *Guideline for the Uniform Creation, Codification, and Registration of Courses in the University of Puerto Rico* (Board of Governors Certification 112 - 2014-2015) includes all the information and the format to develop and present course syllabi. Thus, the faculty is involved in all stages of the development, review, and revision of academic programs as determined by the above-mentioned rules and regulations.

Academic changes proposed by the SON that were approved by the UPR Vice Presidency for Academic include:

1. Changes to admission requirements of the master's programs - February 2014
2. Changes to the BSN program (sequence of one course and electives, modification of the title of the research course to incorporate evidence-based practice) - November 2015
3. Change in the sequence of two courses in the Nurse Anesthesia Program - March 2015
4. Modifications to admission requirements of the Nurse Anesthesia Program - May 2016
5. Several changes to the BSN program courses and sequence after the first year of implementation of new curriculum - June 2016

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

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

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

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

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

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

² *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2012).

Program Response:

Campus schools and the Deanship for Academic Affairs are responsible for the truthfulness of all academic information published. The Deanship for Student Affairs oversees information on services rendered to students. Information regarding academic offerings and admission criteria are published in the online campus *Catalog*, SON website and in official brochures. The Institutional Review Board oversees advertising and recruitment of human subjects for research.

Information on the SON and its programs is offered on pp. 426-455 of the online catalog 2016-2017. <http://www.rcm.upr.edu/wp-content/uploads/sites/3/2016/09/CATALOGO-2016-2017-Updated-JACQ-6-SEPT-16-pm.pdf>. The campus *Catalog* is updated by the Office of Academic Development under the Deanship for Academic Affairs. The academic calendar is published by the Registrar's Office at <http://www.rcm.upr.edu/wp-content/uploads/sites/3/2016/09/Calendario-Academico-2016-2017.pdf>. The SON page includes program offerings, outcomes, accreditation/approval, admission and graduation requirements of each program. The page can be accessed at: <http://enfermeria.rcm.upr.edu/>.

A process is used to notify constituents about changes in documents and publications.

The institutional electronic mail is the most widely used method of communication within the campus and school communities. Changes in documents and publications are incorporated in the contents of the campus and school web pages and are the responsibility of the originating unit. As a rule, the pages will contain the latest version of rules and regulations, manuals, course descriptions, and other academic documents. The campus developed an App and may be accessed through the social networks.

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

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

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

Program Response:

Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression.

The SON follows the academic policies of the parent institution (UPR-MSc) and establishes its own for the different programs. Admission, progression and graduation policies vary according to each program's professional standards and accreditation policies. All academic policies including those for admission, retention and progression are taken into consideration as part of the curricular proposals as indicated in institutional policies for approval by the Deanship for Academic Affairs, the MSc Academic Senate, the Vice Presidency for Academic Affairs of the UPR, and by the Board of Governors. The Puerto Rico Council on Education is the state agency that authorizes the offering of programs in the island. Table I.F.1 presents academic policies and their page reference in the online Catalog. **Appendix I.F.1** presents Other Institutional Policies in the Online MSc Catalog 2016-2017.

Table I. F.1 Academic Policies and Information Found in the MSC Online Catalog

Policy	Campus	SON
Accreditation	pp. 9-10	p. 427
Recruitment	p. 23	
	Promotions and Student Recruitment Program	
Admission	p.12	BSN, p. 428
	Applicants should submit their electronic application available in web page: http://www.rcm.upr.edu/rcm/	MSN, p. 429 MSN-A, p. 431
Re-admission	p. 13	
Transfer of credits	p. 12	
Progression/Promotion	p. 19	
Grading policies	p.18	
Graduation	pp. 19-20	BSN, p.428 MSN, p. 429-430 MSN-A, p. 432
Tuition and fees	p.15	
Norms for course Validation, Substitution, and Exemption of Courses	p. 13	

Policies are written and communicated to relevant constituencies. Policies are implemented consistently.

As stated above, all policies are available in written form at the various campus and school web pages, including the programs manuals. Students have the right to appeal to SON authorities or to the Office of the Ombudsperson if they understand that a policy has not been applied, if they perceive they were not treated fairly or because of any other complaint. The Office of the Student Ombudsperson offers intercession, mediation, negotiation, and conciliation services and makes referrals to arbitration services, if needed. The ombudsperson office was created by the Board of Trustees Certification No.32 (2005-2006). This office is committed to helping students solve situations that may affect their life on campus. Table I.F.2 summarizes the main institutional rules and regulations documents.

Table I.F.2: Official Institutional Documents Containing Policies and Regulations

Document	Description
General Bylaws of the University of Puerto Rico	Includes general provisions about the composition and governance of the university system, including those that apply to academic and non-teaching personnel. Copy of the <i>General Bylaws of the UPR</i> is available at: http://www.upr.edu/mdocs-posts/reglamento-general-upr-rev-cert-160-2014-2015/ .
University of Puerto Rico General Student Bylaws	Establishes the rights and duties of students as members of the academic community and fosters their responsible participation in academic life http://www.upr.edu/mdocs-posts/reglamento-general-deestudiantes/ (UPR-MSC General Catalog 2016-2017 p. 31) The University of Puerto Rico General Student Bylaws supersedes the bylaws established by the units.
MSC Online Catalog	http://www.rcm.upr.edu/wp-content/uploads/sites/3/2016/09/CATALOGO-2016-2017-Updated-JACQ-6-SEPT-16-pm.pdf
Medical Sciences Campus General Student Bylaws	Establishes the rights and responsibilities of MSC students and addresses particular issues as they apply to them. http://de.rcm.upr.edu/Docs/REGLAMENTO_DE_ESTUDIANTES_RECINTO_DE_Ciencias_Medicas.pdf .
Registrar's Manual	Academic policies and procedures http://estudiantes.rcm.upr.edu/Docs/Reg/manual_registrador_2010-11.pdf

Document	Description
Faculty Manual (Manual del Docente)	http://juntaadministrativa.rcm.upr.edu/docs/otros/personal/Manual-del-Docente-RCM.pdf

Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected student outcomes.

Admission, progression, and graduation policies may vary according to the programs' professional standards and accreditation policies, but they must all be consonant with general institutional policies. Student promotion is the responsibility of each school. The SON's promotion regulations are included in the departments or programs' manuals. There are some differences in the in-transfers and graduation requirements. Table I.F.3 presents the differences between campus and SON policies.

Table I.F.3: Differences between SON and Campus Academic Policies

MSN Policy	SON Policy	Justification
In-transfers Only the School of Health Professions and the School of Nursing accept in-transfer students. For specific information please refer to the admissions section of each program.	None In-transfers BSN This program has a guaranteed transfer agreement with the Carolina and Bayamon University of Puerto Rico System campuses, as long students comply with the established academic progress criteria.	The Medical Sciences Campus is a specialized health professions campus and does not offer general education courses. Those should be taken in other campuses of the UPR System. Nursing candidates take the first two years of pre-requisites (sciences and liberal education) in other campuses. There are written agreements with the Carolina and Bayamon campuses for the transfer of students.
Graduation Candidates must have completed the program of study with the minimum grade point average established for the particular program.	-MSN programs - All nursing courses must be approved with a minimum grade of B -MSN-Anesthesia Completion of the didactic courses and clinical hours as specified by the Program and the National Board of Certification and Recertification Nurse Anesthesia (NBCRNA). • Comply with the total number of required and preferred anesthesia cases by "patient physical status, special cases, position, anatomical categories, methods of anesthesia, pharmacological agents, arterial technique, central venous pressure catheter, pulmonary catheter and others as established by COA Standards.	Courses must be approved with B to obtain the grade point average established (3.0) Established policies are implemented in order to comply with accreditation and board requirements

Standard I: Mission and Governance Strengths:

1. The School of Nursing (SON) maintains congruency of its mission and goals with those of the Medical Sciences Campus (MSC) and the University of Puerto Rico (Appendix I.A.1). There is congruence between the campus profile and the SON's learning outcomes for the baccalaureate and master's programs.

2. (Appendix I.A.2). The mission, goals, and expected program outcomes are written and published. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the Program and are available to students and faculty through the SON page, and manuals.
3. There is congruence between standards and guidelines for nursing professionals' education and the mission, goals, and expected program outcomes (Appendix I.A.3). (Key element IA)
4. 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 resulting actions reflect professional nursing standards and guidelines. Communities of interest are defined and their input considered for the review of SON goals and in defining the expected learning outcomes. (Key element IB)
5. Expected faculty outcomes are defined, communicated to faculty and congruent with the UPR. The faculty is the school's most valuable resource to achieve the mission, goals, and expected student outcomes. (Key element IC)
6. Faculty and student representation on campus is described in the *MSC Catalog 2016-2017*. The *SON Bylaws* (2015) establish faculty and student participation in committees and faculty meetings, which allow participation in decision-making in program matters. There is evidence of ample participation of faculty and students in governance of SON and MSC. Faculty of the three school programs participate in the development, review, and revision of academic programs. (Key element ID)
7. Campus schools and the Deanship for Academic Affairs are responsible for the truthfulness of all academic information published. The SON verifies that information published in the online campus *Catalog*, SON website and in official brochures is updated as changes occur. (Key element IE)
8. There are established academic policies for admission, retention and progression, and other policies related to the academic life. All policies are available in written form at the various campus and school web pages, including the programs manuals. SON differences with institutional policies are justified according to accrediting agencies or boards requirements (Key element IF).

Areas for improvement:

1. Continue efforts toward data gathering and documentation, and utilization of communities of interest recommendations for program improvement.
2. Continue efforts to maintain accuracy of documents and publications.
3. Increase participation of students in SON committees.

Standard II

Program Quality: Institutional Commitment and Resources

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

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

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

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

Program Response:

Budget

Financial decision-making rests ultimately with the University Board of Governors, which approves the budget. Once budgets are assigned, campus and school officials have considerable authority over the assigned discretionary and operational funds. The SON submits an annual budget request aligned with its needs and its strategic plan to campus authorities. Additional non-recurrent funds are assigned for professional development, research, technological development, accreditation processes, and student-academic support services. The school also receives funds from collaborative agreements with some institutions and from continuing education activities.

During the last eight years, the UPR, as many other state universities in the United States, has faced an uncertain financial situation due to the slow recovery from the global economic crisis that began in 2007. In the case of Puerto Rico, the recession had already started in 2006, leading to an economic downward spiral aggravated by a population migration to the U.S. The Commonwealth appropriates for the university an amount equal to 9.60% of the average total state taxes gross income collected by the Treasury Department in the two fiscal years immediately preceding the year of the allocation. Thus, as state revenues have decreased, so have university funds. For academic year 2015-2016 cost containment measures were increased in order to offset the effect of delays in transfer of funds to the university by the local Treasury Department. Specifically, all new appointments (except those funded by federal funds and grants) have been suspended and payments to utilities and vendors have been delayed in order to meet the payroll (Source - UPR-MSU - MSCHE Periodic Review Report 2016). Although this situation, the SON has received funding to achieve its mission, goals, and expected outcomes.

According to Table II.A.1, for the preceding three years there were increases in the general funds assignment to the SON. The total budget of 2014-2015 reflects an increase that responded to a special non-recurrent assignment. The reason of the special assignment was to pay the obligations of an account that had no funds, and to cover the needs of the school. Despite current economic constraints, the University has continued to adequately support financially the SON so that it continues to meet its mission, goals, and expected outcomes. In the year 2016-2017 it is observed a decrease in the Budget that responds to changes in marginal benefits, external funds, and indirect costs.

Table II.A.1: SON Budget 2013-2014 to 2016-2017

Type of Funds	2013-2014	2014-2015	2015-2016	Current Academic Year 2016-2017
General Funds	4,297,017.19	4,444,523.89	4,555,395.64	4,181,484.00
External Funds	297,326.61	2,024,384.44	1,105,458.70	944,786.75
Research Funds	169,194.00	100,000.00	50,000.00	50,000.00
Indirect Costs	21,028.60	21,397.60	13,888.60	8,291.75
Total	4,784,566.40	6,590,305.93	5,724,742.94	5,184,562.50

Table II.A.2 shows the salaries of faculty personnel needed according to the academic offering of the School. The amount of funds responded to the faculty needed to teach the academic offerings.

Table II.A.2: Faculty salaries 2013-2014 to 2016-2017

Year	Full-Time Faculty	Part-Time Faculty	Non-nursing Part-time Faculty	Counselor (faculty position)	Total
2013-2014	\$3,885,017.75	\$239,514.78	\$2,293.20	\$86,051.21	\$4,212,876.94
2014-2015	\$4,215,743.93	\$87,314.71	\$31,866.85	\$87,039.96	\$4,421,985.45
2015-2016	\$3,972,020.20	\$150,215.02	\$14,600.06	\$96,365.10	\$4,233,200.38
2016-2017	\$3,946,563.53	\$66,983.25	\$11,139.96	\$95,508.28	\$4,120,195.02

Table II.A.3 illustrates the amount of funds for non-faculty personnel salaries. Those have had variations because of retirements and location of personnel in other positions in the Medical Sciences Campus.

Table II.A.3: Non-faculty personnel salaries 2013-2014 to 2016-2017

YEAR	Full-time Non- faculty Personnel Salaries	Part-time Non-faculty Personnel	Total
2013-2014	\$845,079.72	0	\$845,079.72
2014-2015	\$698,103.88	\$40,949.00	\$698,103.88
2015-2016	\$734,789.84	\$56,490.00	\$734,789.84
2016-2017	\$714,987.53	0	\$714,987.53

Table II.A.4 shows the total salaries of faculty and non-faculty personnel. It is observed that they have decreased. The decrease respond to retirements, and changes in the programs like decrease in available seats for BSN students, and FNP program moratorium

Table II.A.4: Total salaries faculty and non-faculty personnel 2013-2014 to 2016-2017

YEAR	Total Salaries
2013-2014	\$5,057,956.66
2014-2015	\$5,120,089.33
2015-2016	\$4,967,990.22
2016-2017	\$4,835,182.55

Physical Resources

The UPR *Capital Improvements Plan* 2003-2004 to 2006-2007 included several campus remodeling and construction projects to maximize the use of space and update the buildings' technological infrastructure. Among the four major projects completed were the construction of the School of Pharmacy building and amphitheater and the remodeling of the School of Nursing, School of Health Professions, and Library buildings. The School of Nursing physical facilities consist of the Celia Guzman Buildings A and B. Both were remodeled and completed by August, 2011 at a cost of \$19 million dollars (including office furniture). The buildings are ADA compliant and have a total area of 28,404 sq. ft. Of these, 18,089 sq. ft. are assigned to teaching, 8,054 sq. ft. to faculty and staff offices, and 2,261 sq. ft. to other uses. The SON has 50 faculty offices (28 for the undergraduate department and 22 for the graduate), three meeting rooms, the Technological Learning and Interactive Center (CAIT, Spanish acronym), and the Research Center. Faculty offices are fully furnished and

include office equipment, telephone, computer and Internet access. There are also administrative offices and storage areas.

There is WIFI service throughout the campus. There are 10 classrooms and two study rooms (one for Anesthesia students, one for doctoral students). Two have smart boards, eight classrooms have data projectors and screens, and two have 52" LED's LCD. The school auditorium has a seating capacity for 280 persons, WIFI, audio equipment, projection screen, and a digital video projector. The school auditorium is closed temporarily for repairs. When needed, the school can use the MSC auditorium and other campus auditoriums (School of Medicine, School of Dental Medicine, and School of Health Professions). Facilities also include two faculty lounges, a lounge for students, and one for administrative personnel.

Process for regular revision of fiscal and physical resources adequacy

The UPR, MSC and SON regularly review the adequacy of fiscal and physical resources through the strategic planning process. The current institutional planning cycle for the University of Puerto Rico System and the Medical Sciences Campus ends in 2016. Both the UPR and the campus began a process of drafting new strategic plans, which by necessity will address the university's current financial situation as a top priority issue. The system plan will address the main strategic issues confronted by the university while campus plans are expected to focus on their specific issues within the framework of the system plan. The schools, in turn, will align their plans accordingly.

University System Strategic Plan

The university has drafted a system strategic plan for a five-year period, as opposed to the ten-year period of the previous plan (*Ten for the Decade*) due to the dynamic character of the financial scenario confronted by the institution. The university president appointed the Executive Committee for Strategic Planning (CEPE for its Spanish acronym) charged with the responsibility of analyzing the internal and external environments, opportunities, and threats faced by the university prior to developing the plan. The system plan was sent to all university campuses for consideration by the academic community and academic senates for their input. Once the process is completed, the president will submit the final version of the plan to the Board of Governors for approval. Thus, far, the committee has identified eight strategic goals that should help the institution face its financial difficulties by reducing costs and maximizing external resources in the near future, while exploring alternative ways of conducting its academic activities so that they will make it more competitive in the long run. Essentially, most goals involve a rethinking of the institution while it continues to deliver quality higher education to the people of Puerto Rico. Specifically, the eight strategic areas/goals identified thus far are: academic innovation, distance education, competitive research, technology application, student success, social responsibility, internationalization, and financial situation.

Medical Sciences Campus Strategic Planning

Given the need to fully coordinate the university system plan with campus plans because of the prevailing financial situation, MSC authorities hired a strategic planning consultant in order to guide the process and expedite the production of the plan. The first step was to develop a questionnaire based on the eight strategic areas identified in the UPR system plan with the purpose of ascertaining campus community opinions regarding their importance and relative priority. The consultant's role was to translate that input into measurable goals and objectives and suggest appropriate attainment indicators for the final version of the plan. One of the lessons learned from the evaluation of the 2009-2016 campus *Strategic Plan* was the difficulty in completing the task due to the lack of clear metrics for the attainment of objectives. It is expected that by adopting a new methodology to produce the plan and hiring a consultant with expertise in the technical aspects of planning documents, these difficulties will be avoided in the 2016-2021 plan.

SON Strategic Planning Goal 9 establishes that the SON will support the areas of teaching, research, and service. The school submits to campus authorities a yearly evaluation of the achievement of goals and an annual report. The school has implemented an evaluation plan that includes review of resources. The Nursing Student Council, students, and graduating students' level of satisfaction and recommendations are used to evaluate resources. The Dean and the administrator continuously evaluate fiscal and physical resources and

make adjustments. They also submit reports to the SON Executive Committee regarding fiscal affairs. The Dean also requests additional resources when needed.

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

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

Program Response:

The academic support services of the SON are the following:

Center for the Development of Nursing Skills (CDDE, Spanish acronym) - The CDDE supports the teaching learning processes of SON programs. It facilitates the development of skills related to the practice of nursing at both undergraduate and graduate levels. The CDDE consists of two main areas. The first-floor laboratory features simulators such as the Sim Man (high fidelity), an adult simulator (medium fidelity), the Sim Baby, and the Noelle simulator (medium fidelity). The second-floor laboratory focuses on clinical simulation of low and medium fidelity for the development of nursing skills. The CDDE has the necessary equipment and materials to ensure that students develop the required curricular skills and competencies. The simulators support the teaching learning process as they facilitate development of skills, help students acquire confidence, and provide the opportunity to practice skills they may not be able to practice at the hospitals. Teaching-learning is supported also by virtual tools. BSN students are required to acquire the SIM and the Docu Care virtual resources provided by Lippincott. These tools are used in most courses of the BSN program.

Manuel A. Pérez Center for Integral Health Promotion and Maintenance - This center serves as a practice area for students and is in line with the school's service mission. Manuel A. Pérez is a public housing project in the San Juan Metropolitan Area. The Center seeks to promote and maintain health and prevent disease among the project's and adjacent area residents. One faculty member is the Director of the Center and has release time and an additional compensation for this service. One of the assets of this center has been the SON's interdisciplinary collaboration with students and faculty members of other schools and government and non-government entities. Two special projects were approved during the past year, i.e., a March of Dimes proposal to educate pregnant women regarding their health and to prevent adolescent pregnancies. The other project addresses diabetes education.

The Learning and Interactive Technology Center (CAIT, Spanish acronym) - The CAIT is equipped with 18 desktop computer workstations with appropriate software and a printer for the use of students. It is also used occasionally for workshops on data searching and for online exams. A part-time employee provides technical support. A master's student works 20 hours to assist students.

Library Resources and Services - The Conrado F. Asenjo Library is the main health sciences information resource in the island. It contains one of the most complete collections of its kind in the Caribbean and offers a full range of information resources and services to students and faculty of the School of Medicine, School of Dental Medicine, Graduate School of Public Health, School of Pharmacy, School of Nursing, and the School of Health Professions. Resources and services are also available to the Puerto Rico Medical Center hospital personnel, as well as to the staff of the University of Puerto Rico Hospital in Carolina. The library also serves practicing health professionals and the community at large.

The library is a Resource Library within the National Network of Libraries of Medicine (NNLM) of the National Library of Medicine (NLM). As part of this network, the library participates in the network's document delivery program to share resources with other libraries. It is also a member of the Consortium of Southern Biomedical Libraries (CONBLS). Through these programs, materials that are not available in the collection are obtained from other health sciences libraries through electronic interlibrary loans. The CFA Library is also a member of the Medical Library Association and the Association of Academic Health Sciences Libraries, and has established

collaborative agreements with the Veterans Administration Hospital Library, the Río Piedras Campus Natural Sciences Library, and other units of the University of Puerto Rico Library System.

The collection comprises 45,219 print books (including local theses), 2,207 electronic books, 3,658 active journal subscriptions, and 1,336 multimedia resources (and over 22,969 additional titles available through Films on Demand) covering the fields offered by the campus academic programs. The collection includes materials originally held by the School of Tropical Medicine, which was a joint effort with Columbia University from 1926 through 1949. Interdisciplinary in nature, the collection is developed using selected lists of books and journals published in the health sciences such as *The Medical Library Association's Master Guide to Authoritative Information Resources in the Health Sciences* and *Doody's Core Titles in the Health Sciences*. Faculty members actively participate in the selection process. Multimedia materials such as CD-ROMs, DVDs, and digital programs are available at the Center for Multimedia Resources and Services that provides facilities for individual and group viewing.

There is a liaison librarian for each school on campus. Most are members of the schools' curriculum committees. The liaison librarian is responsible for collection development of his/her school using faculty input in the selection of information resources. Liaison librarians keep the faculty informed of new services and library resources and keep the library informed of new courses and trends in the schools.

To provide better and more efficient access to its resources and more comfortable spaces and new services, the library's physical facilities were remodeled in 2006. There are computers available throughout the building, as well as two multi-use rooms and several discussion group rooms on the third floor. The Veranda Area opens 24/7 as a reading room. Users have wireless access to resources while on campus and may access them remotely by means of a proxy server.

Reference librarians offer workshops on information search skills, the use of databases, preparation of bibliographies, and use of evidence based practices, among other topics. Some librarians also team teach with faculty in courses in which information literacy competencies have been integrated. Reference services are offered until 9:00 pm. Users have access to the Virtual Reference Librarian Service by email from 9:00 am to 4:00 pm. Table II.B.1 shows the workshops offered to the SON from 2011-2012 to 2015-2016, and Table II.B.2 the transactions occurred through circulation and reserve services.

II.B.1: Workshops Offered to the School of Nursing by the Reference Department 2011-2012 to 2015-2016

2011-2012		2012-2013		2013-2014		2014-2015		2015-2016	
Number of workshops	6	Number of workshops	15	Number of workshops	10	Number of workshops	11	Number of workshops	16
Students	82	Students	236	Students	276	Students	246	Students	629
Faculty	2	Faculty	5	Faculty	2	Faculty	4	Faculty	1
Total number of participants	84	Total number of participants	241	Total number of participants	278	Total number of participants	250	Total number of participants	630

II.B.2: School of Nursing Circulation and Reserve Transactions 2013-2014 to 2015-2016

Years	2013-2014	2014-2015	2015-2016
Total	1,149	1,319	423

*Sharp decrease in circulation and reserve transactions may be due to increased use of electronic resources

The online catalog is shared with other University of Puerto Rico Library System libraries. It is available through the Internet at the library's web page <http://rcm-library.rcm.upr.edu>. Also, there is a wide range of databases covering health sciences disciplines, including full text articles, through the UPR Libraries Consortium. (See the list on **Appendix II.B.1**)

Available resources may change over time as contracts with vendors are renegotiated, new products become available for trial periods, and other products are discontinued. For the most current listing of resources, users must access the library's web page at: <http://rcm-library.rcm.upr.edu>.

The library defines, develops, and measures the attainment of goals fully aligned with the Medical Sciences Campus institutional and strategic goals. Specifically, all campus units (including the library) must report yearly accomplishments and plans for the upcoming year with reference to the MSC strategic goals and the UPR strategic plan. This assures that all units contribute to institutional effectiveness while pursuing their specific activities. This model has worked well for the institution as a whole (UPR) and the campuses.

In addition to the strategic planning framework described above, the campus and the library are subject to reviews by **20 accrediting agencies** which establish specific standards for education in the health fields. This further assures that all programs (and the library as a unit serving them) remain focused on their mission and areas of expertise. Accreditation processes are checkpoints in which the institution assesses the attainment of its mission and goals and receives input from peers to improve its performance.

As recently as 2015, librarians conducted a self-assessment of library services using the **Association of Academic Health Sciences Libraries (AAHSL)** standards, for which they conducted a benchmarking exercise with five other health sciences libraries that report their data to AAHSL. Upon consideration of several variables (monograph titles, serial titles, databases, circulation of physical materials, interlibrary loan requests filled, FTE personnel, collection expenditures, salaries and wages, and total expenditures), the Library compared favorably, even considering its more modest budget.

As confirmed by the benchmarking exercise recently conducted for the library's self-assessment using ACRL Standards, library collections, personnel, and services are adequate and comparable to those offered by peer institutions. The University of Puerto Rico continues to make a significant investment in information resources available through the UPR Libraries Consortium and has protected libraries to the extent possible in times of financial difficulties. For the 2009-2010 to 2013-2014 period the university spent an average of \$36,459,007 yearly on its library system, including personnel, information resources, materials, and other expenses.

Support for Research - The *Center for Research and Evidence-Based Practice* (CREBP) has as its mission to advance nursing science and practice by providing institutional research support and resources for faculty and students in the School of Nursing. The goals of the CREBP are: to (1) facilitate the development of faculty through research and scholarly activities, (2) facilitate the development of students conducting research and evidence-based practice projects, and (3) promote the dissemination of research findings. The CREBP provides resources, such as collections of research articles, links with community and research-based organizations, forms for collaborative agreements, reference books, and access to copies of funded grant applications, computers, supplies, and software for data analysis, among others.

The Assistant Dean for Research at the SON support scientific research and evidence-based practice (EBP). She contributes to the implementation of the strategic plan and the advancement of nursing by supporting faculty and students in the development of innovative research projects and encouraging new initiatives through interprofessional collaboration. The Assistant Dean for Research is focused on the enhancement and promotion of a research and EBP culture within the school and helps assure school compliance with sponsored research, EBP and related activities in accordance with applicable federal regulations and university and sponsoring agency policies, norms and procedures. The Assistant Dean for Research also chairs the SON's *Research and EBP Committee*, comprised of faculty and students at all levels, who further facilitate implementation of these goals, instilling the importance of research and EBP throughout academia.

Admission Processes- Admission processes are centralized at the campus Admissions Office of the Deanship for Student Affairs. Applicants must submit their applications to this office using the uniform application form for all campus programs. Once this office verifies applications are complete, it sends them to the SON for evaluation and interviews. The programs' admissions committees submit the list of candidates recommended for admission. The Admissions Office notifies the candidates.

Advising, counseling and other services- The campus provides support services to all students in order to promote their welfare, improve their quality of life, and support the attainment of their academic goals. Campus centralized student services overseen by the Deanship for Student Affairs include: Financial Aid, Health

Services, Student Center for Counseling and Psychological Services (CECSI, Spanish acronym), Wellness and Quality of Life Program, and the Athletic, Cultural, and Social Activities Office. Centralized services are offered by the staff of the Student Center for Counseling and Psychological Services, which includes several professional counselors and a psychologist.

Within the campus organizational structure, the Deanship for Student Affairs has the responsibility of providing direct support services to students in collaboration with the schools. Since each school has well-defined professional programs which make them unique in terms of student expectations and needs, the schools' Offices for Student Affairs or the program faculty also provide academic counseling to students. The Assistant Deans for Student Affairs, along with professional counselors in each school, work closely with students, offering comprehensive services within flexible hours. Campus schools strive for early identification of students who are experiencing academic difficulties. Usually, professors or course coordinators are the first to suggest academic counseling, tutoring, and support. Students are referred directly to the school's Office for Student Affairs for academic advising or to the school's counseling services for identification of probable root causes of problems or deficiencies. Qualified, licensed personnel with master's and doctoral degrees in counseling and psychology are available in each school. Students are also referred to the campus staff psychologist, psychiatric consultants, or other off-campus mental health professionals. All counseling services provided at the MSC are intended to help students adapt to campus life, define personal and professional goals, and promote self-knowledge and healthy lifestyles (See UPR-MSU Catalog 2016-2017, Student Services, pp.21-24).

<http://www.rcm.upr.edu/wp-content/uploads/sites/3/2016/09/CATALOGO-2016-2017-Updated-JACQ-6-SEPT-16-pm.pdf>

At the SON there is an Office for Student Affairs directed by an Assistant Dean for Student Affairs. The staff includes a counselor, a student advisor, and an administrative assistant. This office is in charge of meeting student needs including reasonable accommodation. It also organizes all student activities. The student advisor organizes recruitment activities in high schools and universities, answers emails and receives potential applicants that visit the school. Advising includes program admission requirements, pre-requisites, and admission and enrollment processes, among others. He also coordinates and collaborates in activities organized for the student community, including those related to the Johnson & Johnson scholarship. The SON counselor, who has master's degrees in rehabilitation counseling and clinical psychology and also, has a doctoral degree in clinical psychology, handles personal and academic situations as requested by students or when referred by faculty. In those cases, in which students need additional help, the counselor refers them the appropriate services.

Other Support Services: The SON's Office for Academic Affairs oversees academic matters pertaining to the curriculum and the students' learning experiences. It conducts the systematic data collection and analysis needed for the assessment of academic programs. Ultimately, assessment activities are geared to improving the students' experience at the school and the quality of their education.

Evaluation of Academic Support Services

Undergraduate and graduate students fill out an exit satisfaction questionnaire as they approach graduation. The questionnaire includes items pertaining to library, skills laboratory, classroom facilities, equipment and materials, and services such as counseling, financial assistance, and academic and personal assistance. Tables II.B.3 and II.B.4 indicate the percentage of students who were totally satisfied or satisfied with the resources and services. The data indicates that graduating students in the three programs were satisfied with the resources and services available to them on campus.

Table II.B.3: Satisfaction of graduating students with resources

Year	Programs	Library	Skills Lab	Classrooms	Teaching Equipment/ materials
2013-2014	BSN (n= 55)	93%	95%	94%	89%
	MSN (n= 7)	100%	100%	100%	100%
	Anesthesia	N/A	N/A	N/A	N/A
2014-2015	BSN (n=100)	99%	99%	97%	93%
	MSN (n= 6)	100%	83%	83%	100%

Year	Programs	Library	Skills Lab	Classrooms	Teaching Equipment/ materials
	Anesthesia	N/A	N/A	N/A	N/A
2015-2016	BSN (n=124)	96%	92%	96%	86%
	MSN (n=20)	95%	90%	100%	95%
	Anesthesia (n=7)	100%	100%	100%	100%

*First class of graduating students of the Nurse Anesthesia program for the period under study was December 2015

Table II.B.4: Satisfaction of graduating students with support services

Year	Program	Counseling	Financial Aid	Academic and Personal Assistance
2013-2014	BSN (n=55)	98%	98%	95%
	MSN (n=7)	72%	57%	72%
	Anesthesia*	N/A	N/A	N/A
2014-2015	BSN (n=101)	100%	96%	98%
	MSN (n= 5)	75%	100%	80%
	Anesthesia	N/A	N/A	N/A
2015-2016	BSN (n=124)	94%	Data not available	93%
	MSN (n=20)	95%	Data not available	90%
	Anesthesia (n=7)	100%	86%	85%

*First class of graduating students of the Nurse Anesthesia program for the period under study was December 2015

II-C. The chief nurse administrator:

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

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit. The program provides a rationale and a plan to come into compliance if the chief nurse administrator does not hold a graduate degree in nursing and a doctoral degree (if applicable).

Program Response:

Dr. Suane E. Sanchez-Colon, has been Dean of the School of Nursing for the past two years and for the period from 2002- 2010. The administrative authority of the chief nurse administrator is comparable to that of the other five schools Deans of the MSC. She consults with the Executive Committee of the School, the faculty, the SON Students General Council, the MSC Administrative Board, and Chancellor's Team as well as other authorities of the MSC and UPR, with the SON Advisory Board, and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes.

She has been a faculty member for the past 30 years. She was appointed Dean after a formal search process in which she received the endorsement of the nursing faculty, the student body, administrative personnel, and external constituents. She holds the rank of professor and a doctoral degree in education (EdD) from Inter

American University of Puerto Rico. In her dissertation (*The Thinking Styles That the Puerto Rico Nursing Educators Utilize When Teaching and the Relationship of These with Their Teaching Approaches*) she examined a sample of 88% of all educators within the University of Puerto Rico nursing programs. In addition, she completed her masters in adult and medical surgical nursing and a bachelor's degree in nursing at the SON in 1977. She also holds a certificate in geriatrics from the School of Medicine. She has been well evaluated in her teaching of the course on education and practice role of master's students, and has taught physiopathology, primary care, and leadership at the undergraduate level.

Dr. Sanchez possesses vast experience in academic administration within the SON. She was Dean of Student Affairs (1995-2000), Associate Dean for Academic Affairs (2000-2002) and School Dean (2002 to 2009). She has been mentor in the AACN, New Dean Mentor Program, to mentee Joan Hahn, of Keene State University. Dr. Sánchez has been an active member of the Puerto Rico Council on Education (formerly Puerto Rico Council on Higher Education) for the past five years. She was also a consultant for the Puerto Rico Nursing Examining Board. Dr. Sanchez is a member of the Pan American Network of Nursing of Latin America and the Caribbean (*Red Panamericana de Enfermería de América Latina y el Caribe*). This network fosters nursing participation in a universal health plan, and for the development of doctoral programs in nursing in Latin America.

Among Dr. Sanchez' other academic endeavors are the revision of the graduate program (under consideration by campus authorities) and a proposal for the revision of the undergraduate program. She was instrumental in the development of the SON's Assessment Office the Research Center, and the SON Nursing Center. Dr. Sanchez' experience at the university has been of vital importance for the development of the SON. Among other things, she aligned the SON's budget with school development goals and obtained additional recurrent and non-recurrent funds to complement the original amount. This has resulted in six faculty members in tenure track positions, the recruitment of 10 more full-time faculty members, and recruitment of six regular non-teaching employees. The chief nurse administrator is perceived by the communities of interest to be an effective leader of the nursing unit, especially in managing finances and resources in times of constraints. (Curriculum Vitae available at Reading Room).

II-D. Faculty are:

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

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

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

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

Program Response:

Faculty degrees

In 2016-2017 the SON's faculty included 42 full-time and 2 part time faculty members. The undergraduate department had 23 full time faculty members, and the graduate department 19. The graduate department has three programs. The MSN had 12 full-time faculty members, the MSN-Anesthesia 3 members, and the DNS 4 members. Of the 42 full- time members, 17 hold an MSN and a doctoral degree, 18 hold an MSN and are currently enrolled in a doctoral program, and seven hold an MSN. The 2 part-time faculty of the BSN program hold an MSN (one studying towards a doctoral degree).

Doctoral degrees held by the faculty include 9 PhDs, 1 DNS, and 7 EdDs. Of those enrolled in doctoral programs, 5 are in PhD programs, 6 in EdD programs, 1 in a DNS program, 3 in a DNP program, 1 in a DNAP-and 2 in DHA. Of the 42 full-time members, 33 are in tenure track positions and 9 in non-tenure track contracts (See Faculty Profile, Appendix II.D.1).

Faculty full-time equivalency (FTE)

At the MSC, a full-time faculty member works 37.5 hrs/week that includes 12 direct contact hours of teaching. The credit hour assignment is 1:1, whether it is didactic, skills laboratory, or clinical teaching hours. The formula for calculating full time equivalency is: $FTE = \text{workload hours} / \text{the 12 direct contact hours of 1 FTE}$.

Undergraduate Department:

At the baccalaureate program, students take non-nursing courses as pre-requisites prior to been admitted to nursing. Only one elective course is non-nursing. These credits are not included in the calculation. The total didactic, skills laboratory, and clinical practice hours (includes 2 hr seminars) generated by the scheduled nursing courses in the current term was 344 cr/hrs. The FTE was 29. The equivalent of 28 full time FTE taught the nursing courses and 1 part-time FTE. Full time faculty of the undergraduate and graduate department taught 95% of the academic workload, and 5% was taught by the part-time faculty.

The undergraduate department consists of 23 faculty members. In the academic term extending from August to December 2016, 18 full-time faculty members devoted their total academic workload to teaching. Five faculty members had release time for administrative tasks. Three graduate department members taught 13 cr/hrs, and 15 cr/hrs were taught by part time faculty. Table II.D.1 shows the distribution of credit hours taught by faculty in the BSN program. Faculty members that taught more than 12 cr/hrs were compensated financially or by other benefits.

Table II.D.1: Distribution of nursing credit hours of the BSN program from August to December 2016

Number of Faculty	Academic workload
18 faculty members of the BSN program	271 credit hours didactic and/or clinical teaching
1 faculty member Director of the undergraduate department	9 credit hours clinical teaching
1 faculty member Clinical Coordinator	9 credit hours clinical teaching
1 faculty member Assistant Dean Student Affairs	9 credit hours clinical teaching
1 faculty member Director Office of Evaluation	9 credit hours clinical teaching
1 faculty member Director Manuel A. Pérez Center for Health Promotion and Maintenance	9 credit hours
3 faculty members of the graduate program	13 credit hours
2 part-time faculty members	15 credit hours

The BSN program has an enrollment of 182 students. The number of students per section is less than 1:30 per section in didactic courses and 1:10 or less in clinical supervision per practice institutions requirements.

Graduate Department:

At the MSN program the total didactic, seminar, and clinical practice hours generated by the scheduled courses was 134 cr/hrs. The program FTE was 11. 100% of credits were taught by full-time faculty of the SON. The approximate distribution of full-time FTE is 8 FTE MSN, one (1) full-time FTE teaching part-time, 2 FTE faculty of the undergraduate and the doctoral programs.

The MSN program is composed of 12 members. Of those, 8 had complete teaching workload at the program, one faculty member had 100% release time for research and CCNE Self-Study writing. Two others occupy administrative positions as Dean, and Associate Dean. One member taught part of the workload at the MSN program and the other part in the undergraduate program. Students take non-nursing courses at the School of Public Health and those credits are not considered in this calculation.

Table II.D.2: Distribution of nursing credit hours of the MSN program from August to December 2016

Number of Faculty	Academic workload
8 faculty members of the MSN program	95 credit hours
1 faculty member of the MSN program (another load at the BSN program)	7 credit hours
1 faculty member School Dean	4 credit hours
1 faculty member Associate Dean	3 credit hours
1 faculty member (100 % release time for other tasks)	0 credit hours
2 faculty members of the Doctoral Program	10 credit hours
2 faculty members of the undergraduate program	15 credit hours

The MSN program has 106 enrolled students. The number of students is 30 or less in didactic courses and 10 or less in clinical supervision per practice area requirements.

The MSN in Anesthesia Program has 30 enrolled students. Non-nursing courses are taught by PhD's of other schools and those credits are not included in this calculation. The total number of credit-hours generated by the scheduled nursing courses for the August to December 2016 term was 21 cr/hrs. The FTE was 2. Full-time faculty was responsible for 100% of nursing courses. The program has three faculty members. The Director was responsible for 6 cr/hrs, out of which 3 cr/hrs were for clinical supervision (students' practice is with preceptors). The Assistant Director was responsible for 9 cr/hrs, 5 of which were for clinical supervision of students that practice with preceptors. One faculty member is responsible for 6 credits, is the program's Coordinator of Assessment and Evaluation, and helps with clinical supervision. Preceptor-to-student ratio in clinical practice is 1:1. The maximum number of students per course is 12.

According to the analysis of full-time and part-time faculty data, the faculty/student ratio is appropriate to achieve the mission, goals, and expected program outcomes.

Faculty are academically prepared for the areas in which they teach

All faculty members have the necessary education (both in fields and level) which includes degree specialty, CRNA Certifications for those who teach in the Anesthesia Program, specialty coursework and other education sufficient to address the courses they teach (*See Faculty Profile, Appendix II.D.1*).

Faculty who are nurses hold current RN licensure

All nursing faculty hold a current RN licensure. It is required by the school and by areas of practice.

Clinical expertise

Department directors evaluate faculty clinical expertise when assigning clinical courses to full-time and part-time faculty. Students evaluate faculty performance each semester. Their opinions are taken into consideration when assigning faculty to courses. Faculty members maintain their clinical expertise through continuing education, practice with students in hospitals and other health agencies, voluntary services in the community, and other services.

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

Elaboration: The roles of preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined;*
- *congruent with the mission, goals, and expected student outcomes; and*
- *congruent with relevant professional nursing standards and guidelines.*

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

Program Response:

The SON uses preceptors in the Nurse Anesthesia Program and in the Master of Science in Nursing program educator and administrator roles. In the first case, the preceptor must be an experienced MSN-CRNA or an anesthesiologist to supervise the practice of nurse anesthesia students. For the practice of student-teachers the criterion is to be an experienced MSN nursing educator in the student's clinical track. In terms of the nursing administrator role, the preceptor must be an administrator with an MSN in the administrator's role, have at least three years of experience, and occupy a nurse managerial position.

All preceptors must hold a graduate degree and be willing to teach. The faculty member is the liaison between the preceptor and the student. He/she advises the preceptor regarding the course and the expectations of the experience. He/she also provides supplemental information such as course outlines, written objectives, and forms specific to the course. Ultimately, the faculty member is a facilitator. The preceptor prepares students using a variety of skills discussed with the faculty member during orientation. Communication between preceptor and student, and preceptor and faculty is vital. Students must understand the objectives and learning outcomes of the course and write their own learning objectives as they look for opportunities to learn. Preceptorship is immensely valuable to nursing, since it occurs in patient care situations, allowing the preceptor to guide the student through the required procedures to provide the best care in the classroom and hospital areas. The role of the preceptor is clearly defined in the Anesthesia Program Preceptor Manual and in the written commitments. The role is congruent with the mission, goals, and expected student outcomes and with the professional nursing standards and guidelines.

Preceptors are expected to serve as role models, facilitate learning in the practice environment, evaluate the students' ability to apply knowledge learned in the classroom to the clinical setting or in the classroom or hospital administration, teach content material and clinical skills based on the expectations of the course and student learning needs, evaluate some aspects of the students' performance, provide physical space for students and clients to interact, be physically present in the setting or provide a qualified substitute, and be responsive to the student's individual needs.

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

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

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

Program Response:

Academic freedom principles are established and protected by the *UPR General Bylaws* (Chapter I, Article 11, Sections 11.1 to 11.3). Academic freedom is: *...the right of any faculty member to teach with objectivity and honesty his/her discipline of expertise, with no other restrictions than those imposed by the moral and intellectual responsibility to cover all the essential elements of the course subject, as approved by the corresponding authorities, with respect for dissenting opinions, and with educational methods consonant with ethics in teaching and the search for truth.*

At the MSC, the policy concerning academic freedom principles was approved by the Academic Senate in Certification 38, 1997-1998. The policy document is given to new faculty during the annual Faculty Orientation Activity. There is also a section on the subject in the online *Faculty Manual*. Complaints regarding academic freedom are usually handled through the Faculty Ombudsperson Office if other campus administrative channels fail to solve the issue.

Faculty development is strongly encouraged at the MSC, as evidenced by Goal 4 of the *MSC Strategic Plan 2009-2016*. The objectives listed under the goal are: the strengthening of faculty qualifications and attributes, strengthening of the schools' faculty professional development plans, and the support of professors and researchers in obtaining advanced academic degrees and other training experiences. University regulations promote faculty development through strategies such as: sabbaticals, financial aid, study leaves, continuing education activities, travel funds, tuition exemption, and time to attend courses offered within the UPR System.

The Deanship for Academic Affairs Office for Academic Development, the Research Centers in Minority Institutions Program (RCMI), the Office for Research and Development, the Title V Program, and the schools continuously offer faculty development activities. The Office for Academic Development coordinates and offers a faculty development program in the areas of teaching and educational methods consisting of a series of annually programmed workshops. These include seminars on the application of technology to teaching and research. Faculty development activities programmed by the Deanship for Academic Affairs and the schools are available to all MSC faculty, including part-time and ad-honorem faculty members. In compliance with local laws, all health professionals must complete a specified number of CE credits yearly to renew licensure. Faculty is encouraged to attend continuing education activities. Department chairs and deans may also recommend faculty representatives to attend specific activities, according to institutional and individual academic goals.

MSC faculty benefits support faculty development. These include sabbatical and other leaves of absence with or without pay and/or financial aid; release time for formal studies during regular work hours; payment of travel expenses for study and other professional development. Leaves of absence for study may be granted, with or without financial aid, for a period of up to three years. Upon completion of their studies, the faculty member must serve the institution for at least one year for each year of leave awarded. Nursing faculty members have benefitted from these opportunities offered by the University and have completed doctoral degrees.

Specifically, the SON *Strategic Plan* goal 2 supports faculty development by promoting an academic culture characterized by faculty members with education in diverse specialties and terminal degrees, open to change, and flexible in terms of curricular innovations, emergent teaching learning modalities, and integrated use of academic assessment.

The UPR System's *Strategic Plan* for the years 2006-2016 (*Ten for the Decade*), proposes in Goal 3 an increase in **research activities** and creative work. In accordance with the campus mission, the *MSC Strategic Plan 2009-2016* was purposely aligned with the UPR *Ten for the Decade*, and lists (Goal 1) six objectives to increase the number, level of competitiveness, and productivity of campus research projects. Thus, research is a clearly stated university system and campus priority. The SON also promotes the development of a research culture and creative work through resources, and technical and administrative support and equipment. *Strategic Plan* Goal 3 seeks to increment the body of nursing knowledge and improve the quality of nursing services. The SON obtained \$300,000 for the development of its research infrastructure from the UPR Vice-Presidency of Research. Four young PhD faculty researchers are receiving support for pilot research projects.

The parent institution and the SON have fostered and supported faculty in achieving expected outcomes (Evidence included in Standard IV).

Standard II: Program Quality: Institutional Commitment and Resources Strengths:

1. The UPR has supported the program although financial constraints. Special assignments and non-recurrent funds were assigned to cover SON needs. Fiscal, human, and physical resources were sufficient to enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of resources is continually reviewed and modified as needed. (II.A)
2. The MSC and the SON provide academic support services that are adequate for students and faculty to meet program requirements and to achieve the mission, goals, and expected program outcomes. Regular review of the adequacy of the program's academic support services is done and improvements are made (II.B)
3. The chief administrator of the SON (Dean) complies with all the educational requisites and experience to occupy the position. She has been a strong leader in resources allocation and finances to achieve SON mission, goals, and outcomes. (II.C)
4. According to the analysis of the full-time and part-time faculty data the amount and the faculty/student ratio of the three SON programs is appropriate to achieve the mission, goals, and expected program outcomes. The overall faculty is sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. All faculty members have the necessary education which includes degree specialty, CRNA Certifications for those who teach in the Anesthesia Program, specialty coursework and other education sufficient to address the courses they teach. All nursing faculty hold a current RN licensure.
The full-time equivalency (FTE) of faculty involved in each program is provided and adequate. The faculty is strength of the SON. (II.D)
5. The SON programs have committed preceptors that support students achieve their expected outcomes and meet expectations of students and program. (II.E)
6. The UPR-MSc parent institution and program include in the strategic planning the support for the environment that encourages faculty development and facilitates teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes. The majority of faculty holds or is enrolled in doctoral studies, the institution facilitates continued improvement. (II.F)

Areas for improvement:

1. Continued efforts toward financing and resources allocation within the Puerto Rico government and its state University of Puerto Rico to continue serving through nursing education.
2. Continue the wise use of resources.
3. Maintain the quality of faculty and the support for its development.

Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals, and with the roles for which the program is preparing its graduates.

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

Program Response:

The mission of the University of Puerto Rico Medical Sciences Campus School of Nursing is to prepare highly qualified nursing professionals who will be leaders in service, education, and research and who will work in an interdisciplinary manner within a changing and culturally diverse society. This mission is accomplished through the following programs: Bachelor of Science in Nursing (BSN), a Master of Science in Nursing (MSN), a Master of Science in Nursing with specialty in Anesthesia (MSN-A), and a Doctor of Nursing Science (DNS). The school also offers a continuing education program for practicing professionals. Expected student learning outcomes are identified and defined by levels in each program in order to prepare students for the future professional roles. Expected student learning outcomes are presented in Standard I.

Baccalaureate Program

Curricular Revision

Since CCNE's last visit in 2007, the school made academic changes to the BSN curriculum and these were approved by University of Puerto Rico authorities in March 2012. The revised program was implemented effective August 2015. Changes included: strengthening of science courses, changes in the curricular sequence, and restructuring of course contents. Student Learning Outcomes (SLO) were revised by levels, assuring incorporation of AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), IOM competencies, BSN roles, and professional guidelines. No changes were made on the program duration, mission, philosophy, and objectives. In the previous program, students were admitted to the SON in their second or third year of study. In the revised curriculum the program establishes a fixed time for admission. In the first two years, students take the pre-requisite courses in general education and sciences in other UPR campuses or private universities. Students are admitted to the SON for their third year of studies to complete the nursing concentration. Coordinated transfer agreements with the UPR Carolina and Bayamon campuses are in place to assure students complete pre-requisite courses before their admission to the SON. A third agreement with the UPR Rio Piedras Campus is in the process of approval.

Integration of Roles and SLO in the BSN curriculum

Expected student learning outcomes are aligned to the roles of provider of care, designer/manager/coordinator of care, and member of a profession. These are incorporated through the BSN curriculum. Table III.A.1 shows examples of the integration of roles and SLOs in the BSN curriculum.

Table III.A.1: Examples of integration of roles and SLOs in the BSN curriculum

Year and Semester	Courses	Examples of integration of roles and SLOs
3 rd year, first semester	ENFE 4116: Introduction to the Nursing Profession	Introduction to the roles of the professional nurse: provider of care, designer/manager/coordinator of care, member of a profession. An overview of the health care delivery system, practice settings, nursing process, nursing history, and nursing theories are included.
3 rd year, first semester	ENFE 4101: Nursing Care of Adult and Elderly I, ENFE 4117: Nursing skills, ENFE 4118: History and Physical Examination, and ENFE 4125: Pharmacotherapy in Nursing	Provider of Care Role SLO Competent practitioner: behaviors of physical assessment, nursing process, leadership, communication, technical skills, and others are integrated.
3 rd year, second semester	ENFE 4102: Nursing Care of the Adult and Elderly II, ENFE 4119: Nursing Care of Women and Newborn, and ENFE 4215: Nutritional Needs through the Life Cycle.	Provider of Care Role SLO Competent Practitioner Opportunities are provided to increase dexterity in this role
3 rd year, 2 nd semester	ENFE 4075: Introduction to Research and Evidence-based Practice	Designer/manager/coordinator of care role is integrated. Provider of Care Role SLO Competent Practitioner Informatics skills have been integrated in the curriculum on the use of health care informatics. In ENFE 4075 students evaluate several databases and select the best level and quality of evidence to address the problem/issue identified.
3 rd and 4 th years	All nursing courses	Provider of Care Role SLO Competent Practitioner
3 rd and 4 th years	All clinical courses	All student learning outcomes related to the dimension of competent practitioner (provider of care) are integrated in clinical courses
3 rd and 4 th year	ENFE 4101: Nursing Care of Adult and Elderly I, 4118: History and Physical Examination, 4119: Nursing Care of Women and Newborn, 4120: Nursing Care of Child and Adolescent, 4147: Mental and Psychiatric Care, 4102: Nursing Care of Adult and Elderly II, 4119: Nursing Care of Women and Newborn, 4138: Nursing Care of family and Community, ENFE 4155: Professional Nursing Practice	Provider of Care Role Competent practitioner (documentation) Students acquire Docu-Care, an electronic resource from Lippincott, to learn how to use the electronic record used in most of the clinical courses.
3 rd year, first semester	ENFE 4116: Introduction to the Nursing Profession	Introduction to the roles of the professional nurse: provider of care, designer/manager/coordinator of care, member of a profession
4 th year, second semester	ENFE 4155: Professional Nursing Practice in Health (senior practice course)	Provider of Care Role SLO Competent Practitioner - practice with a minimal or no instructor assistance or cueing Manager and coordinator roles and member of the profession are emphasized. Integration of leadership concepts and management/coordinator role is also

Year and Semester	Courses	Examples of integration of roles and SLOs stressed. In ENFE 4155, each student participates as a leader of a group of peers and has the responsibility of coordinating and managing care of a group of patients.
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Incorporation of SLO in BSN course objectives

Congruence of student learning outcomes with the program's mission, goals, and expected student outcomes was presented in Standard I (**Appendix I.A.3**). Course objectives were analyzed and aligned with the student learning outcomes and classified as introductory, practice, and reinforcement. A curricular map of the BSN program was prepared, as well as a quantitative analysis of the percentage of representation of learning outcomes behaviors. Data showed that behaviors such as communication, clinical judgment, and decision-making were the most representative behaviors in the BSN program. After this curricular analysis, findings were discussed and analyzed with the faculty and it was decided to rephrase the Student Learning Outcomes (SLO) in clear statements. BSN Student Learning Outcomes (SLO) by levels are included in **Appendix III.A.1** Definitions of Learning Outcomes by Levels of BSN (new curriculum). Table III.A.2 shows examples of congruence of course objectives with the SLOs and the school's mission and goals.

Table III.A.2: Examples of congruence of BSN course objectives with SON mission and goals and student learning outcomes (SLOs)

SON mission	Goals	SLO	Course Objectives
<i>Prepare highly qualified nursing professionals leaders in service, education and research to work in an interdisciplinary manner within a changing and culturally diverse society</i>	<i>Prepare nurse generalists at the baccalaureate level with the knowledge, ethical decision-making, critical thinking, technical and technological skills, and attitudes necessary to practice as professional nurses, and to assume a leadership role when offering direct competent care that is evidence-based, collaborative, interdisciplinary and culturally congruent to individuals, groups and populations in a variety of settings, including primary, secondary, and tertiary health care levels.</i>	<p>CPO 8. BSN graduates demonstrate behaviors as competent practitioners through the following: ... <i>Information management systems.</i></p> <p>RO 2. Students use methods for locating and appraising health and other relevant literature and other sources of evidence.</p> <p>RO 4. Students demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice.</p> <p>CPO 3.2 Students engage in ethical reasoning and actions in promoting advocacy, collaboration, and social justice as socially responsible professionals.</p> <p>CPO 2: Students will provide patient-centered, basic direct client services, considering Puerto Rico professional nursing standards of practice, Nursing Law, and the AACN Essentials of Baccalaureate Education.</p>	<p>ENFE 4075 Objective # 4: Evaluate several databases and select the best level and quality of evidence to address the problem/issue identified.</p> <p>ENFE 4119 Objective # 9: Use the standards of practice to guide the women-centered care and care of the newborn.</p>

SON mission	Goals	SLO	Course Objectives
		CPO 1 Students demonstrate ability to assess, plan, deliver, and evaluate outcomes of professional nursing care at a 70% level of achievement.	ENFE 4119 Objective # 1: Apply the nursing process by intervening with women and newborns, considering cultural differences.
		CPO 3.1: Students apply knowledge of social and cultural factors to the care of diverse clinical settings. CPO -Use creative alternatives for solving patients and professional situations.	ENFE 4119 Objective # 3: Apply critical thinking skills and clinical judgment in decision-making by intervening with women and newborns.

CPO=Competent practitioner outcome, RO=Research outcome

Master of Science in Nursing Program

Curricular Revisions

The general master's program is currently under curricular revision. The school is incorporating the campus Academic Development Office recommendations. Most revisions are in the clinical tracks in which the courses have been updated according to advanced practice tendencies, essentials of master's education, Puerto Rico health needs, and the nursing practice law (Law 254, December 31, 2015).

Changes are based on the *Master's Essentials*, the incorporation of the *Advanced Health Assessment* course as a requisite of the program, revision of descriptions and course titles so they reflect new trends in nursing education, and the integration of evidence-based practice (EBP) in clinical tracks. The MSN program is offered in day and evening schedules. The day program has two-year duration, while the evening program has a three-year one. Students may select one role and two clinical tracks. There are two roles (education and administration) and seven clinical tracks (maternal cycle, care of child and adolescents, care of adult, care of the aged, family and community, mental health and psychiatry nursing, and Critical Care I and II).

Integration of Roles and SLOs in the MSN curriculum

Master's students learning outcomes are congruent with the program mission, goals, and expected student outcomes as presented in Standard I (**Appendix I.A.3**). The MSN program addresses roles as established by the *Masters Essentials*: to prepare graduates to lead change, advance culture through lifelong learning, build and collaborate in interprofessional care teams, navigate and integrate care services across the health care system, design innovative care services and translate evidence into practice. These roles are embedded in the three dimensions of the program's expected learning outcomes. The curriculum provides the learning experiences to prepare students to attain the expected outcomes of: (1) Competent practitioner - MSN graduates demonstrate behavior as competent practitioners through application of body knowledge, performance of advanced assessment, advanced skills for direct client services, leadership skills, application of ethical principles and multicultural knowledge, communication skills, and collaborative/interdependent relationships; (2) MSN graduates demonstrate capability to analyze and critique research publications, use research findings in practice, actively participate in designing and implementing research studies or evidence based projects, and (3) MSN graduates demonstrate critical thinking skills through application of theories and models in problem solving and decision-making when applicable, application of inductive and deductive reasoning for decision-making, objective professional practice self-evaluation, and creative problem solving. These behaviors established in the expected outcomes are needed for the MSN roles.

Through clinical track courses, students are exposed to diverse activities that provide opportunities to lead changes, advance culture through lifelong learning, build and collaborate with interprofessional care teams, integrate care across the health care system, design innovative care services, and translate evidence into practice. In the last three to four years, the key component in clinical experiences has been the evidence

based practice (EBP). SON faculty members have been trained in EBP and they are incorporating in clinical courses it following the Ohio University model. In *Critical Care Tracks I and II* courses (ENFE 6635 and 6636) students work on an EBP project that impacts situations and the needs of the clinical settings where they are assigned. For example, an EBP project for gastric residual during enteral feeding was developed by a group of students. Along with their clinical teacher, they made a call to physicians, nurses, and nutritionists. A team composed by a physician, a nurse, and a nutritionist was led by nursing students. After completing the project, students made presentations to the hospital staff. In this situation, the nutritionist team member was identified as the champion who would be responsible for the implementation of the best evidence. This EBP experience offers students the opportunity to provide innovative care services and translate evidence into practice. Table III.A.3 shows examples of integration of roles and SLOs in the MSN curriculum.

Table III.A.3: Examples of integration of roles and SLOs in the MSN curriculum

Year and Semester	Courses	Examples of integration of roles and SLOs
1 st year, 1 st semester	SALP 6006: Introduction to Public Health	SLOs related to the competent practitioner such as application of body knowledge, performance of advanced assessment, advanced skills for direct client services, and leadership skills are necessary for the role of leading changes and integrating care across the health care system. SALP 6006 provides the foundations for the role of leading changes in health care. The course is <i>focused on health promotion models, social determinants of health, and discussion of future public health challenges</i> . Also in this course, students are expected to analyze interrelationships between health needs, strategies to meet them, and the organization of health systems. All these learning experiences provide the bases for integrating care across the health care system.
1 st year, 2 nd semester 2 nd year, 1 st semester (In day program) 2 nd year, 1 st and 2 nd semester (In evening program)	Clinical tracks	These roles are practiced in clinical track courses. In ENFE 6635 and 6636 (<i>Nursing Intervention with Critically ILL Persons I & II</i>) students lead changes according to identified situations related to patient care. Students are introduced to the use of tools to assess delirium risk in critical care patients.
1 st year, 1 st semester	ENFE 6600: Conceptualizing Man	Behaviors related to competent practitioner such as application of ethical principles and multicultural knowledge, communication skills, and collaborative/interdependent relationships are needed to build and collaborate with interprofessional care teams and to integrate care across the health care system.
2 nd year, 1 st and 2 nd semester (In evening program) 1 st year, 2 nd semester 2 nd year, 1 st semester (In day program) 1 st year, 1 st semester	Clinical tracks BIOE 6525: Statistical Analysis	In clinical tracks, students have the opportunity to work in collaborative relationships with interprofessional care teams, such as in discussions with other health professionals in ENFE 6617 (<i>Nursing Intervention in Mental Health and Psychiatry I</i>), 6618 (<i>Mental Health and Psychiatry Nursing II</i>) and ENFE 6635 and 6636 (<i>Nursing Intervention with Critically ILL Persons I & II</i>). In the statistical analysis course, students attain competencies required to achieve behaviors related to critical thinking. These competencies provide the basis to analyze and critique research publications, utilize research findings in practice, and actively participate in designing and implementing evidence or evidence based projects.

Year and Semester	Courses	Examples of integration of roles and SLOs
1 st year, 2 nd semester 2 nd year, 1 st semester (In day program). 2 nd year, 1 st and 2 nd semester (In evening program)	Clinical tracks	These provide the basis to design innovative care services and translate evidence into practice. In clinical tracks, ENFE 6617 and ENFE 6618 and ENFE 6635 and 6636, students work in a situation identified in the clinical setting. They design and implement an EBP project, design innovative care services and translate evidence into practice.

Incorporation of SLOs in MSN course objectives

Student learning outcomes are congruent with the program's mission, goals, and expected student outcomes as presented in Standard I (**Appendix I.A.3**). Student learning outcomes are revised and established by levels. Definition of learning outcomes for the MSN by levels are included in **Appendix III.A.2** (Definitions of Learning Outcomes by Levels of MSN).

MSN course objectives were analyzed and aligned with student learning outcomes and classified as introductory, practice, and reinforcement. A curricular map was also developed for the program. After that curricular analysis, findings were discussed and analyzed with the faculty. SLOs were rephrased in clear statements. **Appendix III.A.3** shows examples of how course objectives are congruent with SLOs and the school's mission and goals.

Master of Science in Nursing Program with specialty in Anesthesia

Curriculum Revision

After a four-year moratorium, the school revised the nurse anesthesia curriculum and submitted it to university authorities and the Puerto Rico Council on Education for approval. It was also submitted to the Council on Accreditation (COA) of Nurse Anesthesia Programs and was awarded accreditation effective October 12, 2012. The first class under the revised curriculum was admitted in August 2013. The program is designed to be completed in 29 consecutive months. Students must approve 67 credits which include: six (6) credits in core courses, 18 credits in basic sciences courses, 40 credits in basic and advanced anesthesia courses, and three (3) credits in elective courses. Students must complete 2,176 didactic and clinical hours.

Integration of Roles and SLOs in the MSN-Anesthesia Curriculum

All courses and learning experiences in laboratory, theory, and clinical experiences contribute to the development of the principal role of nurse anesthesia students, which is to perform as nurse anesthetists as established by the COA Standards for Accreditation. This role includes: applying theory to practice in decision-making and problem solving; providing nurse anesthesia care based on sound principles and research evidence; performing pre-anesthetic assessment and formulating an anesthesia care plan for patients assigned for anesthesia administration; taking appropriate action when confronted with anesthetic equipment-related malfunctions; interpreting and using data obtained from non-invasive and invasive monitoring modalities; calculating, initiating, and managing fluid and blood component therapy; and recognizing and responding appropriately to anesthetic complications. Future nurse anesthetists must also: engage in effective communication with all individuals influencing patient care; comply with the appropriate legal requirements as registered professional nurses; interact with integrity at a professional level; and teach others and participate in continuing education activities as part of a commitment to lifelong learning. These behaviors of the nurse anesthetist were aligned according to the three dimensions of school SLOs. A definition of learning outcomes by levels of the Master in Sciences of Nursing with specialty in Anesthesia was developed. (1) The competent practitioner is defined as one who engages in knowledgeable, ethical, and legal practice and has the communication skills, leadership, and clinical competencies of nurse anesthetists as defined by COA. (2) Evidence-Based Practice (EBP) skills are defined as critical appraisal and synthesis of the most relevant and best evidence, utilization of the best evidence in the practice, and design, implementation, and dissemination of EBP projects. Critical thinking skills are defined as problem-solving and decision-making skills, objective

professional practice self-evaluation, and creative problem solving. Table III.A.4 shows examples of integration of roles and SLOs in the MSN-Anesthesia curriculum.

Table III.A.4: Examples of integration of roles and SLOs in the MSN with specialty in Anesthesia curriculum

Year and Semester	Courses	Examples of integration of roles and SLOs
1 st year, 1 st and 2 nd semester	ENFE 6678: <i>Human Anatomy and Physiology</i> , ENFE 6679: <i>Chemistry, Biochemistry and Physic Principles related to Anesthesia Practice</i> , ENFE 6705: <i>Basics of Anesthesia</i> , ENFE 6676: <i>Nursing Theories, Professional, and Legal Aspects</i>	Competent practitioner SLO requires application of knowledge, ethical and legal practice. All these courses provide the foundations for the practice nurse anesthetist role. Contents are essential to practice in decision-making and problem solving based on sound principles of sciences.
2 nd year, 1 st and 2 nd semester	ENFE 6722: <i>Advanced Principles in NAP II</i> , ENFE 6702: <i>Advanced Pharmacology II</i> , ENFE 6713: <i>Clinical Practice II</i> ; ENFE 6725: <i>Obstetrics and Neonatal Pediatrics</i> , ENFE 6723: <i>Advanced Principles in NAP</i> , ENFE 6714: <i>Clinical Practice IV</i> .	Other behaviors of a competent practitioner such as communication and leadership skills also contribute to the role of administering anesthesia. Nurse anesthetists assume leadership in working in the operating room through diverse activities such as collaboration with the nursing team, taking precautions to minimize risks, and adhering to appropriate safety precautions. Effective communication with patients, family, and other professionals and documenting patient records is an important behavior in the anesthetist role.
3 rd year, 1 st and 2 nd semester	ENFE 6705: <i>Basics of Anesthesia</i> ENFE 6731: <i>Anesthesia Residency I</i> ; ENFE 6900: <i>Comprehensive Nurse Anesthesia Examination</i> , ENFE 6732: <i>Anesthesia Residency II</i>	Behaviors related to critical thinking are introduced at the beginning of the first year (ENFE 6705: <i>Basics of Anesthesia</i>), and are reinforced in the last year when students should demonstrate critical thinking skills in all courses, in the last practice experiences (<i>Residency I and II</i>), and in the comprehensive examination and the Self-Evaluation Examination (SEE). As established in course syllabi, students are expected to apply sound judgment to decision-making and problem-solving of clinical manifestations of anesthesia patients.
2 nd year, 2 nd semester and 3 rd year, 1 st semester	ENFE 6717: <i>Evidence Based Practice for Anesthesia</i> ENFE 6795: <i>Evidence Based Practice Seminar</i>	These courses are directed to emphasize that clinical decision-making should be based on the best evidence available in literature, in accordance with clinical expertise and experience. As established in <i>The Essentials of Master's Education in Nursing</i> (Essential IV), translating scholarship into practice recognizes that master's level students should apply research outcomes within the practice setting, resolve problems, and work as change agents.

Incorporation of SLOs in MSN-Anesthesia course objectives

SLOs are aligned to the graduate profile and defined by levels according to the AACN *Essentials of Master's Education in Nursing*, the *Anesthesia Scope of Practice* and *COA Standards for Accreditation*. The definition of learning outcomes by levels of the MSN with specialty in Anesthesia are included in **Appendix III.A.3** Definitions of Learning Outcomes by Levels of MSN-Anesthesia Program. Table III.A.5 presents examples of course

objectives aligned with the mission, goals, and SLOs.

Table III.A.5: Examples of MSN with specialty in Anesthesia course objectives aligned with SON mission and goals and Student Learning Outcomes (SLOs)

SON mission	Goals	SLOs	Course objectives
<i>Prepare highly qualified nursing professionals leaders in service to work in an interdisciplinary manner within a changing and culturally diverse society.</i>	<i>Prepare master's level nurses with knowledge and skills in evidence-based practice and research for the improvement of health care and the advancement of education, administration, and practice that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists, and nurse anesthetists.</i>	L1-CPA-SLO.4 Design patient-centered and culturally responsive strategies or advanced practice skills in the delivery of specialized nurse anesthesia clinical competencies.	ENFE 6677 Objective.1 Analyze health data based on history and physical examination, and appraise the health status of patients which are undergoing anesthesia.
		L2-CPA-SLO.1 Incorporate ethical principles, legal and regulatory mandates, professional standards, ethical analysis, and clinical reasoning to assess, intervene, and evaluate the advanced and professional anesthesia role.	ENFE 6677 Objective.2 Demonstrate skills in performing preoperative assessment emphasizing specific areas that could interfere with anesthesia application and its implications for vulnerable populations, cultural diversity, and ethical issues.
		L2.CTA. SLO 1.1 Recognize and appropriately respond to anesthetic complications that occur during the peri anesthetic period with moderate preceptor/instructor assistance.	ENFE 6731 Objective 1 Evaluate self-professional practice to ensure patient safety and high quality care (L3.CTA, SLO.2).
<i>Prepare highly qualified nursing professionals leaders in service ... to work in an interdisciplinary manner within a changing and culturally diverse society.</i>	<i>Prepare master's level nurses with knowledge and skills in evidence-based practice and research for the improvement of health care and the advancement of education, administration, and practice that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists, and nurse anesthetists</i>	L2.CTA, SLO 1.2 Interpret and utilize data obtained from health assessment, noninvasive and invasive monitoring using sound principles and research evidence modalities and with moderate preceptor/instructor assistance	ENFE 6731 Objective 3. Plan a complete anesthesia care based on scientific knowledge and patient responses and health assessment data across the different surgical modalities (L3.CPA, SLO4.4).

L=level, CPA=competent practitioner Anesthesia, CTA=Critical thinking in Anesthesia

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

- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
- Master's program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
- DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and additional relevant professional standards and guidelines if identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
- Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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

APRN education programs (degree and certificate) (i.e., Clinical Nurse Specialist, Nurse Anesthesia, Nurse Midwife, and Nurse Practitioner) incorporate separate comprehensive graduate level courses to address the APRN core, defined as follows:

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

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

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

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

Program Response:

Introduction

The UPR-MSc School of Nursing has a long history of service to Puerto Rico by preparing nursing professionals to promote and maintain the health and welfare of the population. In order to achieve the success of graduates, both locally and in the mainland, professional nursing standards and guidelines are integrated in the curricula of all programs.

Key element III.B presents how professional nursing standards are reflected in the student learning outcomes and incorporated in the curricula of the BSN, MSN, and MSN with specialty in Anesthesia. The congruence of the professional standards with the learning outcomes is illustrated in Tables III.B.1, III.B.3, and III.B.5. Examples of how the curricula of all three programs reflect the professional standards are shown in **Appendixes III.B.1, III.B.2 and III.B.4.**

In **Appendix III.B.3** examples of the integration of the *Essentials of Master's Education in Nursing* (AACN, 2011) in the MSN curriculum are presented. Tables III.B.2, III.B.4, and III.B.6 present the extent and percentage of the courses in which each essential is integrated. According to the analyses conducted and the data presented, the professional nursing standards are reflected in the expected learning outcomes and in the curricula of the three programs.

The main professional standards utilized by SON programs are the *Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008), *The Essentials of Master's Education in Nursing* (AACN, 2011), the *Standards of Practice of the Puerto Rico College of Nursing Professionals* (CPEPR, 2010), and the *Code of Ethics* of CPEPR (1977). In addition, the *Standards for Practice of the American Association of Nurse Anesthetists* and *Standards for Accreditation of Nurse Anesthesia Educational Programs* are integrated in the Master of Science with specialty in Anesthesia program (NAP). Also, in the critical care track of the master's program, the *Standards of the American Association of Critical-Care Nursing* (AACN) and the *Scope and Standards for Acute and Critical Care Nursing Practice* (2015) are integrated.

Baccalaureate Program

The expected learning outcomes of the baccalaureate curriculum incorporate the AACN essentials for baccalaureate education and the standards of practice and code of ethics of the PR College of Nursing Professionals (CPEPR). Table III.B.1 shows the congruence.

Table III.B.1: Congruence of BSN Expected Student Learning Outcomes and Professional Standards

BSN Student Learning Outcomes	AACN Essentials of Baccalaureate Education (2008)	Standards of Practice of the Puerto Rico College of Nursing Professionals (CPEPR, 2010) that includes Standards of Professional Practice (SPP) and Standards of Care (SC)
1. SLO Competent Practitioner: BSN graduates demonstrate behaviors as competent practitioners through the following: Application of nursing process skills, basic level direct client services, cultural and ethical sensibility, leadership skills, technical skills, communication skills, patient care technologies, and information management systems.	<p>Liberal Education for Baccalaureate Generalist Nursing Practice (I)</p> <p>Basic Organizational and Systems Leadership for Quality Care and Patient Safety(II)</p> <p>Scholarship for Evidence-Based Practice (III)</p> <p>Information Management and Application of Patient Care Technology (IV)</p> <p>Health Care Policy, Finance, and Regulatory Environment (V)</p> <p>Inter-professional Communication and Collaboration for Improving Patient Health Outcomes (VI)</p>	<p>Quality of Practice (Standard PP I), Leadership (Standard PP IX), Standards of Care (I. Assessment, II. Nursing diagnosis, III. Identification of objectives, IV. Planning, V. Intervention, VI. evaluation) Research (Standard PP VII)</p> <p>Resources utilization (Standard PP VIII) Standards of Care (I-VI) Quality of Practice (Standard PP I) Leadership (Standard PPIX) Collaboration (Standard IV), Collegiality (Standard V)</p> <p>Research (Standard PP VII) Quality of Practice (Standard PP I)</p> <p>Quality of Practice (Standard PP I), Collaboration (Standard PP IV), Collegiality (Standard PP V), Leadership (Standard PP IX), Standards of Care (I-VI)</p>

BSN Student Learning Outcomes	AACN Essentials of Baccalaureate Education (2008)	Standards of Practice of the Puerto Rico College of Nursing Professionals (CPEPR, 2010) that includes Standards of Professional Practice (SPP) and Standards of Care (SC)
	<p>Clinical Prevention and Population Health (VII)</p> <p>Professionalism and Professional Values (VIII)</p> <p>Baccalaureate Generalist Nursing Practice (IX)</p>	<p>Ethics (Standard PP VI), Code of Ethics of CPEPR (1977)</p> <p>Quality of Practice (Standard PP I), Education (Standard PP II), Evaluation of Professional Practice (Standard PP III), Collaboration (Standard PP IV), Collegiality (Standard PP V), Ethics (Standard PP VI), Research (Standard PP VII), Resources Utilization (Standard PP VIII), Leadership (Standard PP IX)</p>
<p>2. SLO Research Skills- BSN graduates demonstrate the following behaviors: Application of scientific reasoning to solve problem situations; basic understanding of the research process and models for applying evidence to clinical practice and protection of human subjects in the conduct of research; access, analysis, and utilization of relevant literature and utilization of relevant research findings for evidence-based practice in patient care at different settings.</p>	<p>Liberal Education for Baccalaureate Generalist Nursing Practice (I)</p> <p>Basic Organizational and Systems Leadership for Quality Care and Patient Safety (II)</p> <p>Scholarship for Evidence-Based Practice (III)</p> <p>Information Management and Application of Patient Care Technology (IV)</p> <p>Inter-professional Communication and Collaboration for Improving Patient Health Outcomes (VI)</p> <p>Professionalism and Professional Values (VIII)</p> <p>Baccalaureate Generalist Nursing Practice (IX)</p>	<p>Quality of Practice (Standard PP I)</p> <p>Education (Standard PP II)</p> <p>Evaluation of Professional Practice (Standard PP III)</p> <p>Collaboration (Standard PP IV)</p> <p>Ethics (Standard PP VI), Code of Ethics of CPEPR</p> <p>Research (Standard PP VII)</p> <p>Resources utilization (Standard VIII)</p> <p>Leadership (Standard IX)</p> <p>Ethics (Standard PP VI), Code of Ethics of CPEPR (1977)</p>
<p>3. SLO Critical Thinking Skills - BSN graduates demonstrate critical thinking skills through the following behaviors: Use of clinical judgment and decision- making skills, engage in objective self-evaluation process, evaluate nursing care outcomes, and foster creative problem solving.</p>	<p>Liberal Education for Baccalaureate Generalist Nursing Practice (I)</p> <p>Basic Organizational and Systems Leadership for Quality Care and Patient Safety (II)</p> <p>Scholarship for Evidence-Based Practice (III)</p> <p>Health Care Policy, Finance, and Regulatory Environment (V)</p> <p>Inter-professional Communication and Collaboration for Improving Patient Health Outcomes (VI)</p>	<p>Quality of Practice (Standard PP I), Education (Standard PP II), Evaluation of Professional Practice (Standard PP III), Collaboration (Standard PP IV), Collegiality (Standard PP- V), Ethics (Standard PP VI), Research (standard PP VII), Resources utilization (Standard PP VIII), Leadership (Standard PP IX)</p> <p>Standards of Care (I-VI), Code of Ethics of CPEPR (1977)</p>

BSN Student Learning Outcomes	AACN Essentials of Baccalaureate Education (2008)	Standards of Practice of the Puerto Rico College of Nursing Professionals (CPEPR, 2010) that includes Standards of Professional Practice (SPP) and Standards of Care (SC)
	Clinical Prevention and Population Health (VII) Professionalism and Professional Values (VIII) Baccalaureate Generalist Nursing Practice (IX)	

Appendix III.B.1 (Examples of Incorporation of Professional Standards in the BSN Curriculum) shows examples of how the BSN curriculum reflects incorporation of the *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), the *Standards of Practice of the Puerto Rico College of Nursing Professionals* (2010), and the *CPEPR Code of Ethics* (1977). Tables showing BSN courses which reflect incorporation of all standards will be available to the reviewers on site. Table showing the percentage of integration of Essentials by courses in the BSN program will be available on site.

An analysis of the 14 courses of the nursing concentration was done to identify the integration of the AACN *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008) in the curriculum. As shown in Table III.B.2 all the essentials are integrated in nursing courses.

Table III.B.2: BSN Integration of Essentials in the Curriculum.

AACN Essentials of baccalaureate education (2008)	BSN courses in which the essentials are integrated	Percentage of courses in which each essential is integrated
I. Liberal Education for Baccalaureate Generalist Nursing Practice	Students take two years of liberal education (65 crs.) as pre-requisites for admission to the nursing concentration. All nursing courses build upon that knowledge. ENFE 4101, ENFE 4116, ENFE 4117, ENFE 4118, ENFE 4125, ENFE 4075, ENFE 4102, ENFE 4215, ENFE 4119, ENFE 4120, ENFE 4147, ENFE 4138, ENFE 4155, ENFE 4395	14/14= 100%
II. Basic Organizational and Systems Leadership for Quality Care and Patient Safety	ENFE 4101, ENFE 4116, ENFE 4117, ENFE 4125, ENFE 4075, ENFE 4102, ENFE 4119, ENFE 4215, ENFE 4120, ENFE 4147, ENFE 4138, ENFE 4155	12/14=86%
III. Scholarship for Evidence-Based Practice	ENFE 4116, ENFE 4117, ENFE 4075, ENFE 4102, ENFE 4119, ENFE 4120, ENFE 4147, ENFE 4138, ENFE 4155	9/14= 64%
IV. Information Management and Application of Patient Care Technology	ENFE 4101, ENFE 4117, ENFE 4118, ENFE 4125, ENFE 4075, ENFE 4102, ENFE 4119, ENFE 4120, ENFE 4147, ENFE 4138, ENFE 4155	11/14=78%
V. Health Care Policy, Finance, and Regulatory Environment	ENFE 4125, ENFE 4119, ENFE 4125, ENFE 4155	4/14=29%
VI. Interprofessional Communication and Collaboration for Improving Patient Health Outcomes	ENFE 4101, ENFE 4118, ENFE 4125, ENFE 4102, ENFE 4119, ENFE 4120, ENFE 4147, ENFE 4138, ENFE 4155	9/14=64%
VII. Clinical Prevention and Population Health	ENFE 4101, ENFE 4116, ENFE 4117, ENFE 4118, ENFE 4102, ENFE 4215, ENFE 4119, ENFE 4120, ENFE 4147, ENFE 4138	10/14=71%

AACN Essentials of baccalaureate education (2008)	BSN courses in which the essentials are integrated	Percentage of courses in which each essential is integrated
VIII. Professionalism and Professional Values	ENFE 4101, ENFE 4116, ENFE 4117, ENFE 4125, ENFE 4075, ENFE 4102, ENFE 4215, ENFE 4119, ENFE 4120, ENFE 4147, ENFE 4138, ENFE 4155, ENFE 4395	13/14=93%
IX. Baccalaureate Generalist Nursing Practice	ENFE 4101, ENFE 4116, ENFE 4117, ENFE 4118, ENFE 4125, ENFE 4075, ENFE 4102, ENFE 4215, ENFE 4119, ENFE 4120, ENFE 4147, ENFE 4138, ENFE 4155, ENFE 4395	14/14=100%

Master of Science in Nursing Program (MSN)

The expected student learning outcomes of the master's curriculum incorporate the AACN *Essentials of Master's Education in Nursing* (2011), the *Standards of Practice* (2010) and the *Code of Ethics* (1977) of the Puerto Rico College of Nursing Professionals (CPEPR). Table III.B.3 shows the congruence of SLOs and professional standards.

Table III.B.3: Congruence of MSN Expected Student Learning Outcomes and Professional Standards

MSN Student Learning Outcomes	AACN Essentials of Master's Education (2011)	Puerto Rico College of Nursing Professionals (CPEPR)
1. SLO Competent Practitioner - MSN graduates demonstrate behavior as competent practitioners through: Application of body knowledge, performance of advanced assessment, advanced skills for direct client services, leadership skills, application of ethical principles and multicultural knowledge, communication skills, and collaborative/interdependent relationships.	<p>I. Background for Practice from Sciences and Humanities</p> <p>II. Organizational and Systems Leadership</p> <p>III. Quality Improvement and Safety</p> <p>IV. Translating and Integrating Scholarship into Practice</p> <p>V. Informatics and Health Care Technologies</p> <p>VI. Health Policy and Advocacy</p> <p>VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <p>VIII. Clinical Prevention and Population Health for Improving Health</p> <p>IX. Master's-Level Nursing Practice</p>	<p><i>Standards of Practice of the Puerto Rico College of Nursing Professionals</i> (Includes Standards of Professional Practice [PP] and Standards of Care [SC])</p> <p>Leadership (Standard PP IX), Quality of Practice (Standard PP I), Leadership (Standard PP IX), Ethics (Standard PP VI), Code of Ethics of CPEPR</p> <p>Standards of Care of the Standards of Practice (I.Assessment, B. Nursing diagnosis, C. Identification of objectives, IV. Planning,V. Intervention, VI. Evaluation). Research (Standard PP VII) Ethics (Standard PP VI), Code of Ethics of CPEPR</p> <p>Resources utilization (Standard PP VIII)</p> <p>Standards of Care (I-VI) Quality of Practice (Standard PP PP I)</p> <p>Leadership (Standard PP IX) Collaboration (Standard PP IV) Collegiality (Standard PP V)</p> <p>Quality of Practice (Standard PP I), Collaboration (Standard PP IV), Collegiality (Standard PP V), Leadership (Standard PP IX), Standards of Care (I-VI)</p>

MSN Student Learning Outcomes	AACN Essentials of Master's Education (2011)	Puerto Rico College of Nursing Professionals (CPEPR)
		Quality of Practice (Standard I), Education (Standard II), Evaluation of Professional Practice (Standard III), Collaboration (Standard IV), Collegiality (Standard V), Ethics (Standard VI), Research (Standard VII), Resources utilization (Standard VIII), Leadership (Standard IX)
2. SLO Research Skills- MSN graduates demonstrate the following behaviors: Capability to analyze and critique research publications, utilization of research findings in practice, active participation in designing and implementing research studies or evidence based projects, and dissemination of research findings at different levels.	<p>I. Background for Practice from Sciences and Humanities</p> <p>III. Quality Improvement and Safety</p> <p>IV. Translating and Integrating Scholarship into Practice</p> <p>VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <p>IX. Master's-Level Nursing Practice</p>	<p>Quality of Practice (Standard I) Leadership Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Research Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Collaboration (Standard IV), Quality of Practice (Standard I) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Quality of Practice (Standard I), Education (Standard II), Evaluation of Professional Practice (Standard III), Collaboration (Standard IV), Ethics (Standard VI), Research (Standard VII), Resources utilization (Standard VIII), Leadership (Standard IX).</p>
3. SLO Critical Thinking Skills - MSN graduates demonstrate critical thinking skills through the following behaviors: Application of theories and models in problem solving and decision-making when applicable, application of inductive and deductive reasoning for decision- making, objective professional practice self-evaluation, and creative problem solving.	<p>I. Background for Practice from Sciences and Humanities</p> <p>III. Quality Improvement and Safety</p> <p>IV. Translating and Integrating Scholarship into Practice</p> <p>VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <p>IX. Master's-Level Nursing Practice</p>	<p>Quality of Practice (Standard I) Leadership (Standard IX) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Research (Standard VII) Quality of Practice (Standard I) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Collaboration (Standard IV) Quality of Practice (Standard I) Leadership (Standard IX) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Quality of Practice (Standard I), Education (Standard II), Evaluation of Professional Practice (Standard III),</p>

MSN Student Learning Outcomes	AACN Essentials of Master's Education (2011)	Puerto Rico College of Nursing Professionals (CPEPR)
		Collaboration (Standard IV), Collegiality (Standard V), Ethics (Standard VI), Research (Standard VII), Resources utilization (Standard VIII), Leadership (Standard IX) Standards of Care

Appendix III.B.2 presents examples of incorporation of professional standards in course objectives. The MSN program incorporates *Essentials of Master's Education in Nursing* (2011), *Standards of Practice* of the Puerto Rico College of Nursing Professionals (2010) and the *Code of Ethics* CPEPR (1977). The American Association of Critical-Care Nursing (AACN) *Scope and Standards for Acute and Critical Care Nursing Practice* (2015) are also incorporated in clinical tracks ENFE 6635 and ENFE 6636. Tables by course which reflect incorporation of all standards and documents will be available for review on site. Examples of *Essentials of Master's Education in Nursing* (AACN, 2011) in the MSN curriculum are presented in Appendix III.B.3.

An analysis of the 21 courses of the master's program was conducted to identify the integration of the AACN *Essentials of Master's Education in Nursing* (2011) in the curriculum. As shown in Table III.B.4, all the essentials are integrated in nursing courses. The matrix of the essentials of master education in nursing and the courses in which they are integrated will be available on site.

Table III.B.4: Integration of AACN Essentials in the MSN Curriculum

AACN Essentials of Master's Education (2011)	MSN courses in which the essentials are integrated	Percentage of courses in which each essential is integrated
I. Background for Practice from Sciences and Humanities	ENFE 6600, ENFE 6601, ENFE 6602, ENFE 6603, ENFE 6608, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6617, ENFE 6635-6636, ENFE 6650	12/21=57%
II. Organizational and Systems Leadership	ENFE 6600, ENFE 6602, ENFE 6603, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6612, ENFE 6617, ENFE 6650	9/21=43%
III. Quality Improvement and Safety	ENFE 6601, ENFE 6603, ENFE 6604, ENFE 6609, ENFE 6610, ENFE 6618, ENFE 6635-6636	8/21=38%
IV. Translating and Integrating Scholarship into Practice	ENFE 6602, ENFE 6603, ENFE 6604, ENFE 6605, ENFE 6606, ENFE 6607, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6612, ENFE 6616, ENFE 6617, ENFE 6618, ENFE 6635-36, ENFE 6650	16/21=76%
V. Informatics and Health Care Technologies	ENFE 6601, ENFE 6602, ENFE 6603, ENFE 6604, ENFE 6605, ENFE 6606, ENFE 6607, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6612, ENFE 6616, ENFE 6617, ENFE 6618, ENFE 6635-36,	16/21=76%
VI. Health Policy and Advocacy	ENFE 6602, ENFE 6603, ENFE 6604, ENFE 6605, ENFE 6606, ENFE 6607, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6612, ENFE 6616, ENFE 6617, ENFE 6618, ENFE 6635-36, ENFE 6650	16/21=76%
VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	ENFE 6601, ENFE 6602, ENFE 6603, ENFE 6604, ENFE 6605, ENFE 6606, ENFE 6607, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6612, ENFE 6616, ENFE 6617, ENFE 6618, ENFE 6635-36	16/21=76%
VIII. Clinical Prevention and Population Health for Improving Health	ENFE 6601, ENFE 6602, ENFE 6603, ENFE 6604, ENFE 6605, ENFE 6606, ENFE 6607, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6612, ENFE 6616, ENFE 6617, ENFE 6618, ENFE 6635-36, ENFE 6650	17/21=81%

AACN Essentials of Master's Education (2011)	MSN courses in which the essentials are integrated	Percentage of courses in which each essential is integrated
IX. Master's-Level Nursing Practice	ENFE 6600, ENFE 6601, ENFE 6602, ENFE 6603, ENFE 6604, ENFE 6605, ENFE 6606, ENFE 6607, ENFE 6608, ENFE 6615, ENFE 6609, ENFE 6610, ENFE 6611, ENFE 6612, ENFE 6616, ENFE 6617, ENFE 6618, ENFE 6635-36, ENFE 6650, ENFE 6666	21/21=100%

Master of Science in Nursing with specialty in Anesthesia Program

The expected learning outcomes of the MSN-Anesthesia curriculum incorporate the AACN *Essentials of Master's Education in Nursing* (2011), *Standards for Accreditation of Nurse Anesthesia Educational Programs* (REV 2016), American Association of Nurse Anesthetists *Standards for Nurse Anesthesia Practice* (2013), and the *Standards of Practice* (2010) and *Code of Ethics* (1977) of the Puerto Rico College of Nursing Professionals (CPEPR). Table III.B.5 shows the congruence of SLOs with the above-mentioned standards and essentials. The MSN-Anesthesia curriculum requires a background in science and humanities at the baccalaureate level. Students are admitted to the program with a baccalaureate degree in nursing. The curriculum courses build upon the science and humanities contents. The advanced health assessment is built upon anatomy and physiology concepts. Nevertheless, all clinical anesthesia courses develop advanced competencies built upon baccalaureate contents.

Table III.B.5: Congruence of MSN with Specialty in Anesthesia Expected Student Learning Outcomes and Professional Standards

MSN with specialty in Anesthesia Student Learning Outcomes	AACN Essentials of Master's Education (2011)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA, Rev 2016) American Association of Nurse Anesthetists Standards for Nurse Anesthesia Practice (AANA, 2013)	Standards of Practice of the Puerto Rico College of Nursing Professionals (CPEPR). It includes standards of Professional Practice & Standards of Care)
1. SLO Competent Practitioner NAP graduates demonstrate behaviors as competent practitioners through: Application of knowledgeable, ethical and legal practice; communication skills; and leadership and clinical competencies of nurse anesthetists as defined by COA.	I. Background for Practice from Sciences and Humanities II. Organizational and Systems Leadership III. Quality Improvement and Safety IV. Translating and Integrating Scholarship into Practice V. Informatics and Health Care Technologies	COA Standard III, C14, C15 AANA - Standards VIII, IX, X COA Standard III, C21 a (1-6), b. (1-9) AANA - Standards 1-8,9 COA - Standard III, C21, c.2	Leadership (Standard IX), Quality of Practice (Standard I), Leadership (Standard IX), Ethics (Standard VI), Code of Ethics of CPEPR Standards of Care (assessment, nursing diagnosis, identification of objectives, planning, intervention, evaluation). Research (Standard VII) Ethics (Standard VI), Code of Ethics of CPEPR Resources utilization (Standard VIII) Standards of Care

MSN with specialty in Anesthesia Student Learning Outcomes	AACN Essentials of Master's Education (2011)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA, Rev 2016) American Association of Nurse Anesthetists Standards for Nurse Anesthesia Practice (AANA, 2013)	Standards of Practice of the Puerto Rico College of Nursing Professionals (CPEPR). It includes standards of Professional Practice & Standards of Care)
	VI. Health Policy and Advocacy VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes VIII. Clinical Prevention and Population Health for Improving Health IX. Master's-Level Nursing Practice	COA - Standard III, C21, d. 1, 2 COA Standard III, C17, C18, C19, C20, C21	Quality of Practice (Standard I) Leadership (Standard IX) Collaboration (Standard IV), Collegiality (Standard V) Quality of Practice (Standard I), Collaboration (Standard IV), Collegiality (Standard V), Leadership (Standard IX), Standards of Care Quality of Practice (Standard I), Education (Standard II), Evaluation of Professional Practice (Standard III), Collaboration (Standard IV), Collegiality (Standard V), Ethics (Standard VI), Research (standard VII), Resources utilization (Standard VIII), Leadership (Standard IX)
2. SLO Research Skills NAP graduates demonstrate the following behaviors: Critical appraisal and synthesis of the most relevant and best evidence; utilization of the best evidence into practice; design, implementation, and dissemination of evidence based projects (EBP).	I. Background for Practice from Sciences and Humanities III. Quality Improvement and Safety IV. Translating and Integrating Scholarship into Practice VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	COA - Standard III, C21, c.2 COA - Standard III, C21, d. COA - Standard III, C21, c.2	Quality of Practice (Standard I) Leadership Ethics (Standard VI), Code of Ethics of CPEPR Research Ethics (Standard VI), Code of Ethics of CPEPR Collaboration (Standard IV), Quality of Practice (Standard I) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR Quality of Practice (Standard I), Education (Standard II), Evaluation of Professional Practice (Standard III), Collaboration (Standard IV), Ethics (Standard VI), Research (Standard VII), Resources

MSN with specialty in Anesthesia Student Learning Outcomes	AACN Essentials of Master's Education (2011)	Standards for Accreditation of Nurse Anesthesia Educational Programs (COA, Rev 2016) American Association of Nurse Anesthetists Standards for Nurse Anesthesia Practice (AANA, 2013)	Standards of Practice of the Puerto Rico College of Nursing Professionals (CPEPR). It includes standards of Professional Practice & Standards of Care)
	IX. Master's-Level Nursing Practice		utilization (Standard VIII), Leadership (Standard IX).
3. SLO Critical Thinking Skills- NAP graduates demonstrate critical thinking skills through the following behaviors: Problem-solving and decision-making, objective professional practice self-evaluation, and creative problem solving.	<p>I. Background for Practice from Sciences and Humanities</p> <p>III. Quality Improvement and Safety</p> <p>IV. Translating and Integrating Scholarship into Practice</p> <p>VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p> <p>IX. Master's-Level Nursing Practice</p>	<p>COA - Standard III, C21, c.1, 3,4,5,6,7,8 AANA - Standards IV, V, VI, VII</p> <p>COA - Standard III, C21, c.2</p> <p>COA - Standard III, C21, d.1,2</p> <p>COA - Standard III, C14, C17, C18, C19, C21, e (1-6)</p>	<p>Quality of Practice (Standard I) Leadership (Standard IX) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Research (Standard VII) Quality of Practice (Standard I) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Collaboration (Standard IV) Quality of Practice (Standard I) Leadership (Standard IX) Collegiality (Standard V) Ethics (Standard VI), Code of Ethics of CPEPR</p> <p>Quality of Practice (Standard I), Education (Standard II), Evaluation of Professional Practice (Standard III), Collaboration (Standard IV), Collegiality (Standard V), Ethics (Standard VI), Research (Standard VII), Resources utilization (Standard VIII), Leadership (Standard IX) Standards of Care</p>

Appendix III.B.4, shows examples of how professional standards have been integrated in course objectives. Tables of the MSN with specialty in Anesthesia courses which reflect incorporation of all the standards and documents will be available for review on site.

An analysis of the Anesthesia courses was done to identify the integration of the AACN *Essentials of Master's Education in Nursing* (2011) in the curriculum. As shown in Table III.B.6, all essentials are integrated in Anesthesia courses. The matrix of integration of essentials in master's in Anesthesia courses will be available on site.

Table III.B.6: Summary of AACN Essentials Integrated in MSN with specialty in Anesthesia Courses

AACN Essential	Courses in which the essentials are integrated	Percentage of courses in which Essentials are integrated
I. Background for Practice from Sciences and Humanities	ENFE 6678, ENFE 6679, ENFE 6705, ENFE 6677, ENFE 6706, ENFE 6707, ENFE 6676, ENFE 6711, ENFE 6721, ENFE 6712, ENFE 6716, ENFE 6722, ENFE 6702, ENFE 6713, ENFE 6725, ENFE 6723, ENFE 6714, ENFE 6731, ENFE 6900, ENFE 6732, ENFE 6795.	21/22=95%
II. Organizational and Systems Leadership	ENFE 6705, ENFE 6677, ENFE 6712, ENFE 6716, ENFE 6713, ENFE 6725, ENFE 6723, ENFE 6714, ENFE 6731, ENFE 6900, ENFE 6732, ENFE 6795	12/22=57%
III. Quality Improvement and Safety	ENFE 6705, ENFE 6707, ENFE 6721, ENFE 6712, ENFE 6722, ENFE 6702, ENFE 6713, ENFE 6725, ENFE 6714, ENFE 6731, ENFE 6732, ENFE 6795	12/22=56%
IV. Translating and Integrating Scholarship into Practice	ENFE 6705, ENFE 6707, ENFE 6721, ENFE 6712, ENFE 6722, ENFE 6702, ENFE 6713, ENFE 6725, ENFE 6714, ENFE 6731, ENFE 6732, ENFE 6795	12/22=56%
V. Information and Health Care Technologies	ENFE 6705, ENFE 6677, ENFE 6711, ENFE 6712, ENFE 6713, ENFE 6717, ENFE 6725, ENFE 6714, ENFE 6731, ENFE 6732, ENFE 6795	11/22=50%
VI. Health Policy and Advocacy	ENFE 6707, ENFE 6676, ENFE 6712, ENFE 6716, ENFE 6713, ENFE 6714, ENFE 6731, ENFE 6732, ENFE 6795	9/22=41%
VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	ENFE 6711, ENFE 6712, ENFE 6722, ENFE 6713, ENFE 6717, ENFE 6725, ENFE 6723, ENFE 6714, ENFE 6731, ENFE 6732, ENFE 6795	11/22=50%
VIII. Clinical Prevention and Population Health for Improving Health	ENFE 6705, ENFE 6677, ENFE 6706, ENFE 6676, ENFE,6711, ENFE 6721, ENFE 6712, ENFE 6722, ENFE 6713, ENFE 6721 ENFE 6725, ENFE 6723, ENFE 6714, ENFE 6731, ENFE 6732, ENFE 6795	16/22=73%
IX. Master's-Level Nursing Practice	ENFE 6678, ENFE 6679, ENFE 6705, ENFE 6677, ENFE 6706, ENFE 6707, ENFE 6676, ENFE, 6711, ENFE 6721, ENFE 6712, ENFE 6716, ENFE 6722, ENFE 6702, ENFE 6713, ENFE 6725, ENFE 6723, ENFE 6714, ENFE 6717, ENFE 6731, ENFE 6900, ENFE 6732, ENFE 6795	22/22=100%

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

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

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

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

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

Program Response:

The curriculum is logically structured to achieve expected student outcomes

The School of Nursing offers three programs: The Bachelor of Science in Nursing (BSN), the Master of Science in Nursing (MSN), and the Master of Science in Nursing with Specialty in Anesthesia. The structure of each program is presented separately and according to the program's own development and incorporation of standards of professional accreditation.

Baccalaureate Program

The baccalaureate program has been structured to achieve expected student outcomes presented in Standard I. The curriculum was revised to schedule during the first two years the pre-requisite courses that build the foundation of the arts, sciences, and humanities for the nursing concentration. In the last two years, the curriculum was also structured to respond to recommendations made by communities of interest. The curriculum is organized in three levels that guide the definition of the expected learning outcomes by levels (Appendix III.A.1). This section addresses the curricular sequence as it is geared to achieve the expected student learning outcomes.

Description of the curricular process

The baccalaureate program (BSN) was revised and organized in two (2) years of pre-requisites of liberal arts and science education courses (includes general education and biopsychosocial sciences), and two years of nursing concentration courses. Until 2013, the curriculum was organized in one year of prerequisites and three years at the school. The school had to hire non-nursing faculty to teach the science courses, which was not a cost-effective arrangement. In the new curriculum structure, students take all pre-requisites in other campuses of the University of Puerto Rico or accredited private universities and apply for admission to the nursing concentration in the third year, once they have approved all pre-requisites and admission criteria. Coordination agreements to offer pre-requisite courses prior to transfer of students to the program are established with two UPR campuses (Carolina and Bayamon), and a third agreement with the UPR Río Piedras Campus is in the process of approval. Candidates from private institutions are accepted subject to available space and compliance with admission requirements.

The revised curriculum was approved in March, 2012 by the Vice-Presidency for Academic Affairs of the UPR. The first group of students under this curriculum was admitted in August 2013 to the UPR campuses for the two years of pre-requisite courses and to the nursing concentration in August, 2015. During the implementation of the first-year of the nursing concentration courses, faculty and students evaluated the courses and offered recommendations. These were submitted in May 2016 and approved by the UPR Vice-Presidency for Academic Affairs in June 2016 to be effective August, 2016. Table III.C.1 shows the changes recommended and approved. Changes were applied immediately in August 2016 to improve the curriculum.

Table III.C.1: Curricular Changes to Courses of the BSN after First Year of Implementation

1st year of curriculum implementation (2015-2016)	Effective date of change - August, 2016
ENFE 4098 - Primary health care across the life cycle This three-credit course was eliminated because most of the content was included in ENFE 4138 and because students had a heavy academic load during the first semester. The content not included in ENFE 4138 was added to ENFE 4116 (one credit). Another credit was assigned to ENFE 4102 to increase the content of pathophysiology. The third credit was reduced from the total curricular credits (From 128 to 127 credits)	ENFE 4098- Course was eliminated.
ENFE 4116 - Introduction to the nursing profession (three credits). One credit was increased to include the content of ENFE 4098 that was eliminated.	ENFE 4116 - Introduction to the Nursing Profession - 4 credits
ENFE 4120 - Nursing care of Children and Adolescents. This course was assigned to the second semester of the third year in the curricular sequence. After being offered it was recommended that it be moved to the first semester of the fourth year. The rationale for the change was to follow the stages of child growth and development. ENFE 4098 was removed as a pre-requisite since this course was eliminated from the curriculum.	ENFE 4120 - Nursing care of Children and Adolescents - ubicated in the curricular sequence in the first semester of the fourth year
ENFE 4102 - Nursing care of adult and elderly II (5 credits) Students and faculty recommended that pathophysiology content be increased. One credit was added from the course that was eliminated.	ENFE 4102 - Nursing care of adult and elderly II - 6 credits
ENFE 4119 - Nursing Care of Women and Newborn This course used to be offered in the first semester of the fourth year in the curricular sequence. It was recommended that it be offered in the second semester of the third year. The rationale for the change was to follow the stages of child growth and development.	ENFE 4119 - Nursing Care of Women and Newborn Rescheduled in the second semester of the third year.

Curricular Components

The curriculum consists of general education courses (includes 6 elective credits), biopsychosocial sciences, and the nursing concentration courses (includes 6 credits in professional electives). Table III.C.2 shows the number of credits by component of the previous curriculum, the revised curriculum, and the current curriculum which incorporates the recommendations made after the first year of implementation. The number of general education credits has remained the same. The number of biopsychosocial credits was reduced by five (5) credits in the revision approved in March 2012 and remained the same after the implementation of the curriculum. The nursing concentration increased by two (2) credits in the revised curriculum. After the implementation of the curriculum it was reduced by one (1) credit but still had one (1) credit above the original curriculum. This was because one course was eliminated and two credits were reassigned in other courses.

Table III.C.2: Distribution of BSN Program Credits by Component

BSN Program Components	Number of Credits Previous Curriculum (nursing concentration until 2013)	Number of Credits Revised Curriculum effective 2015-2016	Number of Credits Current Curriculum (effective 2016-2017 and percentage of credits by component)
General Education (includes six elective credits)	36	36	36=28%
Biopsychosocial Sciences Courses	34	29	29=23%
Nursing Concentration (includes six nursing elective credits)	61	63	62=49%
Total Credits	131	128	127

Baccalaureate curricula build upon a foundation of the arts, sciences, and humanities. Baccalaureate program faculty and students articulate how knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice.

The baccalaureate curriculum builds upon a foundation of the arts, sciences, and humanities by including courses in general education and biopsychosocial sciences. As described in the previous sections, during the first two years' students are enrolled in general education and biopsychosocial sciences courses that include: Spanish, English, Social Sciences, Humanities, Biological Sciences, Mathematics, Statistics, Chemistry, Anatomy and Physiology, Microbiology, and Psychology. These courses provide students with background knowledge in general education, liberal arts, and natural and behavioral sciences essential for the development of clinical judgment and critical thinking skills. Liberal education helps develop in students the ability to integrate concepts from behavioral and natural sciences with nursing, to communicate effectively in writing and orally, to establish effective working relationships, to understand the nature of the human being and acquire the cognitive skills of an educated person who can effectively interact with clients and professionals of other disciplines. The elective courses (6 credits) give students the opportunity to learn in areas of their personal interests. These skills are applied in the nursing practice when making decisions in nursing care for individuals, families, and communities.

Nursing Concentration

During the third and fourth years of study, students are exposed to the nursing major learning experiences. At this level, both the theoretical and clinical foundations are provided to prepare students for nursing interventions with clients at all stages of growth and development as they move along the wellness-illness continuum. Nursing interventions are carried out in primary, secondary, and tertiary health care settings as evidenced in course syllabi, which will be available on site. For the clinical practice experiences, see Key Element III.E.

Throughout the curriculum, students develop the necessary cognitive, psychomotor, and affective skills required for practice as nursing professionals at different levels of care within the health system. Students take two professional elective courses (6 credits) to further enrich their development.

Description of BSN curricular levels

The curriculum is organized in three levels: entry-level, mid-level, and exit-level. These levels were used to define the expected learning outcomes by level in the BSN curriculum (See Appendix III.A.1).

Entry-level (end of first semester, third year)

This level introduces students to the fundamental knowledge, concepts, and skills of nursing. Students will demonstrate basic understanding and skills related to behaviors of the competent practitioner, research skills, and critical thinking skills of student learning outcomes (SLOs). They begin their practice at the skills laboratory. Clinical experiences are provided to initiate interventions with patients in real scenarios.

Mid-Level (end of first semester, fourth year)

This level comprises courses offered during the second semester of the third year and the first semester of the fourth year. At this level, students will demonstrate competency as practitioners (competent practitioner outcome behaviors) in the efficient, safe, and compassionate delivery of patient care to individuals, families, and groups. They will perform in primary, secondary, and tertiary health levels with moderate to minimum instructor assistance and cueing. Students will also use research skills behaviors to improve outcomes of care, demonstrate clinical judgment, creative problem solving, and accountability for decisions and evaluation of patient care outcomes when caring for individuals in primary and secondary health settings, all with moderate instructor assistance and cueing.

Exit level (end of second semester, fourth year)

At this level, the student will deliver compassionate and culturally sensitive patient-centered, evidenced-based care with minimal or no instructor assistance and cueing in hospitals and community settings. Students will practice as members and leaders of the interprofessional health care team. They will perform as competent practitioners using research and critical thinking skills in a variety of settings integrating knowledge and skills acquired.

BSN Curricular Sequence

The curricular sequence of the BSN was organized to allow students the achievement of expected student outcomes. It is presented in **Appendix III.C.1**.

Master of Science in Nursing (MSN)

The MSN curriculum is logically structured to achieve expected student outcomes presented in Standard I. It is designed to prepare professional nurses with a clinical track and a functional role in education or administration of nursing services. In this program, students gain expert knowledge in the nursing sciences and refine skills that enable them to perform within a framework of advanced knowledge, research findings, and evidence-based practice (EBP). The program allows the selection of clinical nursing tracks: Maternal Cycle, Children and Adolescents, Adults, Elderly, Mental Health and Psychiatry Nursing, Family and Community, and Critical Care I & 2.

The MSN program builds upon foundations in the arts, sciences, and humanities acquired at the baccalaureate level in which they acquire the knowledge and skills needed to advance to the graduate level. The MSN program requires a baccalaureate degree in nursing as a requisite for admission. In the area of competent practitioner, undergraduate students develop basic nursing skills and are leaders in direct nursing care of patients utilizing models based on nursing theories. MSN graduate students build upon these skills by developing models and needs assessment tools to carry out clinical research and apply scientific knowledge to their advanced nursing care practice. The MSN program prepares master's level nurses who may assume leadership roles as teachers in nursing education programs and as administrators of nursing services. As such, the program of study and the courses have been developed to enhance advanced clinical practice, education, administration, nursing research, and leadership roles. The knowledge, skills, and attitudes acquired allow them to apply critical judgment in the decision-making process with their clients, families, and community. They are leaders that work within the interdisciplinary team. They also participate and promote changes according to health policies. Core courses in theory, research, public health, and biostatistics are required of all students. These provide the basic content needed for advanced nursing education. Clinical concentration courses are provided for achievement of competence in the aforementioned specialized area of practice. Opportunities for practice allow the student to implement this knowledge in a variety of health care settings and universities/colleges through the roles of nursing administrator and nursing educator. Electives are geared to the functional role selected by the student. For example, nurse administrators take *Personnel Development* (Nursing 6616) and *Issues and Trends in Nursing* (Nursing 6666).

In nursing research, the MSN prepares professionals to evaluate and utilize research in clinical practice and to participate in research to generate knowledge related to problems of the profession. The master's program builds upon baccalaureate research skills. Undergraduate and graduate students both take research courses.

Undergraduate students take ENFE 4075-*Introduction to research and Evidence Based-Practice*. In this course, they learn about the elements of the research process and the use of best evidence in the practice of nursing. They critically evaluate research evidence available, the use of research findings, and other scientific evidence to solve clinical problems. They are encouraged to present findings through poster presentations and to publish their research in professional journals. They make presentations in the Medical Sciences Campus Annual Research and Education Forum, the Nursing Evidence-Based Practice and Research Symposium, and at the annual meeting of the Puerto Rico College of Nursing Professionals. Master's students also do research projects and disseminate findings through professional journals and scientific conferences. In the core courses, graduate students conceptualize the human being (ENFE 6600) and analyze in-depth the nature of nursing and how nursing theories have been contributing to the science of nursing (ENFE 6601). All these activities place graduates in a position to participate in research, be educators, or nursing services administrators. The clinical track exposes them to evidence-based practice. They conduct an evidence-based practice project in the ENFE 6635, ENFE 6636, ENFE 6617, and ENFE 6618 courses.

Curriculum components

Distribution of MSN courses is presented in table III.C.3. MSN nursing courses are offered in a semester schedule and some core and elective courses are taken in another school that offers a trimester schedule. MSN program students take two core trimester courses in the School of Biosocial Sciences and Graduate School of Public Health (SALP 6006 *Introduction to Public Health*, 3 trimester credits = 2.01 semester credits; BIOE 6525 *Statistical Analysis*, 5 trimester credits = 3.35 semester credits). Also, students of the education role take two elective courses that are offered in a trimester schedule at this school. Those are EDSU 6503 *Principles of Curriculum Design and Developing*, and EDSU 6507 *Educational Evaluation Methods*. Each one of 3 trimester credits, equivalent to 2.01 semester credits.

The administration role consists of 44 semester credit-hours and 8 trimester credit-hours (SALP 6006 and BIOE 6525 trimester courses) for a total of 52 credit-hours combined in semester and trimester schedules. The eight trimester credits are equivalent to 5.36 semester credits. To calculate the percentage by curricular component it was calculated the equivalency in semester credit-hours for the administration role and it is a total of 49.36 semester credit-hours.

The education role consists of 38 semester credit-hours and 14 trimester credit-hours (SALP 6006, BIOE 6525, EDSU 6503, EDSU 6507 trimester courses) for a total of 52 credit-hours combined in semester and trimester schedules. The 14 trimester credit-hours are equivalent to 9.38 semester credit-hours. To calculate the percentage by curricular component it was calculated the equivalency in semester credit-hours for the education role and it is a total of 47.38 semester credit-hours.

In the Catalog the credit hours are informed as semester and trimester credit-hours, and the Certification of Program of Study to evaluate students for graduation includes the semester credit-hour courses and the trimester credit-hour courses. The calculation of the percentage of each component for this table was done using the equivalencies of semester credit-hours for uniformity of data.

Table III.C.3. Distribution of MSN Program Components

MSN Program Components	Current curriculum credits	Percentage of the component within the curriculum
Core courses - Administration (AR) and Education (ER) Roles	22.36 semester credit-hours	45% (AR) 47% (ER)
Roles	9 cr/hrs	18 % (AR) 19% (ER)
Clinical Tracks	12 semester cr/hrs	24 % (AR) 25% (ER)
Elective courses Administration Role (AR)	6 semester credit-hours (AR)	12% (AR)

MSN Program Components	Current curriculum credits	Percentage of the component within the curriculum
Elective courses Education Role (ER)	4.02 semester credit-hours (ER)	8% (ER)
Total Credits Administrator Role Education Role	49.36 semester credit-hours 47.38 semester credit-hours	

MSN Curricular Sequence

Appendix III.C.2 illustrate the current sequences (day and evening sessions) of the MSN program. This program is undergoing a curricular revision and a new sequence is pending approval. The new sequence is presented in **Appendix III.C.3** (Proposed Sequence for the Revised MSN Curriculum).

Master of Science in Nursing with Specialty in Anesthesia

The MSN with specialty in Anesthesia curriculum was designed to prepare advanced nursing professionals in anesthesia whose competencies are built upon baccalaureate nursing competencies and are congruent with the graduate profile of the institution. Registered nurses with a baccalaureate degree in nursing sciences are first level professionals with the scientific knowledge, skills, and attitudes necessary for professional practice. Undergraduate education nursing programs prepare nurses to be competent practitioners with critical thinking and research/EBP skills as described in the BSN program. Built upon these undergraduate skills, graduates of this program perform as competent practitioners who apply critical thinking skills and EBP in their practice and toward their career advancement. They are capable of administering anesthesia and anesthesia-related care based on knowledge of basic and advanced sciences in anesthesia. The MSN with specialty in Anesthesia curriculum is offered in a 29 consecutive months' curricular sequence of 67 credits. Eighteen (18) credits are in basic sciences, nine (9) address professional aspects, and 40 credits are in basic and advanced principles of anesthesia. Students should complete 837 didactic hours, a minimum of 72 hours in simulated laboratory, and 2,176 hours of clinical practice, including 832 hours in Residency I and II courses. All didactic and clinical requirements must be met within a six (6) year period.

The MSN with specialty in Anesthesia builds on knowledge and competencies acquired in the baccalaureate program. Advanced courses in physical assessment, pharmacology, and pathophysiology are built upon the basic courses at the undergraduate level. Anesthesia students are admitted to the program considering their experience as professional nurses in a critical care setting in order to assure that specialty competencies are built upon those acquired as a generalist nurse. The curriculum is logically structured to achieve student learning outcomes.

MSN with Specialty in Anesthesia Curricular Components

Courses are organized in three components: Basic Sciences Courses (18 semester credit-hours), Professional Aspects (9 semester credit-hours), and Basic and Advanced Anesthesia Courses (40 semester credit-hours). Basic Sciences courses include: *Human Anatomy and Physiology; Advanced Pathophysiology I and II; Chemistry, Biochemistry; and Physics Principles related to Anesthesia Practice; and Advanced Pharmacology I and II.* Professional Aspects include: *Nursing Theories, Professional and Legal Aspects, Evidenced-Based Practice for Anesthesia, and Evidence-Based Practice Seminar.* Basic and Advanced Anesthesia Courses include: *Advanced Health Assessment for Anesthesia, Basics of Anesthesia, Advanced Principles of Nurse Anesthesia Practice I, II and III; Obstetrics, Neonatal, and Pediatrics; Clinical Practice I, II, III, IV; and Anesthesia Residency I and II.* Students must comply with didactic and clinical hours, clinical experiences, and take the comprehensive examination (ENFE 6900) to be promoted to the *Residency II* course in Anesthesia. This examination provides evidence of SLOs achievement. After completion of all requisites, students are eligible to take the NCE, which they must take within 120 days from graduation. **Appendix III.C.4** presents the curricular sequence of the anesthesia program that students have to follow to achieve the expected outcomes.

Table III.C.4 shows examples of how MSN and MSN-Anesthesia graduate programs build upon previous student outcomes of the baccalaureate program.

Table III.C.4: Examples of Development of Student Learning Outcomes by Courses

LEARNING OUTCOMES	BSN Courses	MSN Courses	MSN-Anesthesia Courses
1. Competent practitioner	ENFE 4118 - <i>Health History and Physical Examination</i>	ENFE 6650 - <i>Advanced Physical Assessment</i>	ENFE 6677 <i>Advanced Health Assessment</i>
A. Behaviors	Application of nursing process skills	Advanced assessment skills	Advanced assessment skills
B. Specific Learning Outcomes	L1.-CPO-B1.1 Demonstrate comprehension of the nursing process and the scientific methodology. L2.-CPO-B 1 Demonstrate ability to conduct comprehensive physical, behavioral, spiritual, socioeconomic assessments of health and illnesses with moderate instructor assistance and cueing.	L1-CP-SLO.2. Apply advanced assessment skills to diagnose, plan, intervene, evaluate, and revise patient care to positively affect health care outcomes for individuals, families, communities, populations, or systems in a multicultural society.	L1-CP-SLO.2. Apply advanced assessment skills to diagnose, plan, intervene, evaluate, and revise patient care to positively affect health care outcomes for individuals, families, communities, populations, or systems in a multicultural society.
2. Critical Thinking Skills	ENFE 4101- <i>Nursing Care of Adult and Elderly I</i>	<i>First Clinical Track: (Adult and Elderly)</i>	ENFE 6711- <i>Clinical Practice I</i>
A. Behaviors	Engage in objective self-evaluation process	Objective professional practice self-evaluation.	Objective professional practice self-evaluation.
B. Specific Learning Outcomes	L1-CTO-B2.1. Demonstrate understanding of the process of self-evaluation in nursing and the use of results for the delivery of care.	L1-CT-SLO.3. Use quality processes to self-evaluate professional practice to ensure patient safety and high quality, evidence-based care.	L1-CT-SLO.3. Use quality processes to self-evaluate professional practice to ensure patient safety and high quality, evidence-based care.
3. Research skills	ENFE 4075 - <i>Research: Process and Utilization for the Nursing Practice.</i>	ENFE 6608 - <i>Nursing Research</i>	ENFE 6795 - <i>Evidenced Based Practice Seminar</i>
A. Behaviors	Utilization of relevant research findings for evidence-based practice in patient care at different settings.	Utilization of research findings in practice	Utilization of research findings in practice
B. Specific Learning Outcomes	L1-RO-B.3.1 Demonstrate understanding of how research findings are used in patient care.	L1-R-SLO.2. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health	L1-R-SLO.2. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient health outcomes.

LEARNING OUTCOMES	BSN Courses	MSN Courses	MSN-Anesthesia Courses
		outcomes for patient aggregates.	

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

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

Program Response:

Teaching and learning practices are the means by which faculty facilitate the learning process and the achievement of student outcomes in an educational environment. For today's new generation of nursing students, this has become the most important professional developmental task expected from nursing teachers. SON faculty constantly improve their teaching skills through continuing education, certifications, and educational activities sponsored by the school and the campus Office for Academic Development. Several faculty members have engaged in doctoral studies (PhDs, EdDs) and credentials in simulation and technology education, mobile technology and other fields. These educational experiences have enhanced their teaching skills and have resulted in syllabi revisions, course assessment, and analysis of evaluation results to establish new teaching strategies.

The faculty has adopted a variety of teaching strategies, from the classic classroom conference to high fidelity simulation. The undergraduate faculty uses learning practices to enhance the one-to-one teaching methods that students require in order to learn in nursing sciences. The most common classroom methodologies used are conferences, group learning and discussion, seminars, papers, class presentations, study cases, and structured online lessons, among others. Laboratories offer mannequins, clinical vignettes, and low and high fidelity simulators. Some high-fidelity simulations are used for specific skills, such as those related to maternal and child care, critical care, and anesthesia.

Through a Title V Grant, most faculty members were trained in the use of iPads as a tool for education in electronic classrooms and received an iPad for that purpose. Faculty used the device and health related applications in alignment with course objectives. Currently, almost all courses use some form of information technology or devices to enhance teaching.

As part of a campus-wide remodeling project, the modernization of the SON's building was finished in 2011-2012 academic year. Facilities include the Center for Learning and Technological Interaction (CAIT), intelligent classrooms (Apple TV, projection equipment, etc.) to facilitate the teaching-learning process and foster interaction and creativity. Study rooms for the anesthesia and doctoral students promote the development of their highly-specialized skills. Other classrooms are equipped with Wi-Fi service taking into consideration the information access needs of students and expected learning outcomes. The faculty promotes the use of information technology especially library databases, electronic communication, and computer platforms. Several faculty members teach web-enhanced courses using Blackboard, Moodle, and Google Drive applications.

The Center for Research and Evidence-Based Practice is an important component of the SON that contributes to the achievement of expected outcomes by providing support through the following activities: (1) promoting faculty development through research and scholarly activities, (2) promoting student development in research and evidence-based practice projects, and (3) promoting the dissemination of research and evidence-based findings. Some of the courses supported by the Center include ENFE 6608 and 6615 in the MSN program, ENFE 6717 and 6795 in the MSN- Anesthesia program, the clinical tracks in the general MSN program, and ENFE 4075 in the BSN program. Some of the activities include supporting students and faculty in the search and appraisal of scientific literature, obtaining required human protection certifications, preparing/submitting IRB applications, providing resources for data management, and preparing posters and/or presentations for the dissemination of findings.

In summary, environments that support teaching-learning practices for the achievement of expected student outcomes in didactic classes include: adequate classrooms equipped with computers, data projectors, Wi-Fi services, and Apple TV that take into consideration different learning styles; library access to databases, electronic journals, and books; and the Center for Research and Evidence-Based Practice, among others. Environments that support clinical practice include simulation and skills laboratories; and diverse clinical sites that include primary, secondary, and tertiary settings. Examples of such environments are presented in tables III-D1, III-D.2, and III-D.3.

Baccalaureate Program. At the undergraduate level, students are exposed to a variety of scenarios for clinical practices and nursing care development. Students become active participants in patient care in the health care scenario in Puerto Rico. The clinical teaching provided by faculty and health care providers becomes very important. Some of these settings are advanced, such as the Veterans Administration Hospital. Others provide regular services, including the University Hospital for Adults, University Pediatric Hospital, and the University of Puerto Rico Hospital. All health facilities are accredited by the Joint Commission. Hospitals and other health care scenarios like community based health services provide the educational clinical experiences required by students for their development as future professional nurses. Table III.D.1 shows examples of teaching-learning strategies and environments that support achievement of student learning outcomes. Additional examples will be available on site.

Table III.D.1: BSN Teaching Strategies and Environments that Support Achievement of SLOs

Student Learning Outcomes	Course Objective	Teaching Strategies	Environment
Competent Practitioner ENFE 4101 <i>Nursing Care of Adult and Elderly I</i>	Objective 1: Apply the nursing process in providing care to adults and elderly population. Objective 2: Integrate security measures and knowledge to administer drug therapy to adults and the elderly. Objective 3: Demonstrate appropriate collaborative strategies when working with interprofessional teams.	Discussions of clinical cases Simulation Clinical Practice Interprofessional Activities Role Play	<ul style="list-style-type: none"> Classroom Clinical Simulation Laboratory Skills Laboratory Hospital Clinical Scenarios
Critical Thinking ENFE 4155: <i>Professional Nursing Practice</i>	Objective 4 Apply the method of solving problems by identifying areas requiring changes to improve patient care in the practice area. Objective 9 Use the best available research evidence to provide excellent nursing care.	Clinical practice Discussion of clinical situations Small group discussion EBP Project Independent studies	Hospital setting Library resources SON Center for Research
Research Skills ENFE 4395 <i>Integrated Concepts of the Nursing Profession</i>	Objective 3 Use the scientific reasoning to solve hypothetical cases discussed in class.	Group discussions Situation analysis Workshops Exercise practices (question and answer, situations and hypothetical cases) Practice exams (question and answer in the Moodle platform)	Classroom (the use of Power Point presentations). Use of laptops, iPads or electronic devices that allow access to the Moodle platform. Exams (practical and final) are

Student Learning Outcomes	Course Objective	Teaching Strategies	Environment
			offered at the Center for Learning and Technological Interaction (CAIT).

Master of Science in Nursing Program

The teaching and learning practices of the graduate department engage the student in more independent learning under mentors. Teachers attend student and group presentations, problem based learning discussions, seminars, and comprehensive examinations. They use statistical research and other strategies that foster independence and leadership in the graduate students. Most clinical scenarios are used both for undergraduate and graduate practice, but take into account the students' level and learning objectives. In the clinical tracks students are expected to be more independent, student and faculty members are expected to act as facilitators. This is especially important in clinical tracks in which the patients' advanced needs are identified by the students. Students pursuing the administrator of nursing services role or the teacher of nursing sciences role do so under the supervision of a faculty member or mentor at all-times. All sites selected for practice are accredited hospitals and university nursing programs.

Samples of teaching-learning strategies and environments that support achievement of student learning outcomes (SLOs) in master's courses are included in Table III.D.2. Additional examples will be available on site.

Table III.D. 2: MSN Teaching-Learning Strategies and Environments that Support Achievement of SLOs

Student Learning Outcomes	Course Objectives	Teaching Strategies	Environments
Competent Practitioner <i>ENFE 6617 Mental Health and Psychiatric Nursing</i>	Objective 1 Analyze the effect of diversity understanding of human behavior within a helping relation. Objective 2 Apply different models to explain normal and abnormal behavior. Objective 3 Apply crisis intervention models in one to one relations and in group modalities in different settings.	Group discussions Problem-based learning discussions (PBL) Case studies Patient case discussions Interprofessional rounds Intervention with real patients in the clinical scenarios.	Clinical Settings: - Office of Women Integral Development, City of San Juan. - Puerto Rico Forensic Sciences Institute PRFSI. -Psycho-educative groups for men victims of domestic violence.
Critical Thinking <i>ENFE6601Nursing as Process and Nursing Theories</i>	Objective 1 Analyze the nature of nursing as a human science and a discipline that defines boundaries for art and science on which nursing knowledge is built. Objective 2 Analyze nursing theories for the application to the nursing practice and research.	Conferences with guided discussion Collaborative learning Study guides assignments	MSC library databases, articles, and books Classroom equipped with technology devices Faculty office with access to library databases Students' personal computers.

Student Learning Outcomes	Course Objectives	Teaching Strategies	Environments
Research Skills/EBP ENFE 6666 <i>New Trends in Nursing</i>	Objective 5 Create a written paper that will advocate for patients and influence health and social policies.	Journal club Research-based conferences EBP project discussions	Center for Research and Evidence-Based Practice MSC Library Database journals
Critical Thinking ENFE 6608 <i>Nursing Research</i>	Objective 1 After critically revising scientific literature, students will precisely propose a researchable problem. Objective # 4. Develop skills in applying critical thinking to the analysis of scientific nursing studies.	Individual tutoring to guide students in the identification of research problems and the elaboration of a research proposal. Selected readings for group discussions and preparation of research matrix Workshops on database searches	Faculty offices with computers and access to library databases Classrooms prepared with projectors and electronic access to databases Conrado Asenjo Library (UPR-MSC) print and electronic resources.

Master of Science in Nursing with Specialty in Anesthesia

Anesthesia students are engaged in activities that provide development of higher level and critical thinking skills, problem solving, and decision-making. They are engaged in tasks conducive to significant learning. The use of patient anesthesia simulators is integrated to develop dexterity and critical thinking skills, which are essential for the practice of nurse anesthesia. Students are exposed to educational environments such as laboratories, simulation laboratories, clinical settings, and other environments that support the attainment of program outcomes. Clinical experiences for anesthesia students take place at institutions authorized by the Division of Health Facilities of the Department of Health of Puerto Rico and by The Joint Commission. These include: Medical Services Administration of Puerto Rico, Cardiovascular Center of Puerto Rico and the Caribbean, Auxilio Mutuo Hospital, San Jorge Children's Hospital, Doctors' Center in Bayamon and Manati, and the VA San Juan Hospital. The Medical Services Administration of Puerto Rico clinical site has 29 operating rooms and post anesthesia care units, including 11 for general surgery, 4 for neurosurgery, 4 for orthopedics, 2 for obstetrics, 4 for pediatrics, 2 for trauma, and 2 for endovascular surgery. The campus educational environment provides the opportunities to acquire the knowledge, professional values, core competencies, and the learning of professional roles needed for the socialization of nurse anesthetists. There is interaction and integration with numerous programs on campus. Environments that support theoretical classes consist of classrooms with computers, data projectors, Wi-Fi, Apple TV and library access to databases, electronic journals, and books. As shown in Table III.D.3, teaching-learning and the environment support achievement of student learning outcomes. All students have access to a Medatrax platform in which they make their self-evaluations and their professors give them feedback. The Anesthesia Program is evaluated by students and information is sent to the Council on Accreditation of Nurse Anesthesia Educational Programs (COA). Data for 2013-2014 showed that students consider practice sites, well-educated professors with vast experience, and clinical rotations to be the major strengths of the educational program. They also pointed the great variety of clinical cases and the staff that is ready to teach and offer opportunities for hands on practice as other important strengths. The mutual support between faculty and students is another asset. Students consider that the major strength of this educational program is in the clinical area, especially the variety of clinical scenarios to which they are exposed during the year. They also considered as strengths the skills laboratory and equipment. As a university program, it also offers exposure to variety of health disciplines and excellent teaching resources. Overall, students consider that environments available fully support and contribute to their learning.

Examples of teaching learning strategies and environments that support achievement of SLOs are included in Table III.D.3. Additional examples will be available on site.

Table III.D.3: MSN-Anesthesia Program Teaching-learning Strategies and Environments that Support Achievement of SLOs

Student Learning Outcomes	Course Objectives	Teaching -Learning Strategies	Environment
<p>Competent Practitioner</p> <p>Learning outcome behavior 1</p> <p>Students demonstrate application of ethical- legal principles and multicultural knowledge in nursing anesthesia delivery and for the advancement of the profession.</p>	<p>ENFE 6713 <i>Clinical Practice III</i></p> <p>Students defend a set of personal values related to protection of human rights and confidentiality of health information obtained from anesthesia patients.</p>	<ul style="list-style-type: none"> • Case discussions • Anesthesia care plan • Daily clinical performance • Pre-post anesthesia patient's health assessment 	<ul style="list-style-type: none"> • Internet • Electronic Books • Databases with health-related content • Computers, data projectors, and other equipment • Library and personnel • Computer Laboratory • Clinical sites and staff • Medatrax Platform
	<p>ENFE 6705 - <i>Basics of Anesthesia</i></p> <p>Demonstrate skills in the understanding of the comprehensive and appropriate equipment for a safety anesthesia delivery</p>	<ul style="list-style-type: none"> • Conferences and guided discussion by professor with computer assisted instruction • Guided discussion of selected cases • Small group discussion • Oral and written presentations • Practice training on medical model or human patient simulator and anesthesia machine (SIM-MAN) • Interview role playing of a pre-anesthesia assessment • Supervised laboratory practice • Case studies discussion • Readings 	<ul style="list-style-type: none"> • Internet • Electronic Books • Data Bases with Health-Related Content • Equipment: Data projector • Library • Computers Laboratory • Medical model • Simulator • Anesthesia mac

III-E. The curriculum includes planned clinical practice experiences that:

- enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- are evaluated by faculty.

Elaboration: To prepare students for a practice profession, each track in each degree program and post-graduate APRN certificate program affords students the opportunity to develop professional competencies in practice settings aligned to the educational preparation. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical

practice experiences involve activities that are designed to ensure students are competent to enter nursing practice at the level indicated by the degree/certificate program. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.

Program Response:

The SON has written affiliation agreements with a variety of clinical practice sites where students receive their clinical education and have the opportunity of integrating their new knowledge and attaining the achievement of program outcomes. The students' clinical experiences occur in clinical sites where there is representation of diverse socioeconomic and educational backgrounds, ages, cultures, sex, and specialties. Some of the clinical teaching sites include: University of Puerto Rico Hospital in Carolina, community health centers, schools; pediatric, cardiovascular, trauma, and psychiatric hospitals; VA San Juan Hospital; as well as a number of private well-known hospitals in the San Juan and Bayamon areas.

The SON has a professor in charge of coordinating and evaluating clinical sites for student practices. Criteria for selecting sites are: the site provides opportunities to meet learning needs and course outcomes, it is flexible and accessible for student practice, and the staff has the appropriate credentials, such as those required by COA standards in the case of nurse anesthesia students. In terms of faculty satisfaction with student experiences in clinical sites, 94.45% of BSN faculty answered that they were totally satisfied or satisfied. Ninety percent (90%) of MSN faculty answered that they were totally satisfied or satisfied. The MSN-Anesthesia faculty questionnaire for program evaluation has three questions that include the following criteria: clinical sites offer a variety of clinical experiences, clinical sites provide sufficient experiences for each student to comply with the minimum anesthesia cases required, and there are sufficient CRNAs and anesthesiologists for adequate clinical supervision. All faculty (100%) indicated that the sites were excellent in meeting the criteria.

Baccalaureate Program

Undergraduate students have the opportunity to practice in clinical and community settings according to the knowledge acquired in courses. Faculty members are the main and direct supervisors of students. There is a ratio of 8 to 10 students per faculty member, depending on the specialty area.

There are contracts with 27 health facilities among which there are private and public hospitals at primary, secondary, and tertiary levels. There are specialized institutions (cardiovascular, pediatric, psychiatric, and trauma hospitals) that provide practice experiences. **Appendix III.E.1** describes practice settings. Students have the opportunity to rotate through diverse settings according to the course objectives. They also rotate by community service settings and the Manuel A. Pérez Community Health Center. The Clinical Coordinator organizes the experiences for baccalaureate and master's program courses. Selection of clinical settings is made according to: achievement of course objectives, staff willingness to receive students for practice, staff education, size of the institution, number of patients/clients, and diversity of services and accreditation by the appropriate agencies.

Baccalaureate students are distributed in groups of 8 to 10 students under the supervision of a faculty member who is in charge of planning and organizing clinical experiences according to course clinical objectives. Each faculty member is responsible for receiving student documents, bringing them to the institution, and coordinating the students' orientation with clinical site personnel. All practices are planned by faculty in accordance with the corresponding objectives so that students can accomplish the learning outcomes. Faculty members stay with undergraduate students in direct clinical teaching at all times.

Master of Science in Nursing Program

Faculty members that teach clinical tracks directly supervise students in their clinical practice. The MSN program, in addition to establishing agreements with clinical sites for clinical tracks experiences, maintains collaboration agreements with professional, accredited schools of nursing. These sites provide opportunity for students to practice in their teaching role. Students in the nursing services administration role practice in the same institutions where students have their clinical track experiences.

In the schools of nursing, there are teaching preceptors assigned to the student-educator. Teaching and administration preceptors are selected according to their preparation, experience, expertise, and willingness to collaborate. MSN students of diverse specialties (clinical tracks) rotate through different facilities to achieve competencies related to their courses. For example, students from *Mental Health* (ENFE 6617) and *Psychiatric Nursing* (ENFE6618) practice in the Psychiatric Hospital, communities, and other mental health settings. They are closely supervised by the professor in order to achieve the competencies and learning outcomes. Students from *Critical Care* (ENFE 6635-6636) are also closely supervised by specialized faculty to assure the achievement of learning outcomes. **Appendix III.E.1** (Practice Settings, Descriptions and Courses) shows practice settings with which the school has affiliation agreements.

Master of Science in Nursing with Specialty in Anesthesia

The clinical practice of anesthesia nursing students provides clinical experiences in a variety of settings in order to integrate knowledge and achieve the expected outcomes. **Appendix III.E.2** presents by clinical course the description of practice and clinical setting.

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

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

Program Response:

The needs and expectations of SON's community of interest (COI) are considered for curricular, teaching-learning practices and environments for support of student learning outcomes. The SON's community of interest includes the University of Puerto Rico System and Medical Sciences Campus, faculty, students, alumni, advisory board, employers, professional organizations, accrediting agencies, and the nursing boards.

The Advisory Board (AB) was established in June 2016 to advise and support SON programs. The AB has 12 members that represent public and private institutions in the health services, education, and the community. Many of its members are SON alumni. Input from students is obtained through different mechanisms. A midterm assessment of courses is made in all program courses. Data is collected, statistically analyzed, and the report is submitted to the course faculty in charge. Faculty members analyze recommendations given by students and prepare an action plan which is discussed with them and implemented the same semester, if appropriate. A report which includes assessment data and the action plan is submitted to the program director. Assessments of student clinical experiences are collected in their clinical scenarios. At the end of each course, the students' complete evaluation instruments in theoretical, clinical, and general aspects of the course. Graduation candidates also complete a questionnaire in which they offer recommendations to the curriculum and teaching learning strategies. Results are discussed with directors in order to take the appropriate actions. Input from faculty is obtained through work in curriculum, ad hoc, and evaluation committees. A questionnaire was recently designed for faculty evaluation of the program.

There is input from accrediting agencies and professional organizations (CCNE, COA, MSCHE, AANA, IOM, QSEN and CPEPR) through standards and guidelines for curriculum and professional practice which are considered when constructing or revising the curriculum (Evidence of the incorporation of professional guidelines was presented in Key Element III.B). Every two years, employers are invited by the SON to a meeting to discuss how the school is preparing students, revising the curriculum, attaining accreditation, and other topics of interest. Employers have the opportunity to present and discuss concerns related to the performance of BSN and MSN graduates and complete a satisfaction questionnaire. Results are presented in Standard IV.

Baccalaureate Program

The principal communities of interest consulted regularly are students, faculty, and employers. Input from other groups such as the university community is considered for curriculum and practice experiences, as

needed. For example, requisites in general education and sciences for the BSN program are incorporated considering University of Puerto Rico regulations.

Table III.F.1: Issues Addressed by the BSN Program Based on the Needs of Communities of Interest

Community of interest	Issue	Action	Outcome
Employers (public and private institutions)	Not enough time to develop technical skills.	Increasing hours in the skills laboratory and in the clinical setting.	BSN curriculum revised and a course on nursing skills was developed and implemented effective academic year 2015-2016.
Employers (public and private institutions)	Need to improve documentation skills.	Improve documentation skills and introduce the electronic record.	Students acquire Docu-Care by Lippincott and use the system in most courses.
Employers (public and private institutions)	Students are not practicing in home care programs.	Include home care programs, hospice, and other community settings for student practice.	In the course ENFE 4138 <i>Care of the Family and Community</i> , clinical rotations include practice in hospice, home care programs, WIC, and correctional institutions.
BSN Students	Data from course questionnaire indicates low satisfaction with skills laboratory	Information was discussed in summer retreat and administrative actions were taken to assign faculty to coordinate laboratory use by students and faculty; laboratories were reorganized and several simulators were acquired.	Laboratory is being organized and remodeled according to student needs.
Faculty	Need to update SON goals according to Institute of Medicine (IOM) and Quality and Safety Education in Nursing (QSEN).	Incorporation of concepts related to competencies of MSC graduates and health professional competencies established by the Institute of Medicine (IOM) and QSEN into SON goals.	Goals were revised and approved by the faculty of the graduate and undergraduate programs. Revised goals clearly reflect expected outcomes for each program.
Students, faculty, professional organizations and accrediting agencies (CCNE, Puerto Rico Council on Education - CEPR)	Need for revisions based on input from professional organizations, accrediting agencies, and data from students' evaluation questionnaires.	Revision of BSN curriculum assuring integration of IOM and QSEN competencies, and AACN BSN essentials.	Revised BSN curriculum was implemented in August 2015.

Community of interest	Issue	Action	Outcome
Professional organizations and accrediting agencies (IOM, QSEN)	Need to include competencies for health professionals based on information from professional organizations.	Integration of evidence-based practice in clinical courses and theoretical content in research course ENFE 4075.	A group of BSN faculty members was sent to Ohio University for training in their EBP model. School faculty is integrating the model in the curriculum.

Master of Science in Nursing Program

The MSN program has made several changes as a result of analysis of data obtained from students, faculty, school, institution, and professional organizations. The Institute of Medicine (IOM) and the American Association of Colleges of Nursing (AACN), in consortium with Quality and Safety Education in Nursing (QSEN) established in 2012 the evidence-based practice (EBP) goal of integrating in graduate programs the best current evidence with clinical expertise and patient/family preferences and values for the delivery of optimal health care. As the result of faculty analysis, EBP projects were included in ENFE 6635 and ENFE 6636 (*Critical Care Nursing*) courses.

Table III.F.2: Issues Addressed by the MSN Program Based on the Needs of Communities of Interest

Community of interest	Issue	Action	Outcome
American Association of Colleges of Nursing	Masters' graduates should be prepared to develop six competencies, one of which must be EBP.	Revision of curriculum to incorporate EBP in clinical tracks.	First clinical track to integrate EBP was <i>Critical Care</i> , followed by <i>Mental Health and Psychiatric Nursing</i> (ENFE 6617 and ENFE 6618). In the second phase, a group of faculty members went to OHIO University to be trained in their EBP model. After that, they trained the school faculty. Currently, clinical tracks of the MSN program are integrating EBP.
Students and graduates	Graduation rates of the MSN program have been under 70%. Analysis suggests that students do not complete the research project in the required two-semester period.	Revision of teaching strategies in research courses ENFE 6608 and ENFE 6615.	A decision was made in a graduate faculty meeting. The following actions were taken for the year 2014-2015: (1) completion of IRB modules for protection of human rights and the opening of the IRB account was moved to requisite courses in the previous semester. (2) The identification of the research problem and literature revision was also moved to the ENFE 6601 course in the previous semester.
American Association of Colleges of Nursing Puerto Rico State Board	Vocabulary used in <i>Masters Essentials</i> (2011) is different from the one previously used in the 1996 edition. Amendments in the Nursing Law made in December 2015	Changes in course titles and descriptions to reflect new trends, vocabulary, and scope of practice of the revised Nursing Law.	Courses ENFE 6609, ENFE 6616 and ENFE 6666 were revised and submitted to the campus Office of Academic Affairs for registration and incorporation to the MSC Catalog.

Community of interest	Issue	Action	Outcome
Medical Sciences Campus (MSC) American Association of Colleges of Nursing (AACN)	Graduate School of Public Health made changes in SALP 6006, which nursing students take. This resulted in the reduction of three credits.	The graduate faculty analyzed the situation and decided to incorporate the three credits from SALP 6006 into the <i>Advanced Health Assessment</i> course.	ENFE 6650 <i>Advanced Health Assessment</i> was included as part of the MSN curriculum requirements. The course began in 2014.

Master of Science in Nursing with Specialty in Anesthesia.

Review of courses and the program are conducted as the result of students and faculty evaluations and in response to the program's communities of interest. The MSN-Anesthesia program began a curricular revision in August 2013, focusing on the curricular sequence that was evaluated by students and faculty. As the result, program faculty met with the Assistant Dean of Students. A series of student group discussions led to recommendations that were presented to the Director of the MSN-Anesthesia program and are presented in Table III.F.3.

Table III.F.3: Issues Addressed by the MSN with specialty in Anesthesia Program Based on the Needs of Communities of Interest

Community of interest	Issue	Action	Outcome
Nursing Anesthesia students and faculty	The <i>Basics of Anesthesia</i> course was moved to the second semester of the first year concurrent with <i>Clinical Practice I</i> . Students expressed their concern that the workload for the second semester was much heavier than that of the first and that they were taking <i>Clinical Practice I</i> without the needed knowledge.	Students recommended that the <i>Basics of Anesthesia</i> course be moved to the first semester.	Curricular sequence was modified. <i>Basics of Anesthesia</i> course was moved to the first semester. Students are better prepared for their first practice.
Students	Admission requirement of TOEFL scores. Students considered that if English proficiency was so important, the program should establish a minimum score for admission	Students recommended an increase in the TOEFL scores required for admission.	The program established a minimum score for admission (A preferred overall point score of 80 and minimum of 20 on lecture).

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

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

Program Response:

Policies and procedures for student performance evaluation are clearly defined, communicated, accessible, and consistently applied to SON students. Individual student performance is consistently evaluated by faculty in undergraduate and graduate programs based on course objectives and following the requisites established in the course syllabus. Evaluation strategies and requisites are designed considering student learning outcomes: Competent Practitioner, Critical Thinking Skills, and Research /EBP Skills.

Student rights about the evaluation process are stated in the *Students Bylaws* (November 2011). Article 2.11 (*Evaluation of the Student*) and 2.12 (*Revision of evaluation*) are included on page 6 of this document. It establishes that students have the right to have their work evaluated in a just and objective way, and that their grade must be based on their academic work.

Baccalaureate of Science in Nursing Program

Faculty members are responsible for the evaluation of their students' didactic, laboratory, and clinical performance. At the beginning of each course, faculty discuss and distribute the course syllabus to students. The syllabus is also available on the Moodle electronic learning platform in some courses. The syllabi include: course description, learning outcomes, evaluation requirements and their respective weighting, theory exams, grading method, and evaluation, among others. Policies and procedures that guide course evaluation processes of student performance are institutionally stipulated and defined by the campus Academic Senate (Academic Senate Certification 078, 2010-2011). Student rights related to evaluation of their performance and their rights are stipulated in the *Students Bylaws*. In online courses, students are given feedback on their postings so that they can apply recommendations to improve their performance and achieve the outcomes. Faculty evaluate students in a consistent way. When there are special needs, faculty facilitate individualized remediation.

Faculty is also responsible for the students' academic counseling regarding evaluation and promotion. SON offers professional counseling that provides additional services to students. This is a collaborative process between the faculty and the counselor. Students must be informed of their academic progress before the official withdrawal due date established by the institution.

The achievement of learning outcomes is evaluated in courses and through the curriculum. The faculty uses different methods of evaluation to determine compliance with established theoretical and clinical objectives. The theoretical component is evaluated through exams, quizzes, oral presentations, and others activities. The clinical component is evaluated through clinical criteria, physical exams, medication management, communication, technical skills, documentation, care plans, teaching plans, and seminars. Other methods used are nursing process, evidence based projects, and case studies. The SON has a skills laboratory in which students practice procedures and the faculty evaluates them before entering clinical practices. The skills laboratory has models and high fidelity simulators that help create virtual scenarios.

The BSN program has consistently shown achievement of SLOs. For the academic 2013-2014 year, the SLOs of the BSN program revealed the following achievements: 91.7% attainment for competent practitioner, 89% for critical thinking, and 86.4% for research. Data to measure competent practitioner was obtained from a sample of clinical course evaluations of ENFE 4136, 4137, and 4155. The data from critical thinking was obtained from ENFE 4155 and the research learning outcome was measured using ENFE 4138, 4147, and 4155. Aggregate data for 2013-2014 showed that BSN students exceeded 80% on achievement (Annual Report, and statistical report from the Assessment Office 2013-2014).

The results for SLOs for 2014-2015 revealed an achievement of 96% for competent practitioner, 94% for critical thinking, and 92% for research. Data to measure competent practitioner was obtained from a sample of clinical evaluations for ENFE 4136, 4137, 4138, and 4155. The data from critical thinking was obtained from ENFE 4155, and the research learning outcome was measured in ENFE 4138, 4147, and 4155. Aggregate data for 2014-2015 showed that BSN students exceeded 80% in achievement (Annual Report, and statistical report from Assessment Office, 2014-2015).

The SON undergraduate program faculty reviews the BSN curriculum as an ongoing process, which has resulted in changes in the curricular structure. All course syllabi were aligned with the SON mission and vision, CCNE

essentials, the expected learning outcomes, standards of nursing practice in Puerto Rico, and code of ethics, among others. The reviewed curriculum was effective for the 2015-2016 academic year. Theoretical and clinical evaluation methodologies are used by the faculty to measure theory and clinical objectives and the achievement of the BSN. Some methodologies for theory evaluation include partial exams, quizzes, and study guides. To evaluate skills performance, the faculty use quizzes, theoretical and practical examinations, and simulations, among others. To evaluate the clinical component of the courses the faculty uses: clinical evaluation criteria for general practitioner and leadership, rubrics, nursing process, care plans, simulations, community projects, process relator, Lippincott DocuCare, and teaching plans, among others.

Master of Science in Nursing

All course syllabi of the MSN program include a description of evaluation strategies and their respective weight for the final course grade. Achievement of course objectives is clearly measured through diverse methods. These include written papers, projects, oral presentations, poster presentations, written and practice examinations, among others. Students are evaluated through rubrics and criteria. Students receive feedback about their performance through meetings, or written comments. In case students do not achieve the expected outcome, they are encouraged to continue revising their work until they achieve the standard. Thus, for example, in ENFE 6608 *Nursing Research* and ENFE 6615 *Research Process*, students are encouraged to rewrite their documents until they can present a quality document. Grading policies are defined in the *Student Handbook*, which students receive at the beginning of the academic year. The achievement of learning outcomes is evaluated in courses and through the curriculum and has shown consistently the achievement of the SLOs. MSN results for 2013-2014 revealed the following achievements: both competent practitioner and research domains of SLOs surpassed the expected outcome of 80%. For 2014-2015, competent practitioner achieved an 88%, critical thinking an 85%, and research a 92% surpassing the expected outcome. For 2015-2016, the program also surpassed the expected outcomes; competent practitioner achieved 85%, critical thinking 86%, and research skills 87%.

The methodology of evaluation is aligned with the student learning outcomes. Table III.G.1 illustrates alignment of evaluation methodology with course objectives and SLOs.

Table III.G.1: Didactic and Clinical Methodology for Evaluation of Student Achievement of SLOs

SLOs	Course Objective	Didactic evaluation methodology	Clinical evaluation methodology
1. Students demonstrate application of knowledge and scientific findings for continuous improvement of nursing care and the professional practice.	ENFE 6617 and ENFE 6618 <i>Nursing Intervention in Mental Health and Psychiatry I and Mental Health and Psychiatry Nursing II</i> . Apply different models to explain normal and abnormal behavior.	Use of vignettes in which students apply models of therapy that are in accordance with model of psychopathology.	Discussion of findings obtained from needs assessment instruments and development of patient care assigned for case studies. Evaluation using rubrics.
2. Students demonstrate communication skills and collaborative/ interdependent relationships with the goals of improving patient health outcomes and advancing the profession.	ENFE 6617 and ENFE 6618 Analyze therapeutic communication as an intervention in the nurse-patient help relationship. ENFE 6617 and ENFE 6618 Apply critical thinking in decision-making	Evaluation of concept presentation in seminar. Concepts are related to practice, including resilience, codependency, guilt-forgiveness, and death and mourning, among others.	EBP project for an identified clinical problem. Evaluation using rubrics. The use of therapeutic communication techniques within the patient/nurse relationship is evaluated.

SLOs	Course Objective	Didactic evaluation methodology	Clinical evaluation methodology
3. Students demonstrate leadership skills in advancing professional nursing role and advancing the profession.	<p>selecting the best nursing practices in psychiatric units through EBP approach.</p> <p>ENFE 6617 and ENFE 6618</p> <p>Analyze the role of nursing in the management of intimate partner violence.</p>	In hypothetic situations, students analyze ethical dilemmas and clinical reasoning situations to assess, intervene, and evaluate nursing care delivery to multicultural populations.	Students are evaluated in the role of facilitators in conducting psychoeducational group sessions in community and hospital settings, especially of men who are surviving domestic violence.

Master of Science in Nursing with specialty in Anesthesia

Evaluation strategies provide evidence of learning outcomes and attainment of course objectives. The main didactic evaluation strategies are: written examinations, oral presentations of case studies, and written works. In the Clinical Practice I, II, III, *Anesthesia Residency I and II*, the syllabus establishes that students will demonstrate the ability to plan, deliver, and evaluate outcomes of nurse perianesthetic management and are measured through scores on written nurse anesthesia care plans and clinical performance evaluations. Demonstration of knowledge related to administration of general anesthesia to patients of all ages is evaluated through specific methods in *Clinical Practice II, III*, and *Anesthesia Residency I and II* courses and through the comprehensive examination that is offered before the *Anesthesia Residency I* course. On laboratory and simulation hours, students are evaluated through practice examinations conducted by faculty. In clinical practice, students are evaluated by anesthesiologists or CRNAs and by faculty preceptors. There is a percentage also assigned to clinical discussion of cases. Scores are calculated in rubrics. Evaluation of the mastery of anesthesia contents is measured in each course through written tests, in clinical practice through rubrics, and at the end of the program through the comprehensive test before the *Anesthesia Residency I* course. Student clinical competencies and leadership skills are evaluated by the faculty and reflect achievement of expected outcomes. Several methods are used including tests, projects, and rubrics among many others. The different aspects of competent practitioner learning outcomes are evaluated in all courses. In each graduate course, student performance includes the following parameters to assess the competent practitioner outcome: application of knowledge, advanced assessment skills, advanced level direct client services, leadership skills, application of ethical principles and multicultural knowledge, communication skills, and collaborative interdependent relationships. According to the policy for graduate programs, the minimum grade to pass graduate courses is 80%.

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

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

Program Response:

The SON offers classroom courses with online assistance or features. Assessment and evaluation of courses and evaluation of faculty in theoretical and clinical experiences are done through electronic means in the Survey Monkey platform. Informal evaluation occurs in faculty meetings.

The curricular and teaching-learning practices are assessed and evaluated at regularly scheduled intervals as part of a school standard procedure. The Office of Evaluation coordinates the processes with each program

director. At midterm, students answer an assessment tool in Survey Monkey platform. The tool is a perception instrument in which students determine their level of satisfaction with the theoretical and clinical course, objectives, teaching-learning, and evaluation strategies. Also, students may write recommendations for course improvement. The faculty receives a statistical report from the Evaluation Office and analyzes the results and writes a report in which they include a plan for improvement in needed areas. The report is sent to the program director. Faculty must discuss findings with students and implement actions, if appropriate. Feedback of final course evaluation is used for ongoing improvement of curriculum and teaching-learning practices. At the end of each course, students answer a questionnaire for final evaluation. This includes the following areas: general aspects, clinical component, and laboratory skills.

The faculty established 80% as the benchmark for the final course evaluation, in which students state that each area is good or excellent. Aggregate data of course evaluations 2013-2014, 2014-2015, and 2015-2016 indicates that the majority of students agreed that the general aspects and the clinical component of the courses are excellent or good. Data is presented in Standard IV. In relation to the skills component, the majority agree that it is good. Also, the input of the employers' community of interest is regularly assessed for program improvement. The academic curriculum of each program is reviewed in response to the data from curricular evaluation processes. Informal evaluation occurs in faculty meetings where course situations are analyzed and decisions made.

Courses are created, coded, and registered according to certification JG 112 (2014-2015) to comply with university regulations. The course syllabus must state objectives and evaluation methodology. Students' comments are considered by the faculty for modifications particularly of the teaching-learning and evaluation methodology. The Curriculum Committee of each program revises student recommendations and make appropriate modifications to the courses. The BSN curriculum was revised considering students' comments and faculty and employers' recommendations. The revised curriculum, particularly the nursing concentration, started in August 2015. MSN program faculty responded to student concerns related to the research project completion. Several strategies were implemented, such as completion of protection of human rights modules in previous courses and creating the IRB account. This provides the opportunity for students to be ready for the submission of their proposals to the IRB. In the MSN-Anesthesia program, students and faculty expressed concerns about the scheduling of the *Basics of Anesthesia* course. After a, thorough analysis, the course is now offered in the first semester of the first year instead of the second semester.

Standard III - Program Quality: Curriculum and Teaching-Learning Practices Strengths:

The SON's curricula are continuously revised and updated to reflect expected student outcomes, are congruent with mission, goals, and with the roles for which the programs are preparing its graduates (III.A)

Curricula and expected student learning outcomes reflect professional nursing standards and guidelines.

Program changes consider and are congruent with AACN *Essentials of Baccalaureate and Masters' Programs*.

The Nurse Anesthesia program also integrates the *Standards for Nurse Anesthesia Practice* and the *Standards for Accreditation of Nurse Anesthesia Programs*. (III.B)

The curricula are structured to achieve expected student outcomes (III.C)

The teaching-learning practices and environments of programs support the achievement of expected student outcomes. The school has improved significantly in technological support to faculty, students, and the teaching-learning process. There is ongoing assessment and evaluation of courses and programs used in decision-making. (III.D)

Clinical practice experiences are planned, enable students to achieve student learning outcomes, and are evaluated by faculty. (III.E)

Input of students, faculty, employers, and alumni is taken into consideration in the curricular revisions and teaching-learning practices. (III.F)

Student performance is evaluated by faculty and reflects achievement of expected student outcomes. There are evaluation policies and procedures. (III.G)

There is continuous evaluation of curriculum and teaching-learning practices to improve programs. (III.H)

Areas for Improvement:

1. Continue the development of the classroom assessment culture.
2. Develop the systematic process of assessment and evaluation of expected program and learning outcomes.
3. Maintain the curricular development of programs.
4. Increase the input of community of interest in programs' improvements.

Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

Elaboration: The program uses a systematic process to obtain relevant data to determine program effectiveness. The process:

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

Program Response:

Medical Sciences Campus

The UPR Medical Sciences Campus is committed to a culture of review, assessment, evaluation, dissemination of findings and using findings for decision-making. The campus submitted its *Periodic Review Report* (PRR) as requested by the Middle States Commission on Higher Education (MSCHE) in June 2016. The PRR was accepted and accreditation reaffirmed by the commission. MSCHE commended the institution for the quality of its self-study process and requested a follow-up report in 2018 addressing the institution's financial situation. The site visit reviewers commended the PRR document and the campus' significant progress in developing an assessment culture (**Appendix IV.A.1**, Middle States Commission on Higher Education (MSCHE) Letter Affirming MSC Institutional Accreditation). One of the main accomplishments was implementing the WeaveOnline platform for data gathering for assessment. The goal is to have all campus schools enter their assessment data in the platform so that campus authorities may generate reports and use findings for decision-making. The SON is participating in the project. Some faculty members have edit privileges, while all faculty have read privileges. The campus Institutional Assessment Committee oversees both institutional assessment and student learning assessment activities.

School of Nursing

Since CCNE's last visit in 2007 the SON has made improvements in the assessment process and achievement of program goals. It has in place a written assessment plan, which was revised in February 2012 and approved by the Evaluation Committee on March 14, 2012. It was amended in June 2016. Indicators of program outcomes (completion rates, employment rates, retention rates, and licensure) were revised in accordance with CCNE standards and MSC indicators of effectivity. The school *Assessment Plan* is aligned with MSC goals and indicators of effectiveness (**Appendix IV.A.2**, School Assessment Plan). The ongoing data collection and program evaluation includes student, alumni, and employer satisfaction. Data gathered each year is submitted to the Institutional Research, Planning, and Assessment Office for the *Medical Sciences Campus Annual Report*. School and program data is disseminated and available to communities of interest in the Institutional Assessment Committee Web page (<http://coia.rcm.upr.edu/resultados.html>). Along with the revision of the SON *Assessment Plan*, the school Evaluation Committee has revised the current evaluation survey instruments to align questions with the SON student learning and program outcomes. The process and tools used to collect data from students, alumni, and employers are described in the sections that follow.

Student Data

Student learning outcomes (SLOs) data for each program are categorized in three areas: competent practitioner, critical thinking, and research skills. Theoretical and clinical course objectives are aligned with behaviors established from entry to exit levels in undergraduate and graduate programs. Curricular maps for

the three programs have been developed and will be available for review on site. SLO behaviors are assessed through the following direct measures:

- Theoretical domain of cognitive dimension of the three learning outcomes is assessed through written examinations, oral, and written works as explained in key element III-G.
- Expertise on psychomotor skills is evaluated through practice examinations in the skills laboratory.
- Students' competency in all behaviors of the learning outcomes is measured through clinical performance evaluation. For the years 2013-2014 and 2014-2015, data for program assessment of SLO behaviors was obtained through identified items of clinical performance evaluation tools. With this data, the faculty filled out a matrix of each cohort of students. During 2015-2016, a new methodology was adopted. A new learning assessment tool was developed to assess SLO. The tool was developed using QSEN competencies, student learning outcomes, and dimensions of critical thought established by Linda Elder and Richard Paul. Faculty assess BSN and MSN students in identified entry, midpoint, and exit clinical courses. With this tool students are followed through the exit level to determine added value. Data is entered in a Survey Monkey platform and results are sent to the program directors and to the Office of Academic Affairs.

Learning outcomes are assessed through indirect measures as outlined below:

- **Perceptions survey** - A survey is conducted using the Survey Monkey platform in the middle of each semester course. Students assess their learning and make recommendations on course content, teaching-learning methods, and evaluation strategies. Data is submitted to faculty for analysis and action plan.
- **Course evaluation survey** - Conducted at the end of each course. Tool used includes course content, teaching-learning methodology, evaluation strategies, and evaluation of the faculty.
- **Exit survey** - Graduation candidates complete an exit satisfaction survey in which they assess their perceived outcomes achievement (competent practitioner, critical thinking, and research), their level of satisfaction with the general program, extracurricular activities; satisfaction with the knowledge, skills, values, and attitudes needed for professional performance; and their immediate and future plans.
- **Retention and graduation rates** - The Office for Student Affairs is responsible for the follow-up of different cohorts. Data is reported to the SON's Office of Academic Affairs. Results are communicated in the *Annual Report* sent to the campus Institutional Research and Assessment Office and disseminated to the communities of interest through the committee's Web page (<http://coia.rcm.upr.edu/resultados.html>).

Alumni Data is collected using the following direct measures:

- **State Board Results Analysis** - Data from the Puerto Rico State Board is received each year in the Office of Academic Affairs of the SON. Results are analyzed and informed in the institutional *Annual Report* to faculty and relevant communities of interest.
- **Certification results** - Data from MSN-Anesthesia alumni are sent to the SON by the Council on Accreditation.

Alumni data is also collected using the following indirect measures:

- Surveys to collect data on employment rate by the Office of Student Affairs uses telephone calls, personal contact, e-mails, and SON alumni Web page to obtain data.
- Surveys to collect data on alumni satisfaction with the program.
- Each summer the SON holds an assessment retreat. Data from various sources is presented for further discussion and decision-making.

Employer Data is collected every two years. Employers are invited to a meeting at the SON in which they complete a satisfaction survey. Data is analyzed and discussed in faculty retreats and shared with employers in the next meeting. Changes and modifications in the curriculum and learning strategies are also shared with employers. The last two meetings were held in June 2014 and September 2015.

IV-B. Program completion rates demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of required program outcomes regarding completion. For each degree program (baccalaureate, master's, and DNP) and post-graduate APRN certificate program:

- *The completion rate for each of the three most recent calendar years is provided.*
- *The program specifies the entry point and defines the time period to completion.*
- *The program describes the formula it uses to calculate the completion rate.*
- *The completion rate for the most recent calendar year is 70% or higher. However, if the completion rate for the most recent calendar year is less than 70%, (1) the completion rate is 70% or higher when the annual completion rates for the three most recent calendar years are averaged or (2) the completion rate is 70% or higher when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

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

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

Program Response:

Program Completion is described considering graduation and retention rates. Outcomes indicators of successful program completion for SON programs are 75% retention of admitted students and a 70% graduation rate within the established times for both the BSN and MSN.

Graduation rates BSN Program

Undergraduate students are admitted to the BSN program through a competitive admission process in coordination with the Carolina, Río Piedras, and Bayamon campuses of the University of Puerto Rico, or by regular transfers. Until 2014-2015, students were admitted to the SON on the second or third year of study. Since 2015-2016, they enter on the third year of study after completing two years of general education and science courses. Graduation rates for the BSN are calculated for the minimum and maximum time allowed according to the MSC assessment indicator. The 2014-2015 graduation data corresponds to the 2012-2013 cohort admitted through regular or coordinated transfer in 2013-2014. For the 2012-2013 regular admission cohort 32/38 (84%) of students graduated within the stipulated time. Of the six (6) remaining students, four (4) or 11% withdrew and two (2) (5%) were retained. Of the 2013-2014 cohort admitted through the coordinated transfer programs, 50/55 students or 91% graduated. Three (3) students or 5% are expected to graduate within the maximum time allowed. Two (2) students or 4% withdrew. Thus, the expected graduation outcome for the 2014-2015 cohort was achieved.

Table IV.B.1: Graduation Rates for BSN Program

Cohort	Enrollment				Graduates			% Graduates by Cohort	Minimum time for graduation (CT-2 yrs., R-3 yrs.)						Maximum Time for graduation (CT-3 yrs., R-4.5 yrs)						% Graduates by Cohort
									CT		R		T		CT		R		T		
	CT	R	T		CT	R	T		#	%	#	%	#	%	#	%	#	%	#	%	
2012- 2013	82	38	120		75	32	107	89%	69	92	32	100	101	94	6	8	0	0	6	6	G:107(89%) 8w (7%) Retained 5(4%)

Cohort	Enrollment				Graduates			% Graduates by Cohort	Minimum time for graduation (CT-2 yrs., R-3 yrs.)						Maximum Time for graduation (CT-3 yrs., R-4.5 yrs)						% Graduates by Cohort
									CT		R		T		CT		R		T		
	CT	R	T		CT	R	T		#	%	#	%	#	%	#	%	#	%	#	%	
2013- 2014	55	46	101		50	39	89	91%	50	91	39	100	89	91	2	4	-	-	2	4	G:89 (91%) TA 0 Ret (0%) TA 3 W (6%)
2014- 2015	89	0	89		82	-	82	92%	82	92	-	-	82	92	-	-	-	-	-	-	G:82 (92%) TA 5 Ret. (6%) TA 2W (2%)
2015- 2016	96																				

CT - Coordinated transfer from UPR campuses (2 yrs. at SON), R - Regular students (3 yrs. at SON), T - Total

Table IV.B.2: Percentage of Graduating BSN Students at Minimum Expected Time

Academic year	Expected number of graduating students by cohorts 2012-13 R, 2013-2014 CT	No of graduated in minimum time	%	Retained	W	Expected outcome (70%)
2013-2014	122	102	84%	12 (10%)	8 (6%)	Met
2014-2015	93	82	88%	5 (6%)	6 (6%)	Met
2015-2016	132	121	92%	7 (5%)	4 (3%)	Met

CT - Coordinated transfer from UPR campuses (2 yrs. at SON), R - Regular students (3 yrs. at SON)

Graduation Rates MSN Program

There are two completion periods for the MSN program. Those who select the day program have two years for completion (minimum time). Those who select the evening program have three years for completion (minimum time). As seen in Table IV B3 and 4, June 2015 is the graduation in minimum time deadline for the evening (3-year) cohorts (2012-2013) and for the day (2-year) cohort (2013-14). At the minimum time, the two-year cohort did not achieve the expected result of 70%. In the maximum time, there is no possibility of reaching a 70% graduation rate. The daytime cohort could surpass the expected result in the maximum time (could reach 75%) because 25% have withdrawn. The evening cohort will not achieve the expected result in the maximum time (could reach 54%) because 46% have withdrawn. In calculating the rate for the two cohorts together in the maximum time, it could result in a 59% rate, which would be 21% lower than expected. Evening students have more difficulty completing their studies than day students. Thus, the MSN program has not achieved the expected graduation rate in the minimum or maximum time.

As shown in Tables IV. B.3 and 4, graduation rates of master's students are under the expected outcome. Most nursing master's students usually have to work and study due to financial obligations. Most are women heads of households. Inevitably, these factors affect their completion rates. The school will continue to seek ways to facilitate completion without lowering quality standards.

Table IV.B.3: Graduation Rates for MSN Program

Cohort	Enrollment			Graduates			% Graduation by Cohort	Minimum Time Graduation						Maximum Time Graduation						% Graduation by Cohort
	MSN D	MSN E	T	MSN D	MSN E	T		MSN D		MSN E		T		MSN D		MSN E		T		
								#	%	#	%	#	%	#	%	#	%	#	%	
2012-2013	9	13	22	7	2	9	41	7	78	2	15	9	41	n/a	n/a	n/a	n/a	n/a	n/a	9G (41%) 6R (27%) 7W (32%)
2013-2014	4	19	23	2	12	14	61	1	25	12	63	13	57	1	25	-	-	-	-	14 G 6W 3 R
2014-2015	10	10	20	3	N/A	3	30%													
2015-2016	9	29	38																	

D - Day students 2 yrs. minimum - 3 yrs. maximum, E - Evening students 3 yrs. minimum 4.5 yrs. maximum.

* 5 students are still active working with the research project (% might increase to 64% at the time of graduation of this group)

Table IV.B.4: Percentage of MSN Graduates by Expected Minimum Graduation Time and Day or Evening Program

Academic year	Expected number of graduates in cohort 2011-2012 E, 2012-2013 D	Number of graduates by minimum time	%	Retained and withdrew	Expected result by minimum time
2013-2014	20 (11E, 9D)	11 graduated 4E of 11 (36%) 7D of 9 (78%)	55%	4 retained 3E (27%) 1D (11%) 6 W 5E (45%) 1D (11%)	Not met
2014-2015	17 (13E, 4D)	3 Graduated 2E of 13 (15%) 1D of 4 (25%)	18%	7 of 17 (41%) 5E of 13 (39%) 2D of 4 (50%) 7 w (41%) 6E of 13 (46%) 1D (25%)	Not met
2015-2016	29 (19E, 10D)	15 Graduated 12E of 19 (63%) 3D of 10 (30%)	52%	R: Total - 7 of 29 (24%) 2 E of 19 (11%) 5 D of 10 (50%) W: Total 7 of 29 (24%) 5V of 19 (26%) 2D of 10 (20%)	Not met

D - Day students, E - Evening students

Data submitted by the School of Nursing Office of Admission

The first cohort of nurse anesthesia students admitted after the re-opening of the program was admitted in 2013-2014. Nine (9) candidates were admitted and seven (7) completed the requisites by December 2015. One withdrew for health reasons. The other was retained. The outcome indicator was met as show in table IV.B.5.

Table IV.B.5: Percentage of MSN with specialty in Anesthesia Graduates by Expected Minimum Graduation Time

Cohort	Enrolled	Graduates	% graduation by cohort	Minimum time for graduation		Maximum time for graduation		% graduation by cohort	Expected result
				Anesthesia		Anesthesia			
				T	%	T	%		
2013-2014	9	7	78	7	78	-	-	G: 7 1R (11%) 1W (11%)	Met

School Retention Rates

Data for retention rate of BSN students for the years 2013-2014, 2014-2015, and 2015-2016 is presented in Table IV.B.6. As previously indicated, the expected retention rate was lowered from 80% to 75% considering campus retention indicator for assessment and the CCNE standards. The data in Table IV.B.6 shows consistent retention rates for BSN students for the last three years, all of which surpassed the expected outcome.

Table IV.B.6: Retention Rates of BSN Students

Cohort	Enrolled		Retained		Withdrawn		Total		
Year	D	T	D		D		Registered	Retained	% Total
			#	%	#	%			
2013-2014	101	101	96	95%	5	5%	101	96	95%
2014-2015	82	82	82	100%	0	0%	82	82	100%
2015-2016	97	97	95	98%	2	2%	97	95	98%

Data on Table IV.B.7 shows a decrease in retention rates of MSN students for the years 2013-2014 through 2015-2016. As stated earlier, most graduate nursing students need to work because they are heads of households. Many have expressed that they are under pressure at work in terms of meeting schedules or making arrangements to facilitate attending classes. After considering all variables and the campus retention rate goal of 70% in its assessment plan, the MSN program lowered its retention rate goal from 80% to 75% as a more realistic expectation (<http://coia.rcm.upr.edu/tasas.html>). Results presented in Table IV.B.7 indicate that retention rates for the MSN program met the expected redefined outcome.

Table IV.B.7: Retention Rates for the General MSN Program

Cohort	Enrollment	Retained		Withdrawn	
		#	%	#	%
2013-2014	23	18	78	5	22
2014-2015	20	15	75	5	25
2015-2016	38	31	82	7	18

As shown on Table IV.B.8, the MSN-Anesthesia program had a 78% retention rate for 2013-2014, 100% for 2014-2015 year, and 75% for 2015-2016. The two students who withdrew did so for health reasons. When averaged, the rate for the three years 86%, thus surpassing the expected outcome.

Table IV.B.8: Retention Rates for the Nurse Anesthesia Program

Cohort	Enrollment	Retained		Withdrawn	
		#	%	#	%
2013-2014	9	7	78%	2	22%

Cohort	Enrollment	Retained		Withdrawn	
		#	%	#	%
2014-2015	11	11	100%	0	0
2015-2016	8	6	75	2	25

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

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

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

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

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

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

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

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

Program Response:

Puerto Rico State Board and Certification Results

Nursing graduates in Puerto Rico are not required to take the NCLEX-RN® in order to practice. Instead they must take and pass the local nursing board examination. The pass rates on the first attempt on the local board test by the BSN graduates surpassed the 80% expected outcome for the years 2013-2014, 2014-2015, and 2015-2016, as shown in Table IV.C.1. The results indicate a tendency to surpass the expected outcome.

Table IV.C.1: BSN Puerto Rico Licensure Rates on the First Attempt

Level	2013-2014		2014-2015		2015-2016		Expected Outcome	Result
Gen	91/94	98%	109/115	95%	78/80	98%	80%	Met

Source: Puerto Rico Examining Board Report

MSN-Anesthesia Licensure and Certification Pass Rate

According to the school's assessment indicators of effectiveness (2010-2016), 80% of MSN-Anesthesia graduates should approve the national certification examination by the first attempt. Upon accreditation of the current MSN-Anesthesia program on October 12, 2012, the school admitted the first class in August 2013. This group of seven (7) students graduated in 2015 and took the certification examination within the 120 days after graduation established by the program. Four (4) approved examination on the first attempt, two (2) approved it on the second attempt, and the remaining student passed it on a third attempt. A letter from Council on Accreditation dated November 15, 2016 stated that the mandatory pass rate is 80% of all first-time takers when considering the three most recent graduation cohorts. Because the program has graduated only one class of students to date, the program's 2015 pass rate remains at 57% for first time takers, which is below the mandatory pass rate. Because the program did not meet the mandatory first time pass rate, the COA has placed the program in a monitoring status (**Appendix IV.C.1 - Letter from COA**). The program is analyzing the results in order to identify the factors that may be contributing to the situation. An action plan is being will be implemented with subsequent groups.

Table IV.C.2 illustrates results of certification exams for Master of Science with Specialty in Anesthesia.

Table IV.C.2: Certification Results of the First Group of Master of Science with Specialty in Anesthesia Graduates

Program	2013-2014		2014-2015		2015-2016	
	Certification/		Certification		Certification	
	T	A (%)	T	A (%)	T	A (%)
CRNA (N)					7	4/7 (57%)*
					3	2/3 **
					1	1/1***
	Total Pass Rate for Cohort on Three Attempts					100%

Legend: T=Taken, A=Approved, *first attempt, **second attempt, *** third attempt

IV-D. Employment rates demonstrate program effectiveness.

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

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

Any program with an employment rate less than 70% provides a written explanation/analysis with documentation for the variance.

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

Program Response:

Employment Rates

Follow-up of alumni regarding employment rates and satisfaction levels has been a challenge for the school. In 2013-2014 a total of 122 students graduated from BSN program. A total of 62 have been reached. Out of this group, 55 had been employed within the first year; three (3) were studying, and four (4) were unemployed. In 2014-2015 the school contacted 49 of 102 graduates. Out of the 49 contacted, 45 are working, four (4) are studying, and 0 are unemployed. Efforts to contact alumni are done within the first 6 months to one year after graduation. In this period, they are still submitting documents for licensure examination. This process might take more than a year and some contacted alumni may be without completing the process and obtaining a job. In the case of the 2015-2016 class, it is still early to contact them due to the fact that many are in the process of licensure and job affects the hiring process. Nevertheless, 46 graduates have been contacted, from which 34 are working, seven (7) are studying master degree and five (5) are unemployed. Ultimately, the school needs to improve its alumni tracking system to contact a more significant number of graduates and obtain a better picture of employment rates. This will need some type of tracking in the mainland since a number of Puerto Ricans are leaving the island in search of better opportunities.

Table IV.D.1: BSN Employment Rates of Contacted Alumni

Academic Year	Total Number of Graduates	Employed within 1 st Year	Studying	Unemployed
2013-2014	122	55	3	4
2014-2015	102	45	4	0
2015-2016	121	34	7	5

Employment rates for the MSN program surpassed the 70% benchmark of employment within the first year. Some graduates are working and enrolled in doctoral programs, as indicated in Table IV.D.2.

Table IV.D.2: MSN Employment Rates of Contacted Alumni

Academic Year	Number of Graduates	Employed within 1 st Year	Pursuing Doctoral Degrees while Working	Employed and Working in Their Role
2013-2014	16	12(75%)	3/12=25%	12 (100%)
2014-2015	9	9(100%)	1/9=11%	9(100%)
2015-2016	11	11(100%)	None	11(100%)

The MSN-Anesthesia graduates from the first class are all working in their role (See table IV.D.3). One, anesthesia graduate is teaching in an anesthesia program in addition to working as an anesthetist and is also applying to a DNP program. There is one working in the United States.

Table IV.D.3: MSN-Anesthesia Alumni Employment Rates

Cohort	Employed Six Months after Graduation	Employed 6 Months to 1 Year after Graduation	Working in Their Role
2013-2014	6/7=86%	7/7=100%	7/7=100%

*This cohort completed the degree in December 2015.

IV-E. Program outcomes demonstrate program effectiveness.

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

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

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

Program Response:

Aggregate Student Learning Outcomes (SLO) for the BSN

Students demonstrate competency in all behaviors of the SLO measured through performance evaluation tools in the clinical practice. Aggregate data from 2013-2014, 2014-2015, and 2015-2016 demonstrates that BSN students surpassed the 70% achievement target in the three dimensions of SLO (competent practitioner, critical thinking, and research). The students' learning outcomes data for competent practitioner and critical thinking was obtained from their clinical evaluation in the ENFE 4136 and 4137 courses for the first and second semesters of the third and fourth year. Research outcome data was obtained from ENFE 4075 (first semester) and 4147 (second semester) of the third year, and ENFE 4138 (first semester) and 4155 (second semester) for the fourth year. As shown in Table IV.E.1, aggregate data for the SLO according to clinical performance evaluation of students revealed that they have surpassed expected outcomes.

Table IV.E.1: Aggregate Student Learning Outcomes for BSN

Year	Competent Practitioner		Critical Thinking		Research	
2013-2014	n=55	92%	n=17	89%	n=42	86%
2014-2015	n=447	96%	n=166	94%	n=300	92%
2015-2016*	n= 208	94%	n= 208	93%	n=208	92%

Aggregate Student Learning Outcomes (SLO) for the MSN

Students demonstrated competency in behaviors of competent practitioner and critical thinking outcomes. These were measured through performance evaluation tools in the clinical practice. Aggregate data for 2013-2014, 2014-2015, and 2015-2016 demonstrated that MSN students surpassed 80% level of achievement of competent practitioner and research expected outcomes for the reported years (see table IV.E.2). An assessment tool was constructed for the BSN and MSN programs. It includes items to assess the SLO with the appropriate behaviors for each program. The tool is available in SurveyMonkey. Faculty members assess students in relation to achievement of SLO in selected clinical courses. This methodology is only for assessment purposes. Results will be used to provide opportunities for improvement in achieving student learning outcomes (SLO). Data has been statistically analyzed and interpreted by the SON Evaluation Office.

Table IV.E.2: Aggregate Student Learning Outcomes for MSN

Year	Competent Practitioner		Critical Thinking		Research	
2013-2014	n=13	87.5%	*		n=11	92.5%
2014-2015	n=40	88%	n=8	85%	n=27	92%
2015-2016	n=35	85%	n=35	86%	n=35	87%

*Insufficient data

Student Satisfaction with the Program

Data regarding student satisfaction with program outcomes is obtained from course evaluations by students. These include course content, teaching-learning methodology, and evaluation strategies. Data on faculty evaluation by students was obtained from the students' evaluation of faculty in didactic and clinical courses. For the purpose of this analysis, answers reporting total satisfaction and satisfaction were integrated. Student satisfaction outcome measures state that 80% of students will be satisfied with course content, teaching-learning methodology, evaluation strategies, approach with students, and faculty. As observed in Table IV.E.3,

satisfaction of students with all aspects of the programs surpassed expected outcomes for the years 2013-2014, 2014-2015, and 2015-2016.

Table IV.E.3: Aggregate Data for Student Satisfaction with Programs

Areas	Program	Level of satisfaction 2013-2014	Expected Result	Level of Satisfaction 2014-2015	Expected Result	Level of Satisfaction 2015-2016	Expected Result
Course content	BSN	91%	80%=Met	92%	80%=Met	96%	80%=Met
	MSN	96%	80%= Met	93%	80%=Met	94%	80%=Met
	MSN-A	96.87%	80%=Met	96%	80%=Met	n=9 93%	80%=Met
Teaching-learning methodology	BSN	89.8%	80%= Met	93%	80%=Met	92%	80%=Met
	MSN	95.19%	80%= Met	93%	80%=Met	89	80%= Met
	MSN-A	96.87%	80%=Met	100%	80%=Met	n=9 85%	80%=Met
Evaluation strategies	BSN	85.5%	80%=Met	87%	80%=Met	91%	80%=Met
	MSN	95%	80%=Met	91%	80%=Met	92%	80%= Met
	MSN-A	96.0%	80%=Met	97%	80%=Met	n=9 83	80%= Met
Approach with students	BSN	90. %	80%=Met	92%	80%=Met	94%	80%= Met
	MSN	96%	80%=Met	98%	80%=Met	96%	80%= Met
	MSN-A	96%	80%=Met	100%	80%=Met	n=9 94%	80%= Met
Evaluation of faculty	BSN	n=468 93%	80%=Met	n=1,316 91%	80%= Met	95%	80%= Met
	MSN	n=46 91%	80%= Met	n=55 97%	80%= Met	92%	80%= Met
	MSN-A	n=29 96%	80%=Met	n=64 84%	80%= Met	n=9 97%	80%= Met

Graduating Students' Satisfaction with the BSN and MSN Programs

The expected student outcome states that 80% of graduating students will be satisfied with achievement of learning outcomes related to competent practitioner, research, and critical thinking. As shown in Table IV.E.4 and IV-E.5 outcome aggregate data for 2013-2014, 2014-2015, and 2015-2016 indicate that BSN and MSN students reported a level of satisfaction with outcomes achievement of over 80%, thus students' level of satisfaction with program outcomes was met.

Table IV.E.4: BSN Aggregate Data on Graduating Students Level of Satisfaction with Program Outcomes

Dimension	Level of Satisfaction 2013-2014	Expected Result	Level of Satisfaction 2014-2015	Expected Result	Level of Satisfaction 2015-2016	Expected Result
Competent practitioner (CP), Critical thinking (CT), Research (R)	n=47 CP=97.84	80%= Met	n=101 CP=98%	80%=Met	n=114 CP=95%	80%=Met
	n=47 CT=98.9	80%=Met	n=101 CT=98%	80%=Met	n=112 CT=98%	80%=Met
	n=47 R=96.7	80%=Met	n=101 R=97%	80%=Met	n=114 R=98%	80%=Met

Table IV.E.5: MSN Aggregate Data on Graduating Students Level of Satisfaction with Program Outcomes and Acquired Skills

Dimension	Level of Satisfaction n 2013-2014	Expected Result	Level of Satisfaction n 2014-2015	Expected Result	Level of Satisfaction 2015-2016	Expected Result
Competent practitioner (CP), Critical thinking (CT), Research (R)	n=6 CP= 89%	80%= Met	n=6 CP=99.07%	80%= Met	n=20 CP=92%	80%=Met
	n=6 CT =99%	80%=Met	n=6 CT=100%	80%=Met	n=20 CT=97%	80%=Met
	n=6 R=99%	80%=Met	n=6 R=95%	80%=Met	n=20 R=90%	80%=Met

Student satisfaction is assessed also with groups nearing completion of their respective programs. As shown in Table IV.E.6, over 80% of baccalaureate students expressed total satisfaction or satisfaction with various aspects of the program. BSN candidates near completion expressed a satisfaction level that exceeds the expected outcome. Data presented illustrate satisfaction with the program and with acquired knowledge, skills, values and attitudes needed for professional performance.

Table IV.E.6: BSN Graduating Students Near Completion of Degree Level of Satisfaction with the Program and Acquired Skills

Dimension	Level of Satisfaction 2013-2014	Expected Result	Level of Satisfaction 2014-2015	Expected Result	Level of Satisfaction 2015-2016	Expected Result
BSN graduating students near completion satisfaction with the program	n=56 95%	80%=Met	n=100 93%	80%=Met 93	n=128 87.3	80%= Met
BSN graduating students near completion level of satisfaction with acquired knowledge, skills, values, and attitudes needed for professional performance.	n=56 98%	80%=Met	n=100 96%	80%=Met 93%	n=128 96	80%= Met

Graduating students from the MSN and MSN-A programs show satisfaction with the programs and with acquired knowledge, skills, values, and attitudes needed for professional performance. Although 2013-2014 MSN graduating students did not express a general level of satisfaction that met the expected outcome (80%), they did express great satisfaction with acquired skills (99%). For 2014-2015 and 2015-2016 levels of satisfaction with the program increased to over 90% in both instances. Whatever situations may have prompted the 2013-2014 group to report lower levels of satisfaction with the program seem to have been resolved. Results are shown in Table IV.E.7, including those for the first cohort of the MSN with specialty in anesthesia who expressed that they were satisfied or totally satisfied with the program and with the acquired knowledge, skills, values, and attitudes.

Table IV.E.7: MSN Graduating Students' Level of Satisfaction with the Program and Acquired Skills

Dimension	Level of Satisfaction 2013-2014	Expected Outcome and Result	Level of Satisfaction 2014-2015	Expected Outcome and Result	Level of Satisfaction 2015-2016	Expected Outcome and Result	Average percentage of years reported
MSN graduating candidates' satisfaction with the program	N=7 68% unmet	80%=M	n=6 91%	80%=M	n=20 93%	80%=M	84%

Dimension	Level of Satisfaction 2013-2014	Expected Outcome and Result	Level of Satisfaction 2014-2015	Expected Outcome and Result	Level of Satisfaction 2015-2016	Expected Outcome and Result	Average percentage of years reported
MSN with specialty in Anesthesia satisfaction with the program					n=7* 100	80%=M	100%
MSN graduating candidates' level of satisfaction with acquired knowledge, skills, values, and attitudes needed for professional performance.	n=7 99%	80% Unmet	n=6 94%	80% Met	n=20 92	80% Met	95%
MSN with specialty in Anesthesia satisfaction with acquired knowledge, skills, values, and attitudes needed for professional performance.					n=7* 99%	80% Met	99%

*First anesthesia graduating class

Alumni Satisfaction

BSN and MSN alumni have been reached at continuing education activities, through Web social networks, by telephone calls, and by sending questionnaires. Unfortunately, response rates have been low. Table IV.E.8 shows the level of satisfaction of those who have responded. They were very satisfied or satisfied with all areas of the program including quality of clinical settings, faculty respect for students, faculty preparation and expertise, quality of teaching, physical resources, and library. The SON is fully aware that alumni outreach efforts must be strengthened and better survey methodologies developed in order to gather significant data. The Assessment Committee has been charged with this responsibility.

Table IV.E.8: Alumni Satisfaction

Program	Year	Level of satisfaction
BSN	2013-2014	88%
	2014-2015	93%
	2015-2016	86%
MSN	2013-2014	89%
	2014-2015	89%
	2015-2016	92%
MSN-A	2014-2015	100%

Employers' satisfaction

The expected outcome related to employers' satisfaction states that 80% of employers will be satisfied with alumni and the program. As shown in Table IV.E.9, in 2013-2014 16 employers representing nine (9) public and private institutions in the San Juan metropolitan area participated in a satisfaction survey regarding BSN alumni. Over 80% were satisfied and very satisfied in terms of the competent practitioner and critical thinking skills. Only 52% were satisfied with research outcome, but this outcome is understandable due to the fact that most area hospitals are not research institutions. It may be necessary to revise the questionnaire to allow for type of institution in terms of the item on research skills. The data was shared and analyzed with the employers in a meeting held in October 2015. Information related to areas in need of improvement were considered in the BSN curricular revision that began in August 2015. The new curriculum was presented to a group of employers in October 2015. The research outcome has been revised to reflect evidence based-practice. Also satisfaction questionnaire is being revised in order to focus this outcome in a more realistic way that can be observed by employers in work settings. Evidence based-practice has been integrated in the BSN program. In order to prepare faculty for this new component, a group of undergraduate and graduate faculty members participated in EBP workshops held in Ohio. In 2014-2015 the level of satisfaction with research surpassed the 80% expected outcome.

In 2013-2014, 11 employers, of three (3) educational institutions and five (5) public and private health institutions expressed their level of satisfaction with MSN program alumni. Over 80% were satisfied or very satisfied with the performance of SON alumni. The research outcome was under the expected outcome of 80% with a 70% of employers satisfied or very satisfied. Again, this outcome is understandable due to the fact that most area hospitals are not research institutions. However, it should be noted that results increased to 92% in 2014-2015, which may be due to the gradually changing culture of EBP in some institutions and the school's efforts to incorporate that content in the curriculum. MSN-A employers' data was not available because most graduates have only been working for eight months.

Table IV.E.9: Employers Satisfaction with BSN and MSN Alumni by Skills

Academic year	Program	Competent practitioner	Critical thinking	Research
2013-14	BSN (n=16)	98%	93%	52%
	MSN (n=11)	98%	94%	70%
2014-15	BSN (n=9)	94%	96%	85%
	MSN (n=7)	96%	97%	92%

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

Elaboration: The program demonstrates achievement of expected faculty outcomes. Expected faculty outcomes:

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

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

Program Response:

The SON has established faculty outcomes that contribute to the achievement of the school mission, goals, and expected student outcomes. These are: (1) 100% of faculty evidence engagement in activities conducive to professional development and expertise in areas of responsibility within a period of three years; (2) 100% of faculty evidence engagement in scholarly work in teaching, research, or service within a period of three years, and (3) 100% of faculty evidence engagement in professional activities in professional organizations and other communities of interest within a period of three years. Data is collected annually through faculty members

report to the Office of Academic Affairs, faculty evaluation by students, and documents for employment, promotions, and tenure.

(1) Engagement of faculty in activities for professional development and expertise in areas of responsibility

Strategic Goal 2 in the SON *Strategic Plan* seeks to *promote an academic culture characterized by a faculty prepared with diverse specialties and terminal degrees, openness to changes, flexible to curricular innovations and emergent teaching-learning modalities, and that integrates academic assessment*. The first faculty expected outcome is, thus, fully aligned with this goal. and with institutional Goal 5, which seeks the professional development of faculty.

The School of Nursing currently has 42 full-time faculty members. Seventeen (40%) have doctoral degrees. Of these, nine (9) hold PhDs, seven (7) EdDs, and one (1) DNS. There are 18 faculty members who are engaged in doctoral studies (42%) who are pursuing DNS (1), DNAP (1), DNP (3), DHA (2), EdD (6), and PhD (5). There are seven (17%) who have master's degrees. The SON was aiming for an 80% of tenure or tenure track faculty having doctoral degrees by 2016. This goal might be achieved by 2020 based on the projected graduation dates of those currently pursuing doctoral degrees. Faculty specialty areas include: family and community, maternal/child and midwifery, adult and elderly, anesthesia, nurse practitioner, clinical specialists, mental health and psychiatry. Most faculty members' functional role is in education (See Faculty Profile - Appendix II.D)

Faculty maintain their professional development through their participation in local and national congresses, workshops and conferences, symposia, seminars, the AACN Annual Master's, Doctoral and Baccalaureate Education Conferences (2013-2014, 2014-2015, and 2015-2016), and attendance to the campus Research and Education Forum, among others. During 2013-2014 and 2014-2015, 16 faculty members traveled to the mainland to participate in nursing conferences.

Nursing licensure renewal in Puerto Rico requires 30 credit hours a year in continuing education. In addition to any continuing education activities for licensure renewal, in 2013-2014 faculty members attended learning assessment workshops (28), curriculum and assessment workshops (33), seminar on public service in Puerto Rico (38), and Blackboard Workshop (1). Faculty maintain their clinical expertise and professional development through continuing education, practice with students in hospitals and other health agencies, voluntary services in the community, and through community group service. Examples of faculty practice include mental health practice, maternal and child health, adult and older adults, critical care, pediatric care, community health, and consultation in curriculum and accreditation processes.

(2) Engagement in scholarly work in teaching, research, or service

Strategic Plan Goal 3 states that: *The SON promotes the development of a research culture, competitive creative work through assistance with resources, technical and administrative support and equipment, to increment the body of nursing knowledge and improve the quality of nursing services*". The faculty outcome statement aligned with this strategic goal establishes that 100% of faculty evidence engagement in scholarly work in teaching, research, or service within a period of three years. For the period of 2013-2014 through 2015-2016, this outcome was met. In 2013-2014, two faculty members completed a total of six (6) peer reviewed publications, one (1) presented at the campus Research and Education Forum, two (2) presented in the Nursing Research Conference in the VA Hospital in San Juan, and three (3) faculty members presented in Venezuela, Mexico, and St. Martin. The school has increased support to scholarly work in research to strengthen the area.

The SON has been successful in obtaining HRSA grants awarded during 2013-2014, 2014-2015, and 2015-2016. The University of Puerto Rico assigned a total of \$300,000 in matching funds for NIH funds with the purpose of strengthening the research infrastructure and initiating research in health disparities. Several faculty members have benefitted from these funds and are working in several research projects.

In summary, during the last three years, 100 % of full-time faculty have shown evidence of engagement in one or more of the three areas of scholarly work as defined by the SON. Fifteen (45%) of faculty members have

been working in research, post-doctoral studies, writing and submitting grant proposals to NIH and HRSA, and peer and non-peer reviewed publications. One hundred percent (100%) of faculty are engaged in teaching/academic and/or service (academic or community) scholarly work. See Table IV.F.1 below. Appendix IV.F.1 shows examples of faculty activities.

(3) Engagement in professional activities in professional organizations and other communities of interest

The school's *Strategic Plan* Goal 6 states that: *The SON will increase community leadership that encourages appreciation for the diversity and value of the Puerto Rican culture, through the strengthening of continuing education, the participation of students and faculty in community and professional organizations, in the legislature and consortia with other interuniversity agencies and with other agencies in and outside Puerto Rico.* Consonant with this goal, the third faculty outcome statement indicates that 100% of faculty will evidence engagement in professional activities in professional organizations and other communities of interest within a period of three years. In 2013-2014, 14 faculty members participated in community service activities at the school's Manuel A. Pérez Nursing Center (public housing community in San Juan); two (2) participated in the Puerto Rico Eye Care Society, Inc.; one (1) faculty member was a member of an evaluation team for the Puerto Rico Council on Education; three (3) faculty members provided community services in churches; and two faculty participated as members of the board in the Society for Critical Care of Puerto Rico.

One hundred percent (100%) of faculty members engage in service activities internal and external to the university as part of their faculty workload. Internal activities include membership in committees at the School of Nursing and campus. Three (3) members of the faculty participated in sub-committees for the MSCHE Periodic Review process in 2016; the BSN curriculum committee wrote the BSN proposal for the curricular revision; the MSN curriculum committee wrote the MSN-Anesthesia and DNS proposals. Two (2) faculty members represent the SON in the Institutional Assessment Committee (CoIA) and two others represent the SON at the Institutional Student Learning Assessment Committee. External activities include professional memberships, presentations, consultations, grant reviews, and planning task forces at local, state, national, and international levels. Nursing faculty also volunteers in a variety of community service activities such as health fairs, parish nursing, and fundraisers. During the last three years, Dr. Juan Carlos Soto has been elected president of the Puerto Rico College of Nursing Professionals (*Colegio de Profesionales de la Enfermería de Puerto Rico*). Dr. Nancy Davila is a member of the Puerto Rico Nursing Examining Board and was designated Vice-president in August 2016.

Appendix IV.F.1 (Examples of Faculty Engagement in Activities and Scholarly Work) shows examples of faculty scholarly activities by type and year. Table IV.F.1 summarizes the numerical data.

Table IV.F.1: Summary of Data on Faculty Outcomes by Area of Activity

Faculty outcome	Indicators	2013-2014	2014-2015	2015-2016
Scholarly work in teaching, research, or service	Grants	1	1	1
	Books		1 (chapter)	
	Refereed articles	6	11	1
	Manuscript reviews (dissertations, articles)		6	4
	Non-refereed works	5		2 (first and second author)
	Papers and/or posters, oral presentations	1	10	3
	Teaching/academic such as design of syllabi, rubrics, writing of self-studies, and other academic scholarly work	41	41	42
	Research in progress	6	8	8

Faculty outcome	Indicators	2013-2014	2014-2015	2015-2016
	Service: (academic or community)	21	7 community fairs	28
Engagement in activities conducive to professional development and expertise	Continuing education	41	41	41
	Post-doctoral studies		1	1
	Certifications	1		
	Conferences and workshops	An average of 25 faculty members in 4 activities.	An average of 20 faculty members in 6 activities.	23 faculty members in 2 activities
	Congresses and accrediting/professional agencies meetings		14	2
	Doctoral studies and dissertations	5	5	7
Engagement in professional activities in professional organizations and other communities of interest	SON and MSC committees	4	6	4
	Professional organizations	41	42	42
	External communities such as commissions, Puerto Rico Nursing Board, College of Nursing Professionals		5	3

IV-G. The program defines and reviews formal complaints according to established policies.

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

Program Response:

The school abides by Administrative Board Certification 147 2015-2016, which establishes the process to address student complaints on campus. This certification is in accordance with university regulations included in the *UPR Student Bylaws* and *MSC Student Bylaws*. These documents and related ones are available at <http://de.rcm.upr.edu/Documentos.aspx>

Student complaints may refer but are not limited to situations pertaining to the teaching-learning process; elements of course syllabi; academic evaluations; interpersonal relationships with peers, teachers, non-teaching staff, and administrative supervisors; student services; reasonable accommodations; and any type of harassment. As a rule, students are expected to present their grievances in their schools before presenting them to other units or levels on campus.

In 1996, the MSC created the position of Student Ombudsperson. In 2005, the Board of Trustees approved a system-wide policy regarding student ombudspersons (Board of Trustees Certification 32 2005-2006). The Student Ombudsperson offers intercession, mediation, negotiation, and conciliation services during student grievance procedures, and makes referrals to arbitration services, when needed. The office advocates for student rights in all areas of campus life. Students have confidential access to the Ombudsperson by telephone, facsimile, and "Online Office" e-mail system at the MSC website. The office established a specific process for the management of those complaints directly related to noncompliance with reasonable accommodation pursuant to the American with Disabilities Act, and the Rehabilitation Act.

1. In general, a student should follow the following steps when filing a grievance: The student interested in filing a complaint should contact the Office for Student Affairs of his/her school and follow the steps recommended by the Assistant Dean/Associate Dean for Student Affairs.
2. Most situations should be resolved in an initial intervention with the person or office related to the complaint.
3. In filing the complaint, the student may rely on the assistance and advice of the Office for Student Affairs.
4. The student will also have the option of requesting the services of the Student Ombudsperson or the Conflicts Mediation Office (mediacion.rcm@upr.edu).
5. If at any point in the process the student expresses agreement with the actions taken, the grievance will be considered resolved.
6. If the student does not agree with the processes, he/she may appeal the case to higher university authorities such as the school dean or campus chancellor.

According to the UPR and MSC *General Student Bylaws*, information gathered during a disciplinary process must be filed securely and separately from the student's academic record. In the MSC, records of disciplinary decisions made regarding student conduct are kept locked in the office of the Dean of Students. Students have the right to examine their disciplinary records at any time and may request a copy from the Deanship for Student Affairs. Information cannot be disclosed to a third party without the student's consent, except to authorize university officials or by a court order.

In academic year 2014-2015 two situations were formally reported to the SON's Office for Student Affairs. One was the unauthorized recording of a class. The second pertained to repeated absences and tardiness. Both were resolved satisfactorily. In 2015-2016, a situation involving a student's use of improper language was brought to the attention of the Office for Student Affairs. Office staff advised the student as to appropriate conduct of a professional student and the situation was resolved. Other cases involved disagreements over grades and dissatisfaction with some student services. Again, school officials were able to resolve all issues.

Faculty and employees also have grievance procedures set forth in the *UPR Bylaws*, as amended, which basically call for similar steps and channels within the institution. Faculty may request the services of the Faculty Ombudsperson or the campus Mediation Office mentioned above. Unresolved and more serious cases may appeal to the Board of Governors. As a rule, most cases are resolved at the school or campus level.

IV-H. Data analysis is used to foster ongoing program improvement.

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

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

Program Response:

Table IV.H.1 shows a summary of current outcomes. As may be observed, the BSN program meets the expected outcomes. MSN meets all expected outcomes except graduation rates. MSN students are mostly women and must work and study due to financial obligations. They also are heads of households. Inevitably, these factors might affect their completion rates. The school will continue to seek ways to facilitate completion without lowering quality standards.

Table IV.H.1: Program Outcomes Summary

Students Outcomes Data Summary	BSN	MSN	MSN-A
1. Student Learning Outcomes	Met	Met	Met
2. Satisfaction with course content, teaching learning methodology, evaluation strategies and faculty evaluation.	Met	Met	Met
3. Graduating student satisfaction and achievement of SLO	Met	Met	Met
4. Graduating student satisfaction with acquired knowledge, skills, values, and attitudes needed for professional performance.	Met	Met	Met
5. Graduating student satisfaction with program in general	Met	Met	Met
6. Retention rate	Met	Met	Met
7. Graduation rate	Met	Unmet	Met
8. Pass rates of state board or certification examination	Met	N/A	Partially met*
9. Employment	Met	Met	Met
10. Employers satisfaction	Met	Met	Met

*Anesthesia graduates

Aggregated data is analyzed, disseminated and used to foster the programs' improvement. Table IV.H.2 shows examples of areas of improvement as a result of the assessment process at the SON.

Table IV.H.2: Examples of Areas of Improvement that Have Resulted from Assessment Processes at the SON

Assessment Findings	Sources of findings	Dissemination of findings	Actions taken	Results
Standard 1: Administration and Governance Catalog and syllabi in need of revision to show SON revision of goals according to IOM competencies and AACN Essentials	MSC Catalog Syllabi information with discrepancies	Information is being disseminated by program directors and faculty.	Some course descriptions of the MSN have been revised and submitted to the campus Academic Development Office of the Deanship for Academic Affairs	Pending registration of changes and incorporation to the Catalog.
Standard 2: Resources There is a low level of student satisfaction regarding skills and simulation laboratories. Students' recommendations to update laboratory equipment, materials and software	Students questionnaires and graduating candidates' questionnaires	Information is disseminated at faculty summer retreats held in June 2013-2014, June 2014-2015, and June 2015-2016.	1. Skills and simulation laboratories were separated. There is one on the first floor and the other on the second floor. 2. Acquisition of pregnant woman, child, and adolescent simulators. 3. A faculty member was assigned to work as administrator of the laboratory. 4. Faculty has been trained on simulation.	Laboratory equipment has been updated.
Standard 2: Resources Need to increase number of faculty	Faculty profile	MSC Administration	1. Three (3) faculty members completed doctoral degrees and others	Technological methodology in teaching is being

Assessment Findings	Sources of findings	Dissemination of findings	Actions taken	Results
with doctoral degrees and other technological and research qualifications to meet UPR System requirements			are pursuing DNS, DNAP, DNP, DHA, EdD, and PhD. 2. Faculty has been trained on Moodle and some in Blackboard platforms. 3. Most faculty members have been trained in EBP.	incorporated in curricula. EBP is being incorporated in the curricula.
Standard 3: Curriculum. 1. Need for curriculum revision of BSN to assure that all Essentials are incorporated through the curriculum.	1.1 Input from employers through meetings. 1.2 Students' evaluations of courses 1.3 Annual Reports	1.1 Discussion in faculty meetings 1.2 Analysis of data in annual reports 1.3 Data is disseminated to faculty at summer retreats and by the Office of Evaluation and Planning through the Annual Report.	Curriculum revision through: 1.1 Revision of Essentials 1.2 Alignment of course objectives with Essentials and IOM competencies. 1.3 Alignment of course objectives with student learning outcomes. 1.4 Analysis of alignment and curricular map of BSN Program. 1.5 Completion of BSN revision of curriculum and submittal to SON and MSC Academic Development Office for approval.	1. BSN curriculum revised and implemented in August 2015.
2. Need to evaluate the MSN with specialty in Anesthesia due to the fact that certification examination pass rates outcome was not met	2.1 Results of National Certification Examination	2.1 Analysis of results of national certification examination. 2.2 Discussion with communities of interest. 2.3 Data disseminated through campus assessment data dashboard)	2.1 Evaluation of MSN Anesthesia Program 2.2 Writing of a new proposal 2.3 Submission to university authorities and to the Puerto Rico Council on Education. 2.4 Submitted to Council on Accreditation (COA) of Nurse Anesthesia Educational Programs	COA accreditation awarded effective October 12, 2012. Revised program began August 2013. First graduates completed program in December 2015.
3. Need to establish a doctoral program in nursing in Puerto Rico to attain the SON's mission.	3. Input from communities of interest.	3.1 Analysis of need in faculty meetings.	3.1 Needs assessment. 3.2 Writing of proposal 3.3 Submission to SON, university authorities, and the Puerto Rico Council on Education 3.4 Site Visit by Council on Education in June 2011.	3.1 Approval by the Puerto Rico Council on Education in September 2011. 3.2 DNS program began in August 2012 with two students. 3.3 Two doctoral students graduated in June 2015.

Assessment Findings	Sources of findings	Dissemination of findings	Actions taken	Results
4. Need to strengthen culture of classroom assessment	4. Course syllabi	4.1 Discussion of course syllabi in faculty meetings	4.1 A plan will be established to start offering workshops (twice a year) related to Classroom Assessment Techniques (CAT)	4.1 Expected incorporation of CAT in course syllabi.
Standard 4: Program Effectiveness Difficulty in maintaining ties with alumni for adequate follow-up.	School of Nursing Student Affairs Office	Faculty meetings and Annual Reports	School Web page has been modified to increase communication with alumni Establishment of Sigma Theta Tau at large chapter in the School of Nursing. Two social activities in which alumni and other members of communities of interest were invited.	There is a need for other strategies to maintain contact with alumni. A social network page is being developed to improve this area.
Standard 4: Program Effectiveness Data from different outcomes of FNP effectiveness do not meet expected outcomes.	Course evaluations, level of satisfaction of graduating candidates, results of certification examination pass rates.	Faculty retreats to discuss findings.	1.1 Evaluation of the Program following established guidelines (Board of Trustees Certification #43, 2006-2007) conducted in 2013. The first evaluation report of FNP program was submitted in 2008. A curriculum revision will be conducted considering results of evaluation.	A revised curriculum considering the position of AACN for DNP in advanced practice programs by the year 2018

Standard IV - Program Effectiveness: Assessment and Achievement of Program Outcomes Strengths:

1. A systematic process is used to determine program effectiveness. The SON has worked on improving its effectiveness and assessment system. (IV.A)
2. Graduation rates are met for BSN and MSN Anesthesia programs. Data showed consistent retention rates for BSN students for the last three years, all of which surpassed the expected outcome. The retention outcome for the MSN and MSN-Anesthesia programs were met (IV.B)
3. Licensure and certification pass rates: The pass rates on the first attempt on the local board test by the BSN graduates surpassed the 80% expected outcome for the last three years (IV.C)
4. Employment rates for the MSN program surpassed the 70% benchmark of employment within the first year. The MSN-Anesthesia graduates from the first class are all working in their role. (IV.D)
5. Aggregate data of three years demonstrated that BSN, MSN, MSN-A students surpassed the achievement target in the three dimensions of Student Learning Outcomes (competent practitioner, critical thinking, and research). Satisfaction of students with all aspects of the programs surpassed expected outcomes. There is a general satisfaction of students, graduating candidates, alumni and employers with the programs. (IV.E)
6. The faculty of MSC School of Nursing are actively engaged in the diverse categories of scholarly work. In summary, during the last three years, 100 % of full-time faculty have shown evidence of engagement in one or more of the three areas of scholarly work as defined by the SON. Faculty outcomes were met. (IV.F)
7. The school abides by Administrative Board Certification 147 2015-2016, which establishes the process to address student complaints on campus. (IV.G)
8. Data Analysis is used to foster ongoing program improvement. Data is systematically collected and statistically analyzed through the Survey Monkey electronic platform. Results are communicated to corresponding personnel (faculty, directors or associate dean) for the appropriate actions. Dissemination

of findings is communicated to diverse communities of interest (COI) through annual reports to the Medical Sciences Campus Office of Assessment, annual retreats with faculty, and reports in meetings with employers and Advisory Board. Recommendations are discussed in various activities, particularly with faculty in summer retreats. Assessment results are used in decision-making. (IV.H)

Areas for Improvement:

1. Complete data entry of assessment results to weave-online platform. Increase systematization and strengthening of School's assessment culture. (IV.A).
2. Increase graduation rates of MSN students (IV.B).
3. Increase first attempt pass rates of MSN Anesthesia graduates (IV.C).
4. Improve contact with recent graduates to gather employment data. (IV.D).
5. Need to improve communication with alumni and employers regarding satisfaction with the programs. (IV.E)
6. Increase faculty participation in research and EBP scholarly work. (IV.F).
7. Continue analyzing and using data to improve outcomes results. (IV.H)

LIST OF APPENDIXES

APPENDIX I.A.1

**CONGRUENCE OF MISSION AND GOALS OF THE UNIVERSITY OF PUERTO RICO (UPR),
THE MEDICAL SCIENCES CAMPUS (MSC) AND THE SCHOOL OF NURSING (SON)**

APPENDIX I.A.1

CONGRUENCE OF MISSION AND GOALS OF THE UNIVERSITY OF PUERTO RICO (UPR), THE MEDICAL SCIENCES CAMPUS (MSC) AND THE SCHOOL OF NURSING (SON)

UPR	MSC	SON
<p>"a. The University of Puerto Rico as an organ of higher education, in its obligation of service to the people of Puerto Rico and its adherence to the ideals of an integrally democratic society, has an essential mission to attain the following objectives, with which is consubstantial the fullest freedom of professorship and scientific research:</p> <p>(1) to transmit and increase learning by means of the sciences and the arts, making it serve the community through the actions of its professors, investigators, students and graduates.</p> <p>(2) to contribute to the cultivation and enjoyment of the ethical and esthetic values of culture.</p> <p>b. In the faithful performance of its mission, the University shall:</p> <p>(1) cultivate love of learning as conducive to freedom, through the search and discussion of truth, in an attitude of respect to create dialogue.</p> <p>(2) conserve, enrich and spread the cultural values of the Puerto Rican people, and strengthen their awareness of their unity in the common undertaking to democratically solve all their problems.</p> <p>(3) seek the full formation of the student in light of this responsibility as servant of the community.</p> <p>(4) fully develop the intellectual and spiritual wealth latent in our people, so that the values of the intelligence and spirit of the exceptional personalities that arise from all social sectors, especially those least favored in economic resources, may be put to the services of the Puerto Rican community.</p> <p>(5) collaborate with the organizations, within its appropriate sphere, in the study of the problems of Puerto Rico.</p> <p>(6) keep in mind that, because of its nature as a university and its identification with Puerto Rico living ideals, it is essentially linked to the values and interests of every democratic community.</p>	<p>Mission Higher education academic center in the health sciences, with expertise in the undergraduate, graduate, postgraduate, and continuing education of health care professionals; a leader in prevention, health promotion, and protection services and in research aimed at advancing knowledge and improving current health conditions in Puerto Rico, in close alliance with the community and the health sector.</p> <p>Goals</p> <ul style="list-style-type: none"> -Prepare scientists, educators and professionals who will promote and maintain the best health conditions of the people of Puerto Rico by working as an interdisciplinary health team. -Provide education of excellence in the health sciences at the pre- and postbachelor's degree levels and at the post-doctoral level. -Enable students to reach the highest level of excellence in acquiring knowledge, developing human sensitivity and ethical values, a social conscience, critical thinking skills and life-long learning. <p>- Strengthen basic and applied scientific research as an institutional contribution to the search for knowledge in the health fields.</p> <p>- Maintain the knowledge and skills of health sciences professionals up to date.</p>	<p>Mission Prepare highly qualified nursing professionals leaders in service, education and research to work in an interdisciplinary manner within a changing and culturally diverse society.</p> <p>Goals</p> <p>(1) Prepare nurse generalists at the baccalaureate level with the knowledge, ethical decision making, critical thinking, technical and technological skills, and attitudes necessary to practice as professional nurses, and to assume a leadership role when offering direct competent care that is evidence-based, collaborative, interdisciplinary and culturally congruent to individuals, groups and populations in a variety of settings, including primary, secondary, and tertiary health care levels,</p> <p>(2) Prepare master's level nurses with the knowledge and skills, who use evidence-based practice and research for the improvement of health care and the advancement of education, administration and practice and that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists, and nurse anesthetists.</p> <p>(3) Prepare nurse scientists at a doctoral level to conduct research in nursing and contribute to the advancement of nursing science.</p> <p>(4) Provide continuing education activities to enhance the knowledge of professional nurses and other health professionals.</p>

Resources: University of Puerto Rico Act, Act No. 1 of January 20, 1966 as amended, August 11, 2010 Edition, Mission and Goals of the Medical Sciences Campus, Academic Senate 2007; Medical Sciences Campus Strategic Plan 2009-2016, SON Mission (2006) and Goals (2016), MSC Periodic Review Report submitted to Middle States Commission on Higher Education, June 2016.

APPENDIX I.A.2

ALIGNMENT BETWEEN INSTITUTIONAL STUDENT LEARNING OUTCOMES (SLO) AND PROGRAM SLO

APPENDIX I.A.2

University of Puerto Rico
Medical Sciences Campus
Academic Affairs, Accreditation Office

Alignment Between Institutional Student Learning Outcomes (SLO) and Program SLO

MSC Goal 3: Procure that student attain the highest level of excellence in **knowledge**, development of **human sensibility and ethical values**, **social conscience**, **critical thinking skills** and **life-long learning**.

Program: **Baccalaureate Degree in Nursing**

MSC SLO	Student Learning Outcomes
Knowledge Domain	Competent practitioner <ol style="list-style-type: none"> 1. Nursing process skills as scientific methodology 2. Basic level direct patient centered services 3. Cultural and ethical sensibility 4. Leadership skills 5. Technical skills 6. Communication skills 7. Patient care technologies 8. Information management systems
Human Sensibility and Ethical Values	Competent practitioner <ul style="list-style-type: none"> • Cultural and ethical sensibility
Social Conscience	Competent practitioner <ul style="list-style-type: none"> • Cultural and ethical sensibility
Critical Thinking / Problem Solving	Critical Thinking skills <ul style="list-style-type: none"> • Use clinical judgment and decision making skills • Engage in objective self-evaluation process • Evaluate nursing care outcomes • Foster creative problem solving Research skills <ul style="list-style-type: none"> • Solve problems/situations applying scientific reasoning • Access, analyze and utilize relevant literature • Utilize relevant research findings in clinical practice • Utilize evidence-based practice in patient care in different settings
Life-long Learning	Competent practitioner <ul style="list-style-type: none"> • Leadership skills • Technical skills Critical Thinking Skills <ul style="list-style-type: none"> • Engage in objective self-evaluation process Research skills <ul style="list-style-type: none"> • Solve problems/situations applying scientific reasoning
Interprofessional / Interdisciplinary	Competent practitioner <ul style="list-style-type: none"> • Communication skills and collaborative/interdependent relationships

3/18/2009 - Revised: October 2, 2016

APPENDIX I.A.3

CONSISTENCY OF PROGRAM MISSION, GOALS, AND EXPECTED PROGRAM OUTCOMES WITH RELEVANT PROFESSIONAL NURSING STANDARDS AND GUIDELINES

Appendix I.A.3

CONSISTENCY OF PROGRAM MISSION, GOALS, AND EXPECTED PROGRAM OUTCOMES WITH RELEVANT PROFESSIONAL NURSING STANDARDS AND GUIDELINES

Mission/Goals		SON Student Learning Outcomes		Professional Standards and Guidelines
		BSN	MSN/MSN-A	
<p>Mission Prepare highly qualified nursing professionals leaders in service, education and research to work in an interdisciplinary manner within a changing and culturally diverse society.</p> <p>Goals (1) Prepare nurse generalists at the baccalaureate level with the knowledge, ethical decision making, critical thinking, technical and technological skills, and attitudes necessary to practice as professional nurses, and to assume a leadership role when offering direct competent care that is evidence-based, collaborative, interdisciplinary and culturally congruent to individuals, groups and populations in a variety of settings, including primary, secondary, and tertiary health care levels,</p> <p>(2) Prepare master's level nurses with the knowledge and skills, who use evidence-based practice and research for the improvement of health</p>	Competent practitioner	1. BSN graduates demonstrate behaviors as competent practitioners through the following: application of nursing process skills, basic level direct client services, cultural and ethical sensibility, leadership skills, technical skills, communication skills, patient care technologies, and information management systems.	1. MSN graduates demonstrate behavior as competent practitioners through: application of body knowledge, performance of advanced assessment, advanced skills for direct client services, leadership skills, application of ethical principles and multicultural knowledge, communication skills and collaborative/interdependent relationships.	<p>-CCNE Standards for Accreditation of Baccalaureate and Graduate Degree Nursing Programs 2013</p> <p>-The Essentials of Baccalaureate Education for Professional Nursing Practice of the AACN (2008)</p> <p>-The Essentials of Master's Education in Nursing of the AACN 2011</p> <p>-Standards of Practice of College of Professional Nurses of Puerto Rico (2010)</p> <p>Standards for Accreditation of Nurse Anesthesia Educational Programs (Revised in 2013) and the 2014 Standards for Nurse Anesthesia Practice</p>
	Research Skills	2. BSN graduates demonstrate the following behaviors: application of scientific reasoning to solve problem's situations, basic understanding of research process and models for applying evidence to clinical practice and protection of human subjects in conduct of research, access, analysis and utilization of relevant literature and utilization of relevant research findings for evidence based practice in patient care at different settings.	<p>Nurse Anesthesia Program (NAP) graduates demonstrate behaviors as competent practitioners through: application of knowledgeable, ethical and legal practice, communication skills, leadership and clinical competencies of nurse anesthetist as defined by Council on Anesthesia (COA).</p> <p>2. MSN graduates demonstrate the following behaviors: capability to analyze and critique research publications, utilization of research findings in practice, actively participation in designing and implementing research studies or evidence based projects.</p> <p>NAP graduates demonstrate the following behaviors: capability to analyze and critique research publications, utilization of research</p>	

Mission/Goals	SON Student Learning Outcomes		Professional Standards and Guidelines
	BSN	MSN/MSN-A	
<p>care and the advancement of education, administration and practice and that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists, and nurse anesthetists.</p>	<p>Critical Thinking Skills</p> <p>3. BSN graduates demonstrate critical thinking skills through the following behaviors: use clinical judgment and decision making skills, engage in objective self-evaluation process, evaluate nursing care outcomes and foster creative problem solving.</p>	<p>findings in practice, actively participation in designing, implementing and disseminating evidence based projects (EPB).</p> <p>3. MSN graduates demonstrate critical thinking skills through the following behaviors: application of theories and models in problem solving and decision making when applicable, application of inductive and deductive reasoning for decision making, objective self- professional practice evaluation and creative problem solving.</p> <p>NAP graduates demonstrate critical thinking skills through the following behaviors: problem solving and decision making, objective self-professional practice evaluation and creative problem solving.</p>	

APPENDIX I.D.1
STUDENT PARTICIPATION IN GOVERNANCE

APPENDIX I.D.1

STUDENT PARTICIPATION IN GOVERNANCE

Type of Participation	2013-2014	2014-2015	2015-2016	2016-2017
SON Student Council	Javier González, President Gabriel Rivera, Vice- President Kerimarluan Marrero, Secretary Asael Reyes, Treasurer	Keyla Vélez, President Héctor Ayala, Vice- President Mileishka García, Secretary Michelle Rosario, Treasurer	Marilyn Medina, President Damaris López, Vice President Giuliana Medina, Secretary Roberson Ruiz, Treasurer Jonathan Figueroa, Academic Senate representative	Paola Guadalupe, President Thiare Aquino, Vice President Kiara Delgado, Executive Secretary Jennifer Paredes, Secretary of Minutes Ashley García, Secretary of Activities Yaideliz Concepción, Secretary of Administration Steven Rodríguez Vega, Secretary of Press Juliany Quiles, Student Senator
	Cindy Lamarche, President 4th year class	Ileana Viltres, 3 rd yr class President	Edgar Miranda, President, 4th yr class	
	4 th year representatives: Mirellie Lago Nitzamarie Díaz Paola Ocasio	3 rd yr representatives Damaris Feliciano Alejandra Rodríguez Adriana Rodríguez	4 th year representatives Adriana Santiago Loammi Yambo	
	Lyanne Rodríguez President 3 rd yr	Javier González, 4th yr class President	Darvince Torres President, 3 rd yr class	Jessica Villafañe, Alternate Member Academic Senate Javier González, General Student Council Representative
	3 rd yr representatives Allison Huertas Alexandra Vega	4 th yr representatives Damaris Morales Kiara Mundo Allison Huertas	3 rd yr representatives Cristina Muñoz Carolina Alvarez MSN representatives Javier González (day program) Bárbara Maldonado (evening program)	Bárbara Maldonado, General Student Council Representative
	Ivonne Llinás President 2nd yr class	MSN representatives Angel Gerena (day program)	MSN-Anesthesia Representatives	
	2 nd year representatives Lilliana Negrón Angel De Jesús MSN representative Gilberto Vega	Gilberto Vega (evening program) Melissa Díaz (evening program)	Liber González – 1st yr José Bonilla 2nd yr José Rodríguez – 3rd yr	

Type of Participation	2013-2014	2014-2015	2015-2016	2016-2017
		MSN-Anesthesia Representatives José Bonilla José Rodríguez		
MSC General Student Council	Allison Huertas Gilberto Vega	Gilberto Vega, President	Haydee Serrano, Secretary 1st semester Bárbara Maldonado, Secretary 2nd semester and President since March 2016 Jonathan Figueroa	Barbara Maldonado, Vice- President (President from July to September 2016) Javier González
MSC Academic Senate	Lyanne Rodríguez	Allison Huertas		Jennifer Paredes Ashley García, Alternate member
Research Committee			Adamari Castro, Student Graduate Department	Raissa Rosado, BSN program Carla Sepúlveda, Student Graduate Department
Curriculum Committee Evaluation Committee BSN Admission Committee CCNE Self-Study Collaborating Students Committee			Aileen Rivera (MSN) Angel Rivera	Natalie Rivera Javier González, Bárbara Maldonado, José Bonilla, Raiza Rosado, Edward Colón, Azaria Candelario

APPENDIX I.D.2
FACULTY PARTICIPATION IN GOVERNANCE

APPENDIX I.D.2
FACULTY PARTICIPATION IN GOVERNANCE

Type of Participation	2013-2014	2014-2015	2015-2016	2016-2017
MSC Administrative Board	Dr. Nancy Dávila Acting Dean	Dr. Suane Sánchez Dean	Dr. Suane Sánchez Dean	Dr. Suane Sánchez Dean
MSC Associate Deans Academic Affairs Committee (CIPE, Spanish Acronym)	Dr. Milagros Figueroa	Dr. Gloria Ortiz	Dr. Gloria Ortiz	Dr. Gloria Ortiz
MSC Assistant Deans Student Affairs Board	Prof. Leyra Figueroa	Prof. Leyra Figueroa	Prof. Leyra Figueroa	Prof. Lilliana Hernández
MSC Academic Senate	Dr. Elizabeth Román Dr. Janet Rodríguez	Dr. Elizabeth Román Dr. Janet Rodríguez	Dr. Elizabeth Román Dr. Carmen Custodio	Dr. Elizabeth Román Dr. Carmen Custodio
MCS Institutional Assessment Committee/ Institutional Effectiveness	Dr. Carmen Madera/Dr. Nancy Dávila	Prof. Lourdes Irene/Dr. Carmen Madera	Prof. Lourdes Irene/Dr. Carmen Madera/Prof. Leonor Rivera	Dr. Carmen Madera/Prof. Leonor Rivera
MCS Institutional Assessment Committee/Student Learning		Prof. Lilliana Hernández/Prof. Lourdes Irene	Prof. Elizabeth Arbelo, Dr. Elizabeth Román Prof. Leonor Rivera	Prof. Leonor Rivera/Dr. Elizabeth Román
SON Executive Committee	Dr. Nancy Dávila Acting Dean Dr. Milagros Figueroa, Acting Associate Dean for Academic Affairs Prof. Leyra Figueroa, Acting Assistant Dean Student Affairs Dr. Carmen M. Arroyo, Acting Director Graduate Department	Dr. Suane Sánchez, Dean Dr. Gloria Ortiz, Associate Dean for Academic Affairs Prof. Leyra Figueroa, Assistant Dean for Student Affairs Dr. Juan Carlos Soto, Director Graduate Department	Dr. Suane Sánchez, Dean Dr. Gloria Ortiz, Associate Dean for Academic Affairs Prof. Leyra Figueroa, Assistant Dean for Student Affairs Dr. Milagros Figueroa, Assistant Dean for Research	Dr. Suane Sánchez, Dean Dr. Gloria Ortiz, Associate Dean for Academic Affairs Prof. Lilliana Hernández, Assistant Dean for Student Affairs Dr. Milagros Figueroa, Assistant Dean for Research

Type of Participation	2013-2014	2014-2015	2015-2016	2016-2017
	Prof. Carmen I. Díaz, Acting Director Under-Graduate Department	Prof. Carmen I. Díaz, Director Undergraduate Department	Dr. Janet Rodríguez, Director Graduate Department Prof. Carmen I. Díaz, Director Undergraduate Department	Dr. Janet Rodríguez, Director Graduate Department Dr. Carmen I. Díaz, Director Undergraduate Department
SON BSN Curriculum Committee	Prof. Elizabeth Arbelo, President Prof. Olga Bermúdez Prof. Noemy Díaz Prof. Lilliana Hernández Prof. Viviana Torres Prof. Josmarie Ortiz	Prof. Elizabeth Arbelo, President Prof. Olga Bermúdez Prof. Noemy Díaz Prof. Lilliana Hernández Prof. Viviana Torres Prof. Josmarie Ortiz	Prof. Elizabeth Arbelo, President Prof. Olga Bermúdez Prof. Noemy Díaz Prof. Leonor Rivera Prof. Melany Alicea Viviana Torres	Prof. Elizabeth Arbelo, President Prof. Olga Bermúdez Prof. Noemy Díaz Prof. Leonor Rivera Prof. Melany Alicea Viviana Torres
SON MSN Curriculum Committee	Dr. Suane Sánchez, President All MSN faculty	Dr. Carmen Madera, President All MSN faculty	Dr. Carmen Madera, President All MSN faculty	Dr. Carmen Madera, President All MSN Faculty
SON Evaluation Committee (one sub-committee for SON Effectiveness, another sub- committee for Student Learning Outcomes)	Dr. Carmen Madera Dr. Gloria Ortiz Dr. Marta Rivero Dr. Milagros Figueroa Dr. Juan C. Soto Prof. Lourdes Irene Prof. Nancy Morales	Dr. Carmen Madera Dr. Gloria Ortiz Dr. Marta Rivero Dr. Milagros Figueroa Dr. Juan Carlos Soto Prof. Lourdes Irene Dr. Nancy Morales	Dr. Carmen Madera Dr. Gloria Ortiz Dr. Marta Rivero Dr. Milagros Figueroa Dr. Juan Carlos Soto Prof. Lourdes Irene Dr. Nancy Morales	Prof. Leonor Rivera Dr. Carmen Madera Dr. Gloria Ortiz Prof. Lourdes Irene Prof. Ivelisse Rivera Dr. Carmen Custodio Dr. Marta Rivero Dr. Elizabeth Román Prof. José Rodríguez Dr. Nancy Dávila
SON Research Committee	Dr. Janet Rodríguez, President Prof. Luz V. Camacho Prof. Sherily Pereira Dr. Yadira Regueira Prof. Rosa Ruiz Dr. Milagros Figueroa	Dr. Janet Rodríguez, President Dr. Marta Rivero Dr. Milagros Figueroa Dr. Carmen Mabel Arroyo Prof. Sherily Pereira Prof. Rosa Ruiz Prof. Elba Ortiz	Dr. Marta Rivero, President Dr. Milagros Figueroa, Assistant Dean of Research Dr. Carmen Mabel Arroyo Prof. Sherily Pereira Prof. Rosa Ruiz	Dr. Marta Rivero- President Dr. Milagros Figueroa- Assistant Dean of Research Dr. Carmen Mabel Arroyo Dr. Sherily Pereira

Type of Participation	2013-2014	2014-2015	2015-2016	2016-2017
	Dr. Carmen Mabel Arroyo	Prof. Luz V. Camacho	Prof. Elba Ortiz Prof. Luz Camacho Mrs. Solymar Solis, Director Research Center	Prof. Rosa Ruiz Prof. Elba Ortiz Prof. Luz Camacho Mrs. Solymar Solis- Director Research Center
SON MSN-Anesthesia Committees	Prof. Ronald Negrón Prof. Crucita Mattei	Prof. Ronald Negrón Prof. Mónica Paz	Prof. Jorge Hernández Prof. Mónica Paz	Prof. Jorge Hernández Prof. Mónica Paz Prof. José Rodríguez
CCNE Self-Study Committees		All faculty in several committees and in their individual capacity submitted information for Standards III (Dr. Carmen Madera, Leader) and IV (Dr. Carmen Madera, Leader).	All faculty in several committees and in their individual capacity submitted information for Standards III (Leaders Dr. Elizabeth Román, Dr. Carmen Madera) and IV (Dr. Carmen Madera, Leader). SON Executive Committee Standards I & 2 Leader Dr. Gloria Ortiz	All faculty in several committees and in their individual capacity submitted information for Standards III (Leaders Dr. Elizabeth Román, Dr. Carmen Madera) and IV (Dr. Carmen Madera, Leader). SON Executive Committee Standards I & 2 Leader Dr. Gloria Ortiz

APPENDIX I.F.1

OTHER INSTITUTIONAL POLICIES IN THE ONLINE MSC CATALOG 2016-2017

Appendix I.F.1: Other Institutional Policies in the Online MSC Catalog 2016-2017

Policy	Description and location
Equal opportunity	MSC Catalog p.31 The Medical Sciences Campus abides by the University of Puerto Rico non-discrimination policy. The University of Puerto Rico non-discrimination policy is established in the Board of Trustees Certification No. 58 (2004-2005). Information on rights and services available to students with disabilities is posted in the MSC Student Portal webpage http://estudiantes.rcm.upr.edu/ .
Privacy of educational records	MSC Catalog p.32 The University of Puerto Rico complies with the provisions of the Buckley Amendment (Family Educational Rights and Privacy Act of 1974, as amended).
Smoking, illegal drugs, and alcohol abuse	MSC Catalog p.32 Smoking is forbidden in all enclosed campus areas. The Medical Sciences Campus is committed to the UPR System's vigorous policy to combat the manufacture, distribution, supply, possession, and use within its grounds of controlled substances and illegal drugs, as defined by the applicable laws.
Language of instruction	MSC Catalog p.31 Spanish is the language of instruction in most courses; Students are required to have a knowledge of English as a second language
Protection of human subjects in research	MSC Catalog p.32 As per Assurance (FWA 00005561), the institution is committed to guaranteeing that all research involving human subjects or analysis of data gathered from human subjects, regardless of funding status, be reviewed by the IRB prior to the implementation of any research activity.
-Authorship -Scientific Misconduct -Policy on the use of information technology -Policy on Sexual Harassment and sex discrimination -Institutional policy on uncivil conduct -Release time to attend meetings of Academic Senate and committees -Excused absence and deferment from examinations -Excused absence and completion of academic activities	MSC Catalog p.33 MSC Catalog p.34 MSC Catalog p.35

APPENDIX II.B.1
LIST OF DATABASES

Appendix II.B.1: List of Databases

Electronic Resources

- ACS PUBLICATIONS (AMERICAN CHEMICAL SOCIETY)
- BEST PRACTICE
- BOOKSHELF (PUBMED)
- BVS - BIBLIOTECA VIRTUAL EN SALUD (BIREME)
- CLINICALKEY
- CONUCO (PUERTO RICO PERIODICALS INDEX)
- DIALNETPLUS
- DIGITALIA HISPANICA
- EBSCOHOST
 - [H.W. Wilson Databases](#)
 - [Academic Search Complete](#)
 - [CINAHL](#)
 - [Nursing and Allied Health Databases Combined](#)
 - [Medline](#)
 - [Medline with some Full Texts](#)
 - [Health \(Clinical Information\)](#)
 - [ERIC and Other Databases with Related Contents](#)
 - [Health Education and Health Communication with Related Contents](#)
 - [Pharmacy and Pharmacology Databases](#)
 - [PsycINFO AND Psychology and Behavioral Sciences Collection Combined](#)
 - [PsycINFO AND Psychology and Behavioral Sciences Collection and Other](#)
 - [Public Health and Other Databases with Related Contents](#)
 - [Social Sciences and Other Databases with Related Contents](#)
 - [News Sources Combined](#)

Ebsco Full Text Finder

- ENFERMERIA AL DIA
- FILMS ON DEMAND - DIGITAL EDUCATIONAL VIDEOS
- INFOTRAC
- LATINDEX
- LIBRARIA
- MICROMEDEX SOLUTIONS
- NATIONAL ACADEMIES PRESS - BOOKS AND REPORTS
- NATURAL MEDICINES
- NURSING REFERENCE CENTER
- OVID
- PROQUEST CENTRAL (1971 - present)
- PROQUEST DISSERTATIONS AND THESES GLOBAL
- PSYCHIATRYONLINE
- PSYCINFO
- SCIELO - SCIENTIFIC ELECTRONIC LIBRARY ONLINE
- SCIENCEDIRECT (ELSEVIER)
- SCOPUS
- SPRINGER LINK - MEDICINE BOOKS
- VISIBLE BODY - HUMAN ANATOMY ATLAS
- WILEY ONLINE LIBRARY

SPECIFIC ELECTRONIC RESOURCES IN NURSING AND ALLIED HEALTH

EBSCO Full Text Finder Nursing Reference Center (database)

Electronic Journals

- Dialnetplus - Enfermería
- ScienceDirect - Journals - Nursing
- Wiley Online Library - Journals - Nursing

Electronic Books

- Books@OVID-SP
- 74 Nursing electronic books
Digitalia HISPÁNICA
 - OVID Español
 - SpringerLink

APPENDIX II.D
FACULTY PROFILE

APPENDIX II.D

Faculty Profile 2016-2017

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF NURSING

1

Name	Academic Rank	Years Teaching Experience	Appointment	Workload	Faculty Credentials			Specialty Area	Teaching Responsibility - *Nursing Courses
					Academic Degree	RN License	Certifications		
Undergraduate Department (BSN)									
Alicea Avila, Melany	Instructor	5	Non-Tenure Track	Full Time	MSN - 2012 Doctoral Student	X		Adult and Elderly	4117, 4101, 4125, 4155
Aponte Reyes, Linnette	Instructor	10	Non-Tenure Track	Full Time	MSN - 2014 Doctoral Student	X		Adult and Elderly	4101, 4155; Director Center for Development of Nursing Skills (CDDE)
Arbelo Rivera, Elizabeth	Professor	30	Tenured	Full Time	MSN-1986	X		Maternal/Child	4119, 4155
Bermúdez Martínez, Olga	Professor	34	Tenured	Full Time	MSN-1983	X		Adult Community Family and Mental Health Psychiatry	4147, 4138; Clinical Coordinator
Camacho Rivera, Luz V.	Instructor	18	Non-Tenure Track	Full Time	MSN-2003 Doctoral Student	X		Family, Community	4147, 4138; Director MAP Center for Health Promotion
Castro Laboy, María I.	Professor	31	Tenured	Full Time	Post-Doctoral Fellow-1996; PhD-1992; MSN-1986; MPH-1983	X		Public Health; Family and Community; Human Physiology	4147, 4138, 4215
Cox McLeary, Evadne	Assoc. P.	38	Tenured	Full Time	MSN-1983	X		Mental Health Psychiatry, Drug Addictions	4147, 4155
Díaz Colón, Carmen Irene	Assist P.	15	Tenure Track	Full Time	EdD - 2016 MSN - 2005	X		Instructional Technology and Distance Education; Family and Community; Mental Health and Pshychiatric	4147, 4138, 6601, 6606, 6607; Undergraduate Program Director
Díaz Ortiz, Emanuel E.	Instructor	7	Non-Tenure Track	Full Time	MSN - 2015 MPH-2010; BSN-2008 Doctoral Student	X		Family & Community; Epidemiology	4116, 4138
Díaz Ramos, Noemy	Instructor	5	Tenure Track	Full Time	MSN - 2012 Doctoral Student	X		Mental Health and Psychiatric	4147, 4075
Díaz Santiago , Beatriz	Instructor	10	Non-Tenure Track	Full Time	MSN - 2007 Doctoral Student	X		Maternal-Child Research	4119, 6608, 6615
Figueroa Hernandez, Leyra	Assist P.	15	Tenured	Full Time	MSN-2003 Doctoral Student	X		Mental Health Nursing Psychiatry	4147, 4205, 4195, 4138, 6618
Hernández Robles, Lilliana	Instructor	8	Tenure Track	Full Time	MSN-2010; BSN-2007 Doctoral Student	X		Maternal/Child; Psychiatry Mental Health	4119; Assist Dean Student Affairs
Irene López, Lourdes C.	Assist. P.	12	Tenure Track	Full Time	MSN-2005 Doctoral Student	X	Gerontology	Maternal, Child	4117, 4125, 4395
Ortiz Cotto, Josmarie	Instructor	4	Non-Tenure Track	Full Time	MSN - 2013 Doctoral Student	X	CNM	Maternal, Child, Midwife	4119
Ortiz Padilla, Elba	Assist. P	22	Non-Tenure Track	Full Time	FNP-2006; MSN-1995 Doctoral Student	X	ANCC - FNP Certification	Adult and Elderly Care; Family and Community Care; Pediatric Care; Family Nurse Practitioner	4101, 4118, 4102

Name	Academic Rank	Years Teaching Experience	Appointment	Workload	Faculty Credentials			Specialty Area	Teaching Responsibility - *Nursing Courses
					Academic Degree	RN License	Certifications		
Regueira Alvarez, Yadira	Professor	40	Tenured	Full Time	PhD-2004; MSN-1977	X	Medical Surgical Specialist; SANE-PR; CLNC Certification	Investigation; Medical Surgical	4101, 4155
Rivera Rodríguez, Ivelisse	Assist. P.	21	Tenure Track	Full Time	MPH-2001; MSN-1994 Doctoral Student	X		Gerontology; Critical Care, Pediatrics and Maternal Cycle	4125, 4155
Rivera, Rosa, Leonor	Instructor	3	Non-Tenure Track	Full Time	MSN - 2014 Doctoral Student	X		Maternal, Child	4119; Director Office of Evaluation
Ruiz Lebrón, Rosa B.	Assist P.	19	Tenure Track	Full Time	MSN-1996	X		Critical Care; Adult and Elder, Family, Community	4117, 4101, 4155
Seguí Rodríguez, Astrid G.	Assoc. P.	18	Tenured	Full Time	MSN-1998	X	CCE; Lamaze International Doula Dona; Int. IBCLC AWHONN	Maternal and Child; Consultant in Lactancy	4119
Torres Reyes , Viviana	Instructor	4	Non-Tenure Track	Full Time	MSN - 2013 Doctoral Student	X		Critical Care	4117, 4101, 4102
Vazquez Sanjurjo Irma D.	Instructor	3	Non-Tenure Track	Full Time	MSN - 2012	X		Mental Health Nursing and Psychiatry	4147, 4155
Graduate Department (MSN)									
Almenas Hernández, Marta N.	Assoc. P.	21	Tenured	Full Time	MSN-1988 Doctoral Student	X		Adult and Elderly; Family and Community, Mental Health and Psychiatric	6617
Custodio Ortiz, Carmen A.	Assoc. P.	32	Tenured	Full Time	EdD - 2015 MSN-1984	X	Nurse Midwife	Curriculum and Instruction; Maternal/Child, Midwife	6602, 4155
Declet Braña, María del C.	Professor	41	Tenured	Full Time	PhD-1988; MS-1983; MSN-1976	X		Clinical Psychology; Medicine and Surgery	6617, 6618, 8016, 8026, 8991
Flores Rodríguez, Mildred	Assoc. P.	30	Tenure Track	Full Time	PhD-1994; MSN-1986	X		Cancer; Medicine and Surgery	6616, 6610, 6609, 6666, 4101
Madera Ayala, Carmen L.	Professor	48	Tenured	Full Time	MSN-1975; EdD-1992	X		Medicine and Surgery Curriculum & Instruction	6608, 6615; Accreditation Self-Study
Ortiz Blanco, Gloria E.	Professor	40	Tenure Track	Full Time	EdD-1992; MSN-1977	X		Curriculum & Instruction; Family and Community, Nursing theories	6601, 8009; Assoc. Dean Academic Affairs
Pereira Morales, Sherily	Assist. P.	12	Tenure Track	Full Time	MSN - Anesthesia-2003 PhD-2016	X		Critical Care, Anesthesia	6635, 6636
Rodríguez Rodríguez, Janet	Professor	34	Tenured	Full Time	PhD-2009; FNP-1999; MSN-1983	X		Maternal, Child and Adolescents; Family Nurse Practitioner	6608, 6615, 8005 Director Graduate Department
Román Rivera, Elizabeth	Professor	29	Tenured	Full Time	EdD-2012; MSN-1988	X		Administration; Adult and Child, Family, Community	6603, 6604
Sánchez Colón, Suane E.	Professor	35	Tenured	Full Time	EdD-2006; MSN-1983	X		Curriculum & Instruction; Medical Surgery	6611, 6612; Dean

Name	Academic Rank	Years Teaching Experience	Appointment	Workload	Faculty Credentials			Specialty Area	Teaching Responsibility - *Nursing Courses
					Academic Degree	RN License	Certifications		
Soto Santiago, Juan C.	Professor	16	Tenured	Full Time	EdD-2009; MSN-1996	X		Educational Administration and Supervision; Family and Community	6600, 6601, 6605, 4165
Villar Irizarry, Evelyn G.	Instructor	2	Non-tenure Track	Full Time	FNP-2007; Doctoral Student	X		Family Nurse Practitioner	4118, 4215, 6650
Graduate Department (ANESTHESIA)									
Hernández Vélez, Jorge L.	Instructor	2	Tenure Track	Full Time	Master in Anesthesia Doctoral Student	X	CRNA	Nurse Anesthesia	6722, 6713
Paz Cruz, Mónica	Instructor	2	Tenure Track	Full Time	MSN-A	X	CRNA	Nurse Anesthesia	6705, 6732
Rodríguez Lleras, José	Instructor	1	Non-Tenure Track	Full Time	MSN-A	X	CRNA	Nurse Anesthesia	6722, 6677, 6713
Graduate Department (DNS)									
Dávila Ortiz, Nancy	Professor	21	Tenured	Full Time	PhD-2010; MSN-2001	X		Vulnerable Populations; Critical Care	6608, 6615, 8017; Interim Director DNS
Arroyo Novoa, Carmen Mabel	Assoc. P.	17	Tenured	Full Time	PhD-2010 MSN-1998	X		Wound Care; Acute Pain; Critical Care	8017, 8991; 75% off due to Post Doctoral Master
Figueroa Ramos, Milagros I.	Assoc. P.	17	Tenured	Full Time	PhD-2010 MSN-1998	X		Wound Care; Acute Pain; Delirium Sleep; Critical Care;	6695, 8026, 8017; Assistant Dean Research
Rivero Mendez Marta	Professor	36	Tenured	Full Time	MSN-1981 DNS-1994 Post-Doctoral Fellow-2008-09	X	Gerontology	HIV-AIDS Care and Prevention; Parental and Child Clinical Consultant; Maternal and Child	6608, 8017, 8006
Part Time Faculty BSN									
Cordero Vega, Wanda	Adj P.	8	Non-Tenure Track	Part Time	MSN-2009 Doctoral Student	X		Adult and Elderly Care	4101, 4119, 4102
Torres, Edith	Adhonorium								4125
Garcia Wanda									4102
Millan Jeannette									4155
Roman Felix									4102
Part Time Faculty MSN									

Academic Rank

I = Instructor

Assist. Prof. = Assistant Professor

Ass. Prof. = Associate Professor

P = Professor

Adj Prof. = Adjunct Professor

APPENDIX III.A.1

DEFINITION OF LEARNING OUTCOMES BY LEVELS OF BSN (NEW CURRICULUM)

APPENDIX III.A.1

DEFINITION OF LEARNING OUTCOMES BY LEVELS OF BSN (NEW CURRICULUM)

Competent Practitioner

BSN graduates demonstrate behaviors as competent practitioners through the following: application of nursing process skills, basic level direct client services, cultural and ethical sensibility, leadership skills, technical skills, communication skills, patient care technologies, and information management systems.

Behaviors	Statement of Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level- at the First Semester of the Third Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – From the Second Semester of the Third Year to the First Semester of the Fourth Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at End of Second Semester of the Fourth Year)
1. Application of nursing process skills	1. Students demonstrate ability to assess, plan, deliver, and evaluate outcomes of professional nursing care at a 70% level of achievement.	L1.-CPO-B1.1 Demonstrate comprehension of the nursing process as the scientific methodology.	L2.-CPO-B 1.1. Demonstrate ability to conduct comprehensive physical, behavioral, spiritual, and socioeconomic assessments of health and illnesses, with moderate instructor assistance and cueing. L2-CPO-B1.2. Design a nursing care plan which includes: nursing diagnosis with PES format, measurable objectives and nursing interventions considering physical, behavioral, and spiritual dimensions, with moderate instructor assistance and cueing. L2-CPO-B1.3. Deliver compassionate patient centered, evidenced based care that respects patient and family	L3-CPO-B 1.1. Demonstrate ability to conduct comprehensive physical, behavioral, spiritual, and socioeconomic assessments of health and illnesses, with minimal or no instructor assistance or cueing. L3-CPO-B1.2. Design a nursing care plan which includes: nursing diagnosis with PES format, measurable objectives and nursing interventions considering physical, behavioral, and spiritual dimensions, with minimal or no instructor assistance and cueing. L3-CPO-B1.3. Deliver compassionate patient centered, evidenced based care that respects patient and family preferences, with minimal or no instructor assistance and cueing.

Behaviors	Statement of Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level- at the First Semester of the Third Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – From the Second Semester of the Third Year to the First Semester of the Fourth Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at End of Second Semester of the Fourth Year)
			preferences, with moderate instructor assistance and cueing. L2-CPO-B1.4. Revise the plan of care based on an ongoing evaluation of patient outcomes, with moderate instructor assistance and cueing.	L3-CPO-B1.4. Revise the plan of care based on an ongoing evaluation of patient outcomes, with minimal or no instructor assistance and cueing.
2. Basic level direct client services (require some degree of interaction between patient and health care provider)	2. Students will provide patient-centered, basic direct client services, considering PR professional nursing standards of practice, PR Nursing Law, and AACN Essentials of Baccalaureate Education.	L1-CPO-B2.1. Demonstrate a basic understanding of patient-centered care basic direct client services, within the framework of PR professional nursing standards of practice, PR Nursing Law, and AACN Essentials of Baccalaureate Education.	L2-CPO-B2.1. Provide patient-centered care basic direct client services, that reflect an understanding of human growth and development, pathophysiology, pharmacology, medical management, and nursing management across the health- illness continuum, across the lifespan and in primary and secondary health care settings, and within the framework of PR professional nursing standards of practice, PR Nursing Law, and AACN Essentials of Baccalaureate Education, with moderate instructor assistance and cueing.	L3-CPO-B2.1. Provide patient-centered care basic direct client services, that reflect an understanding of human growth and development, pathophysiology, pharmacology, medical management and nursing management across the health illness continuum, across the lifespan and in primary and secondary health care settings and within the framework of PR professional nursing standards of practice, PR Nursing Law and AACN Essentials of Baccalaureate Education., with minimum or no instructor assistance and cueing.
3. Cultural and ethical sensibility	3. Students apply knowledge of social and cultural factors to the care	L1-CPO-B3.1. Demonstrate basic understanding of how social and cultural	L2-CPO-B3.1. Apply social and cultural concepts and theories from liberal education in the provision of humanistic care of	L3-CPO-B3.1. Apply social and cultural concepts and theories from liberal education in the provision of humanistic care of diverse populations, with

Behaviors	Statement of Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level- at the First Semester of the Third Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – From the Second Semester of the Third Year to the First Semester of the Fourth Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at End of Second Semester of the Fourth Year)
	<p>of diverse groups in diverse clinical settings.</p> <p>3.2 Students engage in ethical reasoning and actions in promoting advocacy, collaboration, and social justice as a socially responsible professional.</p>	<p>concepts and theories from liberal education are used to understand human experience in the care of diverse populations.</p> <p>L1-CPO-B3.2. Demonstrate basic understanding of ethical reasoning as a methodology for decision- making when promoting advocacy, collaboration, and social justice as a socially responsible professional.</p>	<p>diverse populations, with moderate instructor assistance and cueing.</p> <p>L2-CPO-B3.2. Engage in ethical reasoning methodology and actions for decision-making in promoting advocacy, collaboration, and social justice as a socially responsible citizen, with moderate instructor assistance and cueing.</p>	<p>minimum or no instructor assistance and cueing.</p> <p>L3-CPO-B3.2. Engage in ethical reasoning methodology and actions for decision-making in promoting advocacy, collaboration, and social justice as a socially responsible citizen, with minimum or no instructor assistance and cueing.</p>
4. Leadership skills	4. Students demonstrate knowledge and skills in leadership, organizational structure, quality improvement, patient safety, generalist nursing roles, and lifelong	L1-CPO-B4.1. Demonstrate a basic understanding of health organizational structure, mission, vision, philosophy, and values, lifelong learning and the role of nursing in diverse health settings.	L2-CPO-B4.1. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals and families, and other members of the health care team, with moderate instructor assistance and cueing.	L3-CPO-B4.1. Participate in quality and patient safety initiatives, recognizing that these are complex system issues, which involve individuals, families, groups, communities, populations and other members of the health care team, with minimum or no instructor assistance and cueing.

Behaviors	Statement of Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level- at the First Semester of the Third Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – From the Second Semester of the Third Year to the First Semester of the Fourth Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at End of Second Semester of the Fourth Year)
	learning to support excellence in nursing practice.			
5. Technical skills	5. Students demonstrate competency in progressively difficult levels of nursing technical skills (psychomotor skills) in the Nursing Resources Laboratory.	L1-CPO-B5.1. Demonstrate a basic understanding of the roles of the baccalaureate generalist nurse and the responsibilities in performing nursing technical skills (psychomotor skills).	L2-CPO-B5.1. Demonstrate competency in the performance of psychomotor skills for the efficient, safe, and compassionate delivery of patient care to individuals, families, and groups in primary, and secondary health level, with moderate to minimum instructor assistance and cueing.	L3-CPO-B5.1. Demonstrate competency in the performance of psychomotor skills for the efficient, safe and compassionate delivery of patient care to individuals, families, and groups in primary, secondary, and tertiary health level, with minimum or no instructor assistance and cueing.
6. Communication skills	6. Students will demonstrate communication skills with patients (therapeutic), with peers and superiors (Leadership) in clinical practice.	L1-CPO-B6.1. Demonstrate a basic understanding of the importance of effective therapeutic communication of nurses with patients, with all members of the health care team, including patient and the patient's support network.	L2-CPO-B6.1. Effectively apply therapeutic oral communication skills with patients and the patient's support network with moderate instructor assistance and cueing. L2-CPO-B6.2. Apply oral and written communication skills with all members of the health care team, with moderate instructor assistance and cueing.	L3-CPO-B6.1. Effectively apply therapeutic oral communication skills with patients and the patient's support network. L3-CPO-B6.2. Apply oral and written communication skills with all members of the health care team, with minimum or no instructor assistance and cueing.

Behaviors	Statement of Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level- at the First Semester of the Third Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – From the Second Semester of the Third Year to the First Semester of the Fourth Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at End of Second Semester of the Fourth Year)
			L2-CPO-B6.3. Use written, verbal, non-verbal, and emerging technology methods to communicate effectively, with moderate instructor assistance and cueing.	L3-CPO-B6.3. Use written, verbal, non-verbal and emerging technology methods to communicate effectively, with minimum or no instructor assistance and cueing.
7. Patient care technologies (monitors, pumps, computer-assisted devices)	7. Students demonstrate knowledge and skills in using patient care technology in the delivery of quality patient care.	L1-CPO-B7.1. Demonstrate a basic understanding of patient care technologies in the delivery of quality patient care.	L2-CPO-B7.1. Demonstrate knowledge and skills of patient care technologies in the delivery of quality patient care to individuals in primary and secondary health settings, with moderate instructor assistance and cueing.	L3-CPO-B7.1. Demonstrate knowledge and skills of patient care technologies in the delivery of a quality patient care to individuals, families, groups, and communities in primary, secondary, and tertiary health settings, with minimum or no instructor assistance and cueing.
8. Information management systems	8. Students use skills of information literacy to address practice issues.	L.1-CPO-B.8.1. Demonstrate basic understanding of information literacy to address nursing practice issues and use of clinical information systems (CIS).	L.2-CPO-B.8.1. Demonstrate skills in using information systems and clinical information systems (CIS) that support safe nursing practice in caring for individuals in primary and secondary health settings, with moderate instructor assistance and cueing.	L.3-CPO-B.8.1. Demonstrate skills in using information systems and clinical information systems (CIS) that support safe nursing practice in caring for individuals in primary, secondary, and tertiary health settings, with minimum or no instructor assistance and cueing.

Research Skills

BSN graduates demonstrate the following behaviors: application of scientific reasoning to solve problem situations, basic understanding of research process and models for applying evidence to clinical practice and protection of human subjects in the conduct of research, access, analysis and utilization of relevant literature and utilization of relevant research findings for evidence based practice in patient care at different settings.

Behaviors	Statement of Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level- at the First Semester of the Third year)	Specific Learning Outcomes Behaviors by Level (Mid-level - at the First Semester of the Fourth Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Fourth Year)
1. Application of scientific reasoning to solve problem situations	1. Students propose solutions to resolve identified practice discrepancies between identified standards and practice that may adversely impact patient outcomes	L1-RO-B.1.1. Demonstrate basic understanding of the use of scientific reasoning to propose solutions for solving situations that may impact patient outcomes.	L2-RO-B.1. Demonstrate basic understanding of the use of scientific reasoning to propose solutions to resolve identified practice discrepancies between identified standards and practice that may impact patient outcomes, with moderate instructor assistance and cueing.	L3-RO-B.1. Demonstrate basic understanding of the use of scientific reasoning to propose solutions to resolve identified practice discrepancies between identified standards and practice that may impact patient outcomes, with minimum or no instructor assistance and cueing.
2. Access, analysis, and utilization of relevant literature	2. Students use methods for locating and appraising health and other relevant research literature and other sources of evidence.	L1-RO-B.2.1 Demonstrate basic understanding of electronic database search strategies for locating research literature and other sources of evidence, with instructor assistance and cueing.	L2-RO-B.2.1. Demonstrate basic skills in electronic database search strategies for locating and appraising health and other relevant research literature and other sources of evidence, with moderate instructor assistance and cueing.	L3-RO-B.2.1 Demonstrate basic skills in electronic database search strategies for locating and appraising health and other relevant research literature and other sources of evidence, with minimum or no instructor assistance and cueing.

Behaviors	Statement of Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level- at the First Semester of the Third year)	Specific Learning Outcomes Behaviors by Level (Mid-level - at the First Semester of the Fourth Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Fourth Year)
3. Utilization of relevant research findings for evidence based practice in patient care at different settings.	3. Students use evidence-based practices to guide health teaching, health counseling, screening, outreach, disease and outbreak investigation, referral, and follow-up throughout the lifespan.	L1-RO-B.3.1 Demonstrate understanding of how research findings are used in patient care.	L2-RO-B.3.1. Demonstrate understanding of how evidence is developed through the research process and its use in patient care. L2-RO-B3.2 Demonstrate integration of evidence in planning, implementing, and evaluating outcomes of care to individuals in primary and secondary health settings, with moderate instructor assistance and cueing.	L3-RO-B.3.1. Demonstrate integration of evidence in planning, implementing, and evaluating outcomes of care to individuals in primary and secondary health settings, with minimum or no instructor assistance and cueing.
4. Basic understanding of the research process and models for applying evidence to clinical practice and protection of human subjects in the conduct of research	4. Students demonstrate an understanding of the basic elements of the research process and models for applying evidence to clinical practice.	L1-RO-B.4.1 Demonstrate basic understanding of how current professional nursing practice should be founded on Evidence Based Practice.	L2-RO-B.4.1. Demonstrate understanding of the basic elements of the research process, models for applying evidence to clinical practice, and how to protect human subjects in the conduct of research. L2-RO-B.4.2. Use skills in the process of retrieval, appraisal, and synthesis of evidence to improve outcomes of care, with moderate instructor assistance and cueing.	L3-RO-B.4.1. Use skills in the process of retrieval, appraisal, and synthesis of evidence to improve outcomes of care, with minimum or no instructor assistance and cueing.

Critical Thinking Skills

BSN graduates demonstrate critical thinking skills through the following behaviors: use clinical judgment and decision-making skills, engage in objective self-evaluation process, evaluate nursing care outcomes, and foster creative problem-solving.

Behaviors	Statement of outcomes behaviors	Specific learning outcomes behaviors by level (Entry Level - at the First Semester of the Third Year)	Specific learning outcomes behaviors by level (Mid-level - At the First Semester of the Fourth Year)	Specific learning outcomes behaviors by level (Exit level - At the End of the Fourth Year)
1. Use clinical judgment and decision-making skills.	1. Use clinical judgment and decision-making skills in appropriate, timely nursing care during any situation that may exist in diverse clinical settings.	L1-CTO-B1.1. Demonstrate basic understanding of clinical judgment and decision-making skills concepts,	L2-CTO-B1.1. Demonstrate clinical judgment and accountability for decisions and patient outcomes when caring for individuals in primary and secondary health settings, with moderate instructor assistance and cueing.	L3-CTO-B1.1. Demonstrate clinical judgment and accountability for decisions and patient outcomes when caring for individuals in primary and secondary health settings, with minimum or no instructor assistance and cueing.
2. Engage in objective self-evaluation process	2. Engage in objective self-evaluation process and use results to influence the delivery of care.	L1-CTO-B2.1. Demonstrate understanding of the process of self-evaluation in nursing and the use of results for the delivery of care.	L2-CTO-B2.1. Engage in objective self-evaluation process considering own beliefs and values as they relate to the professional practice and use the results to influence the delivery of care, with moderate instructor assistance and cueing.	L3-CTO-B2.1. Engage in objective self-evaluation process considering own beliefs and values as they relate to the professional practice and use the results to influence the delivery of care, with moderate instructor assistance and cueing.
3. Evaluate nursing care outcomes.	3. Monitor client outcomes to evaluate the effectiveness of psychobiological	L1-CTO-B3.1. Demonstrate understanding of the importance of evaluating the	L2-CTO-B3.1. Evaluate client outcomes against established criteria to determine the effectiveness of psychobiological interventions when caring for	L3-CTO-B3.1. Evaluate client outcomes against established criteria to determine the effectiveness of psychobiological interventions when caring for individuals in primary,

Behaviors	Statement of outcomes behaviors	Specific learning outcomes behaviors by level (Entry Level - at the First Semester of the Third Year)	Specific learning outcomes behaviors by level (Mid-level - At the First Semester of the Fourth Year)	Specific learning outcomes behaviors by level (Exit level - At the End of the Fourth Year)
	interventions.	effectiveness of psychobiological interventions.	individuals in primary and secondary health settings, with moderate instructor assistance and cueing.	secondary, and tertiary health settings, with minimum or no instructor assistance and cueing.
4. Foster creative problem solving.	4. Use creative alternatives for solving patients' and professional situations.	L1-CTO-B4.1. Demonstrate understanding of various alternatives to solve patients' and professional situations.	L2-CTO-B4.1. Propose creative non-traditional alternatives for solving patients' and professional situations when caring for individuals in primary and secondary health settings, with moderate instructor assistance and cueing.	L3-CTO-B4.1. Propose creative non-traditional alternatives for solving patients and professional situations when caring for individuals, families, groups, and communities in primary, secondary, and tertiary health settings, with minimum instructor assistance and cueing.

APPENDIX III.A.2

DEFINITION OF LEARNING OUTCOMES BY LEVELS OF MSN

APPENDIX III.A.2

DEFINITION OF LEARNING OUTCOMES BY LEVELS OF MSN

Competent Practitioner

MSN graduates demonstrate behavior as competent practitioners through: application of body of knowledge, performance of advanced assessment, advanced skills for direct client services, leadership skills, application of ethical principles and multicultural knowledge, communication skills, and collaborative/interdependent relationships.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Second Year)
1. Application of body of knowledge	1. Students demonstrate application of knowledge and scientific findings for continual improvement of nursing care and the professional practice.	L1-CP-SLO.1. Use advanced knowledge and scientific findings from nursing, genetics, physical assessment, pharmacology, pathophysiology, patient safety, quality improvement, health care economics, environmental sciences, cultural competence, epidemiology, global perspectives, informatics, organization and systems theories, informatics, communication, health care policy, and advocacy for the continual improvement of nursing care across diverse settings.	L2-CP-SLO.1. Use advanced knowledge and scientific findings from nursing, genetics, physical assessment, pharmacology, pathophysiology, patient safety, quality improvement, health care economics, environmental sciences, cultural competence, epidemiology, global perspectives, informatics, organization and systems theories, informatics, communication, health care policy, advocacy and inter-professional practice for the continuous improvement of nursing care and the professional practice across diverse settings.
2. Advanced assessment skills	2. Students use advanced assessment skills to positively affect health care and for the improvement of professional practice.	L1-CP-SLO.2. Apply advanced assessment skills to diagnose, plan, intervene, evaluate, and revise patient care to positively affect health care outcomes for individuals, families, communities, populations, or systems in a multicultural society.	L2-CP-SLO.2. Apply advanced assessment skills to diagnose, plan, intervene, evaluate, and revise patient care to positively affect health care outcomes for individuals, families, communities, populations, and systems in a multicultural society and for the improvement of professional practice.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Second Year)
3. Leadership skills	3. Students demonstrate leadership skills in advancing the professional nursing role and advancing the profession.	L1-CP-SLO.3. Assume a leadership role in effective decision- making and accountability, implementing patient safety and quality improvement initiatives, and in the commitment to lifelong learning in advancing the professional nursing role.	L2-CP-SLO.3. Assume a leadership role in effective decision- making and accountability, implementing patient safety and quality improvement initiatives, and in the commitment to lifelong learning in advancing the professional nursing role and of the profession.
4. Advanced skills for direct client services	4. Students demonstrate advanced practice skills for direct client services to individuals, families, communities and aggregates/clinical populations and for the advancement of the profession.	L1-CP-SLO.4. Design patient-centered and culturally responsive strategies or advanced practice skills in the delivery of specialized care, clinical prevention and health promotion interventions and/or services to individuals, families, communities, and aggregates/clinical populations.	L2-CP-SLO.4. Design patient-centered and culturally responsive strategies or advanced practice skills in the delivery of specialized care, clinical prevention and health promotion interventions and/or services to individuals, families, communities, and aggregates/clinical populations and for the advancement of the profession.
5. Application of ethical principles and multicultural knowledge	5. Students demonstrate application of ethical principles and multicultural knowledge in nursing care delivery and for the advancement of the profession.	L1-CP-SLO.5. Incorporate ethical principles, legal and regulatory mandates, professional standards, ethical analysis, and clinical reasoning to assess, intervene, and evaluate the advanced and professional nursing role and nursing care delivery with multicultural populations.	L2-CP-SLO.5. Incorporate ethical principles, legal and regulatory mandates, professional standards, ethical analysis, and clinical reasoning to assess, intervene, and evaluate the advanced and professional nursing role and nursing care delivery with multicultural populations and for the advancement of the profession.
6. Communication skills and collaborative/ interdependent relationships	6. Students demonstrate communication skills and collaborative/interdependent relationships with the goals of improving patient health outcomes and the	L1-CP-SLO.6. Implement high-level, inter-professional collaboration, communication (scholarly writing, speaking, and group interaction) and coordination to achieve health promotion and disease prevention, with the goal of improving patient and population health outcomes.	L1-CP-SLO.6. Implement high-level inter-professional collaboration, communication (scholarly writing, speaking, and group interaction) and coordination to achieve health promotion and disease prevention, with

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Second Year)
	advancement of the profession.		the goal of improving patient and population health outcomes and for the advancement of the profession.

Research Skills

MSN graduates demonstrate the following behaviors: capability to analyze and critique research publications, utilization of research findings in practice, active participation in designing and implementing research studies or evidence based projects.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Mid-Level - at the End of the Third Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Fourth Year)
1. Analysis and critique of research publications	1. Students demonstrate skills in analyzing and critiquing research publications to select appropriate interventions and for the advancement of the profession.	L1-R-SLO.1. Synthesize evidence from research publications to determine appropriate applications of interventions across diverse populations.	L2-R-SLO.1. Synthesize evidence from research publications to determine appropriate applications of interventions across diverse populations and for the advancement of the profession.
2. Utilization of research findings in practice	2. Students demonstrate utilization of research findings to improve patient health outcomes and advancement of the profession.	L1-R-SLO.2. Integrate theory, evidence, clinical judgment, research, and inter-professional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates.	L2-R-SLO.2. Integrate theory, evidence, clinical judgment, research, and inter-professional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates and for the advancement of the profession.
3. Active participation in designing and implementing	3. Students demonstrate research knowledge in designing and	L1-R-SLO.3. Design research projects with the purpose of generating knowledge or to	L2-R-SLO.3. Design research projects with the purpose of generating knowledge or to determine the appropriate application of

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Mid-Level - at the End of the Third Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Fourth Year)
research studies or evidence based projects	implementing research.	determine the appropriate application of advanced nursing interventions.	advanced nursing interventions and for the advancement of the profession.
4. Dissemination of research findings at different levels	4. Students demonstrate basic skills in disseminating research findings through in diverse ways to improve nursing care outcomes and advance the profession.	L1-R-SLO.4. Contribute to improve nursing care outcomes through dissemination of research findings at different levels.	L2-R-SLO.4. Contribute to improve nursing care outcomes and the advancement of the profession through dissemination of research findings at different levels.

Critical Thinking Skills

MSN graduates demonstrate critical thinking skills through the following behaviors: application of theories and models in problem-solving and decision-making when applicable, application of inductive and deductive reasoning for decision-making, objective self-professional practice evaluation, and creative problem-solving.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Mid-Level - at the End of the Third Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Fourth Year)
1. Application of theories and models in problem- solving and decision-making when applicable	1. Students demonstrate application of a wide range of theories for decision-making related to patient centered care and advancement of the profession.	L1-CT-SLO.1. Evaluate and integrate a wide range of theories and models from nursing and related disciplines as the basis for problem-solving and critical decision-making in providing high quality, culturally sensitive, and ethically based patient-centered care.	L2-CT-SLO.1. Evaluate and integrate a wide range of theories and models from nursing and related disciplines as the basis for problem-solving and critical decision-making in providing high quality, culturally sensitive, and ethically-based patient-centered care and for the advancement of the profession.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Mid-Level - at the End of the Third Year)	Specific Learning Outcomes Behaviors by Level (Exit Level - at the End of the Fourth Year)
2. Application of inductive and deductive reasoning for decision- making	2. Students demonstrate use of inductive and deductive reasoning for decision-making in patient care and advancement of the profession.	L1-CT-SLO.2. Develops coherent, logic inductive or deductive arguments as a framework for decision-making in patient care.	L2-CT-SLO.2. Develops coherent, logic inductive or deductive arguments as a framework for decision-making in patient care and advancement of the profession.
3. Objective self-professional practice evaluation	3. Students demonstrate use of objective evaluation of self-professional practice for patient care and advancement of the profession.	L1-CT-SLO.3. Use quality processes to evaluate self-professional practice to ensure patient safety and high quality, evidence-based care.	L2-CT-SLO.3. Use quality processes to evaluate self-professional practice to ensure patient safety and high quality, evidence-based care and for the advancement of the profession.
4. Creative problem-solving.	4. Students demonstrate use of creative problem-solving strategies for nursing intervention and for improvement of the profession.	L1-CT-SLO.4. Synthesizes nursing and other related concepts and theories to design a nursing practice model which serves as a guide for nursing interventions or for solving diverse practice situations.	L2-CT-SLO.4. Synthesizes nursing and other related concepts and theories to design a nursing practice model which serves as a guide for nursing interventions or for solving diverse practice situations and for the improvement of the profession.

APPENDIX III.A.3

EXAMPLES OF MSN COURSE OBJECTIVES CONGRUENCE WITH SON MISSION, GOALS, AND STUDENT LEARNING OUTCOMES (SLOS)

Appendix III.A.3: Examples of MSN course objectives congruence with SON mission, goals, and student learning outcomes (SLOs)

SON Mission	Goals	SLO	Course Objectives
<i>Prepare highly qualified nursing professionals leaders in service ... to work in an interdisciplinary manner within a changing and culturally diverse society.</i>	<i>Prepare master's level nurses with knowledge and skills in evidence-based practice and research for the improvement of health care and the advancement of education, administration, and practice that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists and nurse anesthetists.</i>	<p>L1-CP-SLO.1. Use advanced knowledge and scientific findings from nursing, genetics, physical assessment, pharmacology, pathophysiology, patient safety, quality improvement, health care economics, environmental sciences, cultural competence, epidemiology, global perspectives, informatics, organization and systems theories, informatics, communication, health care policy, and advocacy for the continuous improvement of nursing care across diverse settings.</p> <p>L1-CP-SLO.2. Apply advanced assessment skills to diagnose, plan, intervene, evaluate, and revise patient care to positively affect health care outcomes for individuals, families, communities, populations or systems in a multicultural society.</p> <p>L1-CP-SLO.3. Assume a leadership role in effective decision-making and accountability, implementing patient safety and quality improvement initiatives and in the commitment to lifelong learning in advancing a professional nursing role. Students demonstrate leadership skills in advancing a professional nursing role and advancing the profession.</p> <p>L1-CP-SLO.5. Incorporate ethical principles, legal and regulatory mandates, professional standards, ethical analysis and clinical reasoning to assess, intervene, and evaluate the advanced and professional nursing role and nursing care delivery with multicultural populations.</p> <p>L1-CP-SLO.6. Implement high level inter-professional collaboration, communication (scholarly writing, speaking and</p>	<p>ENFE 6635-6636 Obj. 3 Demonstrate competency to develop, modify, and apply instruments and evaluation assessing the nursing intervention with the critically ill patient-family.</p> <p>ENFE 6635-6636 Obj. 1 Incorporate advanced knowledge of physiology and pathophysiology to provide holistic care to critically-ill patients.</p> <p>ENFE 6635-6636 Obj. 2 Apply the nursing process and problem solving to guide decision-making in the direct care of the critically ill patient who is under care.</p> <p>ENFE 6635-6636 Obj. 4 Evaluate advanced concepts of critical care from a sound perspective to make possible a professional quality nursing practice with patients in critical condition.</p> <p>ENFE 6635-6636 Obj. 6 Advocates the human care of the patient in critical condition considering his family, cultural background, and ethical and legal frameworks that preserve human dignity.</p>

SON Mission	Goals	SLO	Course Objectives
		group interaction) and coordination to achieve health promotion, and disease prevention, with the goal of improving patient and population health outcomes.	ENFE 6635-6636 Obj. 7 Intervene in collaboration with the critically ill patient, family, and health care providers to establish a multidisciplinary care plan for optimal patient outcomes.
<i>Prepare highly qualified nursing professionals leaders in ...education... to work in an interdisciplinary manner within a changing and culturally diverse society.</i>	<i>Prepare master's level nurses with knowledge and skills in evidence-based practice and research for the improvement of health care and the advancement of education, administration, and practice that may assume leadership roles as teachers in nursing education programs, administrators of nursing services, specialists, and nurse anesthetists.</i>	L1-CT-SLO.1. Evaluate and integrate a wide range of theories and models from nursing and related disciplines as the basis for problem solving and critical decision-making in providing high quality, culturally sensitive, and ethically based patient centered care.	ENFE 6635-6636 Obj. 1 Use critical thinking skills to solve problems presented by the patient-family in critical condition. .
<i>Prepare highly qualified nursing professionals leaders in ... research to work in an interdisciplinary manner within a changing and culturally diverse society.</i>	<i>Prepare master's level nurses with knowledge and skills in evidence-based practice and research for the improvement of health care and the advancement of education, administration, and practice that may assume leadership roles as teachers in nursing education programs, administrators of</i>	L1-R-SLO.3. Design research projects with the purpose of generating knowledge or to determine the appropriate application of advanced nursing interventions. L1-R-SLO1. Synthesize evidence from research publications to	ENFE 6608 (Nursing Research), Obj. 1 After analysis of scientific literature, each student proposes a research problem susceptible to be submitted to the scientific process. ENFE 6608 (Nursing Research), Obj. 2 After the study of various qualitative and quantitative research designs and methods, each student will design a research proposal to answer a question relevant to the nursing discipline. ENFE 6635-6636 Obj. 4 Use the knowledge that derives from

SON Mission	Goals	SLO	Course Objectives
	<i>nursing services, specialists, and nurse anesthetists.</i>	determine appropriate applications of interventions across diverse populations.	<p>research to improve nursing clinical practice. (CP)</p> <p>ENFE 6635-6636 Obj. 5 Apply research findings into evidence-based patient care in critical condition, considering the comprehensive functionality of the individual at different stages of the life cycle.</p>

L=level, R=Research, CP=competent practitioner

APPENDIX III.A.4

DEFINITION OF LEARNING OUTCOMES BY LEVELS OF MSN-ANESTHESIA

APPENDIX III.A.4

DEFINITION OF LEARNING OUTCOMES BY LEVELS OF MSN-Anesthesia

Competent Practitioner

MSN-Anesthesia graduates demonstrate behaviors as competent practitioners through: application of knowledgeable, ethical and legal practice, communication skills, leadership, and clinical competencies of nurse anesthetists as defined by COA.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
7. Ethical and legal practice	7. Students demonstrate application of ethical/legal principles and multicultural knowledge in nursing anesthesia delivery and for the advancement of the profession.	L1-CPA-SLO1. Demonstrate understanding of ethical principles, legal and regulatory mandates, professional standards, ethical analysis, and clinical reasoning to assess, intervene, and evaluate the advanced and professional anesthesia role with multicultural populations	L2-CPA-SLO.1 Incorporate ethical principles, legal and regulatory mandates, professional standards, ethical analysis, and clinical reasoning to assess, intervene, and evaluate the advanced and professional anesthesia role.	L3-CPA-SLO.1. Incorporate ethical principles, legal and regulatory mandates, professional standards, ethical analysis, and clinical reasoning to assess, intervene, and evaluate the advanced and professional anesthesia role with multicultural populations.
8. Leadership skills	8. Students demonstrate leadership role in the advocacy, health care policy, education, and consultation within the scope of practice of nursing anesthesia.	L1-CPA-SLO2. Demonstrate knowledge and importance of the leadership role in effective decision-making and accountability, continuing education, implementing patient safety and quality improvement initiatives	L2-CPA-SLO2. Assume a leadership role in effective decision-making and accountability, continuing education, implementing patient safety and quality improvement initiatives within the scope of practice of nursing anesthesia, and in the commitment to lifelong learning in advancing	L3-CPA-SLO.2. Assume a leadership role in effective decision-making and accountability, implementing patient safety and quality improvement initiatives within the scope of practice of nursing anesthesia, and in the commitment to lifelong learning in advancing the

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
		within the scope of practice of nursing anesthesia.	the professional nursing role and of the profession.	professional nursing role and of the profession.
9. Communication	3. Students demonstrate communication skills and collaborative/interdependent relationships with the goals of improving patient health anesthesia outcomes and the advancement of the profession.	L1-CPA-SLO.3. Demonstrate the importance of effective collaborative/inter-professional communication with individuals influencing patient care and appropriate verbal, nonverbal, and written communication for the delivery of perianesthetic care.	L2-CPA-SLO 3. Implement effective collaborative/inter-professional communication with individuals influencing patient care and appropriate verbal, nonverbal, and written communication for the delivery of perianesthetic care and improving health outcomes.	L3-CPA-SLO.3. Implement effective collaborative/inter-professional communication with individuals influencing patient care and appropriate verbal, nonverbal, and written communication for the delivery of perianesthetic care, improving patient health outcomes, and for the advancement of the profession
10. Clinical competencies	4.Students demonstrate the following clinical NA competencies within a patient-centered, culturally responsive, and safety focus: 4.1 Advanced practice skills for providing perianesthetic management to patients of all ages, physical, and medical conditions 4.2 Perform thorough and complete pre-anesthetic assessment 4.3 Obtain informed consent	L1-CPA-SLO.4. Design patient-centered and culturally responsive strategies or advanced practice skills in the delivery of specialized nurse anesthesia clinical care.	L2-CPA-SLO.4. Implement patient-centered and culturally responsive strategies or advanced practice skills in the delivery of specialized nurse anesthesia clinical care, with moderate to minimum preceptor/instructor assistance.	L3-CPA-SLO.4. Design and implement patient-centered and culturally responsive strategies or advanced practice skills in the delivery of specialized nurse anesthesia clinical care with minimum to no preceptor/instructor assistance.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
	<p>from patient or legal guardian,</p> <p>4.4 Formulate patient anesthesia care plan, implement and adjust anesthesia care plan</p> <p>4.5 Monitor patient's physiologic status and adjust anesthesia care</p> <p>4.6 Assess patient positioning to prevent injury</p> <p>4.7 Manage emergence and recovery from anesthesia, provide pain relief, prevent and resolve complications.</p> <p>4.8 Take precautions to minimize the risk of infection to the patient, the CRNA, and other health care providers.</p> <p>4.9 Transfer the responsibility for care of the patient to other qualified providers in a manner which assures continuity of care and patient safety.</p> <p>4.9.1 Collaborate with a nursing team, health team</p>			

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
	<p>and others to improve delivery of anesthesia and associated health care.</p> <p>4.9.2 Check anesthesia machine and equipment, take appropriate actions and document following established protocols and standards.</p> <p>4.9.3 Adhere to appropriate safety precautions, as established by federal regulatory agencies, to minimize the risks of fire, explosion, electrical shock, and malfunction.</p>			

Research/EBP Skills

5. MSN-Anesthesia graduates demonstrate the following behaviors: Critical appraisal and synthesis of the most relevant and best evidence, utilization of the best evidence into practice, design and implementation of evidence based projects (EBP) and disseminating of evidence based projects (EPB).

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
6. Critical appraisal and synthesis of	1. Students demonstrate skills of critical appraisal and synthesis of the best research and other	L1-RA-SLO.1. Synthesize research and other relevant evidence	L2-RA-SLO.1. Synthesize research and other relevant evidence and integrate	L3-RA-SLO1. Synthesize research and other relevant evidence and integrate

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
the most relevant and best evidence	relevant evidence, and integrate clinical expertise, and patient preferences and values in providing anesthesia care.	to determine appropriate interventions with diverse anesthesia populations.	clinical expertise and patient preferences and values across diverse anesthesia populations.	clinical expertise and patient preferences and values across diverse anesthesia populations and for the improvement of the anesthesia profession.
2. Utilization of the best evidence into practice	5. Students demonstrate utilization of the best evidence into patient care to improve anesthesia patient's health outcomes.	L1-RA-SLO.2. Demonstrate importance of best evidence for inter-professional collaboration processes and the utilization of clinical judgment to improve anesthesia patient's outcomes.	L2-RA--SLO.2. Integrate theory, evidence, clinical judgment, research, and inter-professional perspectives using translational processes to improve anesthesia patient's health outcomes.	L3-RA-SLO3. Synthesize current research knowledge and other relevant evidence to sustain an evidence-based nursing anesthesia practice.
3. Design and implementation of evidence based projects (EBP)	6. Students demonstrate skills in designing and implementing evidence based projects (EBP)	L1-RA-SLO3. Demonstrate knowledge of EBP foundations and processes to improve anesthesia patient's outcomes.	L2-RA-SLO3 Demonstrate skills in the formulation of PICOT questions, search in reliable databases, appraisal of relevant evidence, and in the decision- making process to anesthesia health outcomes.	L3-RA-SLO3 Demonstrate skills in the formulation of PICOT questions, search in reliable databases, appraisal of relevant evidence, and in the decision-making process to anesthesia patients' health outcomes and for the improvement of the anesthesia profession.
4. Dissemination of EBPs	7. Students disseminate the outcomes of EBPs in practice settings and other local or national settings such as research/EBP	L1-RA-SLO4. Participate in activities where EPBs are being presented.	L2-RA-SLO4. Disseminate the outcomes of EBPs in the practice setting where EBPs were implemented and in other settings.	L3-RA-SLO4 Share with other colleagues or disciplines how to integrate the best research and other relevant evidence, clinical expertise, and patient preferences and values to improve clinical practice and patient outcomes.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
	symposia, forums, or other Anesthesia interprofessional conferences.			.

Critical Thinking Skills

MSN-Anesthesia graduates demonstrate critical thinking skills through the following behaviors: problem-solving and decision-making, objective self-professional practice evaluation and creative problem-solving.

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
1. Application of knowledge and scientific base	1. Students demonstrate application of sound principles and research evidence, interpretation and utilization of obtained data from invasive or non- invasive monitoring, recognize and respond to anesthetic complications, and pass the COA certification examination.	L1.CTA, SLO 1. Interpret and utilize data obtained from health assessment, non-invasive and invasive monitoring using sound principles and research evidence modalities, with preceptor/instructor assistance.	L2.CTA. SLO 1.1 Recognize and appropriately respond to anesthetic complications that occur during the peri-anesthetic period, with moderate preceptor/instructor assistance. L2.CTA, SLO 1.2 Interpret and utilize data obtained from health assessment, non-invasive and invasive monitoring using sound principles and research evidence Modalities, with moderate preceptor/instructor assistance.	L3.CTA, SLO 1. Interpret and utilize data obtained from health assessment, non-invasive and invasive monitoring using sound principles and research evidence. Modalities, with minimum or no preceptor/instructor assistance. L3.CTA. SLO 1.2 Recognize and appropriately respond to anesthetic complications that occur during the perianesthetic period, with

Behaviors	Statement of Learning Outcomes Behaviors	Specific Learning Outcomes Behaviors by Level (Entry Level - at the End of the First Year)	Specific Learning Outcomes Behaviors by Level (Mid-Level – from summer I to the End of the Second Year)	Specific Learning Outcomes Behaviors by Level (Exit-level: from summer II to the end of first semester, Third year)
				<p>minimum or no preceptor/instructor assistance.</p> <p>Within six months of graduation: pass the Council on Certification of Nurse Anesthetists' (CCNA) certification examination in accordance with CCNA policies and procedures.</p>
2. Objective self-evaluation of professional practice.	2. Students demonstrate use of objective evaluation of self-professional practice for patient care and advancement of the profession.	L1-CTA-SLO.2. Use quality processes to evaluate self-professional practice to ensure patient safety and high quality, evidence-based anesthesia care.	L2-CTA-SLO2. Use quality processes to evaluate self-professional practice to ensure patient safety and high quality, evidence-based anesthesia care and for the improvement of health outcomes.	L3-CTA-SLO2. Use quality processes to evaluate self-professional practice to ensure patient safety and high quality, evidence-based anesthesia care and for the improvement of health outcomes and advancement of the profession.

CLMJuly 17, 2016 Input from Dr. MFigueroa/Sept, 2016 Last revision Dr. CLMadera/Oct 20, 2016

APPENDIX III.B.1
EXAMPLES OF INCORPORATION OF PROFESSIONAL STANDARDS IN THE BSN CURRICULUM

APPENDIX III.B.1

EXAMPLES OF INCORPORATION OF PROFESSIONAL STANDARDS IN THE BSN CURRICULUM

Professional Standards	Section of Document	Course objective/s	Course
Code of Ethics Canon 1 Canon 2 Essential I	Acts to safeguard patient health and the health of the community. Meets its primary commitment to maintain health and promote wellness and patient safety. A solid base in liberal education provides the cornerstone for the practice and education of nurses.	1. Apply knowledge related to growth and development stage for a holistic adult interaction in medicine and surgery scenarios.	ENFE 4101- <i>Nursing Care of Adult and Elderly I</i> , 3 rd year, 1 st semester, entry level
Standards of Practice of Puerto Rico College of Nursing Professionals (CPEPR, 2010) Standard of Care 1: Assessment Essential III	Collect all relevant information about the present, past problems, or client potential health status to develop a structured database. Professional nursing practice is grounded in the translation of current evidence into one's practice.	2. Apply the nursing process to provide the care of adults and elderly population based on standard practice.	ENFE 4101 - <i>Nursing Care of Adult and Elderly I</i> , 3 rd year, 1 st semester, entry level
<i>Standards of Practice of the Puerto Rico College of Nursing Professionals</i> (CPEPR, 2010): Standard of Professional Practice I: Quality of Care	Definition: Systematic nursing activities aimed at continuous improvement and effectiveness of practice considering academic preparation, position, the working scenario, and the current standards (page 6).	Objective 9- Use the standards of practice to guide women and newborn centered care.	ENFE 4119 <i>Care of Women and Newborn</i> . 3 rd year 2 nd semester, mid-level course.
Standard of Professional Practice VI: Ethics (CPEPR, 2010)	Measure Criterion 1: Use the <i>Code of Ethics</i> CPEPR, the law regulating the practice in Puerto Rico and nursing standards of practice as a guide for implementation of care (page 9).	Objective 4 Use the ethical and legal principles to be considered in decision-making in carrying out their nursing interventions.	ENFE 4119 <i>Care of Women and Newborn</i> . 3 rd year 2 nd semester, mid-level course.

Professional Standards	Section of Document	Course objective/s	Course
<i>Essentials of Baccalaureate Education for Professional Nursing Practice:</i> (AACN, 2008) Essential I	<p>Liberally educated graduates practice from a foundation of professional values and standards. (page 12)</p> <p>The baccalaureate program prepares the graduate to:</p> <p>5. Apply knowledge of social and cultural factors to the care of diverse populations. (page 12)</p>	<p>Objective 6</p> <p>Use the best available evidence to design an effective and safe care for women and their families taking into consideration their cultural, spiritual and psychosocial needs.</p>	<p>ENFE 4119</p> <p>Care of Women and Newborn. 3rd year 2nd semester, mid-level course.</p>
<p>Code of Ethics (CPEPR, 1977)</p> <p>Other canons that apply are included in the course table III.B.2. (Will be available on site)</p>	<p>Canon 1. Acts to safeguard patient health and the health of the community.</p> <p>Canon 2. Meets its primary commitment to maintain health and promote wellness and patient safety.</p>	<p>Objective 3 - Demonstrate knowledge and skills in leadership, organizational structure, quality improvement, patient care technology, and patient safety.</p>	<p>ENFE 4155</p> <p><i>Professional Nursing Practice</i></p> <p>4th year, 2nd semester</p> <p>Exit level</p>

APPENDIX III.B.2
EXAMPLES OF INCORPORATION OF PROFESSIONAL STANDARDS IN THE MSN CURRICULUM

APPENDIX III.B.2

EXAMPLES OF INCORPORATION OF PROFESSIONAL STANDARDS IN THE MSN CURRICULUM

Professional Standards	Section of the reference document	Evidence in the course objectives	Course
<i>Essentials of Master's Education in Nursing</i> (AACN, 2011)	I. Background for Practice from Sciences and Humanities Master's-prepared nurses build on the competencies gained in a baccalaureate nursing program by developing a deeper understanding of nursing and the related sciences needed to fully analyze, design, implement, and evaluate nursing care.	Objective 1 Utilize concepts and principles of growth and development theories related to adulthood as fundamental basis for nursing intervention (L1-CP-SLO.1.).	ENFE 6603 <i>Nursing Intervention with Children and Adolescents</i>
<i>The Essentials of Master's Education in Nursing</i> (AACN, 2011) <i>Standards of Practice of CPEPR</i> (Standards of Professional Practice & Standards of Care)	IV. Translating and Integrating Scholarship into Practice The master's-prepared nurse examines policies and seeks evidence for every aspect of practice, thereby translating current evidence and identifying gaps where evidence is lacking. Standard of Professional Practice 7 Research- Measurement Criterion 1 - Utilize the best evidence and research findings to guide and take decisions in nursing practice.	Objective 2 Utilize scientific body of knowledge in the advanced care of children and adolescents (L1-CP-SLO.1)	ENFE 6603 <i>Nursing Intervention with Children and Adolescents</i>
<i>Essentials of Master's Education in Nursing</i> (AACN, 2011)	VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes Interprofessional practice is critical for improving patient care outcomes and, therefore, a key component of health professional education and lifelong learning. (American Association of Colleges of Nursing and the Association of American Medical Colleges, 2010).	Objective 3- Participate as a specialty nurse in the intra and interdisciplinary team, as well as in the promotion of interdisciplinary actions (L1-CP-SLO.6).	ENFE 6603 <i>Nursing Intervention with Children and Adolescents</i>
American Association of Critical-Care Nursing (AACN) <i>Scope and Standards for Acute and Critical</i>	Standard 1- Assessment The nurse caring for the acutely and critically ill patient collects comprehensive data pertinent to the patient's health or situation.	Objective 3 - Demonstrate competencies to develop, modify, and apply assessment and evaluation tools in the nursing intervention with the critically ill patient/family.	ENFE 6635-36 <i>Critical Care I and II</i>

Professional Standards	Section of the reference document	Evidence in the course objectives	Course
<i>Care Nursing Practice</i> (2015) Standard of Care			
<i>Essentials of Master's Education in Nursing</i> (AACN, 2011)	Essential VI- Health Policy and Advocacy Recognizes that master's-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health.	Objective 14 - Advocates for humane care of critically ill patients taking into consideration their family, cultural background, and ethical and the legal framework that preserves human dignity.	ENFE 6635-36 <i>Critical Care I and II</i>
<i>Essentials of Master's Education in Nursing</i> (AACN, 2011)	Essential IV: Translating and Integrating Scholarship into Practice The master's-degree program prepares graduates to: Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant). (Number 2 of Essential IV)	Objective 1 - Examine in depth research methodology to seek answers to problems related to nursing practice (L1-R-SLO.1). Objective 4 - Develop skills in research design and measurement including the preparation of a research proposal that gives attention to protection of human rights(L1-R-SLO.3)	ENFE 6608: <i>Nursing Research</i> ENFE 6608: <i>Nursing Research</i>

APPENDIX III.B.3

EXAMPLES OF INTEGRATION OF ESSENTIALS OF MASTER'S EDUCATION IN MSN CURRICULUM

APPENDIX III.B.3

EXAMPLES OF INTEGRATION OF ESSENTIALS OF MASTER'S EDUCATION IN MSN CURRICULUM

AACN Essentials of Master's Education (2011)	Examples of Integration in the Curriculum
I. Background for Practice from Sciences and Humanities	The MSN curriculum requires background in science and the humanities and builds upon competencies at the baccalaureate level. Health and disease concepts such as pathophysiology and psychopathology are derived from the natural and behavioral sciences, as well as the approaches of nursing care. For example, advanced health assessment is built upon anatomy and physiology concepts. The master's curriculum is organized so that students have the opportunity to study the human being in-depth in diverse biopsychosocial dimensions (ENFE 6600) in order to better understand clients. Background in science and humanities is fundamental for this study. Biostatistics courses are required for research courses.
II. Organizational and Systems Leadership	Organizational and systems leadership is integrated through clinical track courses. Essential. II is key to the administration health services role.
III. Quality Improvement and Safety	Safety concepts are integrated in all clinical courses. Examples of this essential in the curriculum include implementation of evidence-based projects in clinical track courses such as ENFE 6635 and ENFE 6636, ENFE 6617 and ENFE 6618.
IV. Translating and Integrating Scholarship into Practice	<p>This essential has been incorporated in the clinical track courses. Students identify a clinical problem and work in an evidence-based project. Implementation of evidence-based projects in clinical tracks takes place in courses such as ENFE 6635 and ENFE 6636, as well as ENFE 6617 and ENFE 6618.</p> <p>The MSN curriculum also provides an opportunity for developing research competencies through the ENFE 6608 and ENFE 6615 courses. Students develop a research proposal which is implemented and published by various means.</p> <p>The application of evidence-based findings, which includes both thematic areas and projects in courses, contributes to improvement of health outcomes and nursing care. Advanced nursing interventions in clinical settings are selected based on research findings.</p>
V. Informatics and Health Care Technologies	Master's students have a variety of experiences to work with technology in patient care outcomes. In their clinical practice, they have the opportunity to use current and emerging technologies to support patient health outcomes such as critical care equipment and machines.
VI. Health Policy and Advocacy	The nursing role at the graduate level requires that students deal with complex situations and act as patient and families' advocates in vulnerable situations. They also address topics such as structure of health care delivery systems, health disparities, and globalization and global health. Students in the administration role courses engage in debates regarding topics such as the nursing law. In ENFE 6615, students interpret research results and bring nursing perspectives to nursing practice and policy making.

AACN Essentials of Master's Education (2011)	Examples of Integration in the Curriculum
VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes	<p>Opportunities for interprofessional collaboration are provided in SALP 6006 <i>Introduction to Public Health</i>. Students take this course with other health profession students in which they study aspects of population health prevention, health education, and culturally relevant clinical prevention interventions and strategies. Concepts of interprofessionalism are practiced in clinical track courses.</p> <p>Through diverse clinical practice, students participate with interprofessional teams demonstrating skills of communication, collaboration, and coordination. The clinical exposure allows students to assume a leadership role in caring through participation in case discussions within the health team. The opportunity to work with members of health teams in health projects contributes to improvement of service.</p>
VIII. Clinical Prevention and Population Health for Improving Health	<p>Advanced health assessment course helps develop skills in client examination so that students can contribute to clinical prevention and population health. The MSN curriculum allows development of educational, leadership, ethical, and cultural competencies that contribute to the health of diverse populations.</p>
IX. Master's-Level Nursing Practice	<p>In nursing care in clinical tracks, students are expected to apply ethical analysis and clinical reasoning in the process of advancing nursing care delivery. As described in this essential, MSN students have the opportunity to conduct systematic health assessment, apply EBP, practice advocacy with their clients, use information and communication technologies, practice leadership through client teaching, and apply theories and models. All courses in the curriculum contribute to develop masters' level professional nurses.</p>

APPENDIX III.B.4

EXAMPLES OF PROFESSIONAL STANDARDS INCORPORATED IN MSN WITH SPECIALTY IN ANESTHESIA COURSES

Appendix III.B.4

EXAMPLES OF PROFESSIONAL STANDARDS INCORPORATED IN MSN WITH SPECIALTY IN ANESTHESIA COURSES

Professional standards	Section of the reference document	Evidence in the course	Course
<p><i>Standards for Accreditation of Nurse Anesthesia Educational Programs</i> (COA, Rev 2016) Standard III Criteria 21, c 1 <i>Master's Essentials</i> Essential I: Background for Practice from Sciences and Humanities</p> <p>Essential IX: Master's-Level Nursing Practice</p> <p>Essential IX: Master's-Level Nursing Practi</p>	<p>C21 c 1 Apply knowledge to practice in decision-making and problem solving.</p> <p>Essential I - Master's-prepared nurses use a variety of theories and frameworks, including nursing and ethical theories in the analysis of clinical problems, illness prevention, and health promotion strategies.</p> <p>Essential IX 15- Integrate an evolving personal philosophy of nursing and health care into one's practice.</p> <p>Essential IX 11. Apply theories and evidence-based knowledge in leading, as appropriate, the health care team to design, coordinate, and evaluate the delivery of nursing care practice.</p>	<p>Apply theoretical foundations to decision-making in anesthesia practice after analyzing the relationship between nursing theories and advanced nursing practice. (L1-CPA-SLO1)</p>	<p>ENFE 6676 <i>Nursing Theories, Professional and Legal Aspects.</i></p>
<p><i>Masters Essentials</i> Essential VII: Inter - professional Collaboration for Improving Patient and Population Health Outcomes Standards of Practice of Puerto Rico College of Nursing Professionals (Includes Standards of Professional Practice & Standards of Care)</p>	<p>Essential VII: Inter-professional practice is critical for improving patient care outcomes and, therefore, a key component of health professional education and lifelong learning. Standard of Care V. Nursing Intervention Measurement criterion 10. Collaborates with other members of the interdisciplinary team in implementing the plan of care.</p>	<p>After appraising the health status of anesthesia patients, students administer different anesthetic agents and methods of anesthesia considering the specific needs of clients and type of surgery, in collaboration with the nursing team and other health professionals. (L2 – CPA - SLO 4) (L2 – CPA – SLO 3).</p>	<p>ENFE 6713 <i>Clinical Practice III</i></p>

Professional standards	Section of the reference document	Evidence in the course	Course
<i>Code of Ethics</i> CPEPR Nursing professional responsibility in the exercise of their profession.	Canon 3. Be alert and act against incompetent, unethical, or illegal practices carried out by members of the health team.	The student defends a set of personal values related to protection of human rights and confidentiality of health information obtained from the anesthesia patient (L2 – CPA-SLO 1) (L2-CPA-SLO 4).	ENFE 6713 <i>Clinical Practice III</i>
<i>Standards for Accreditation of Nurse Anesthesia Educational Programs</i> Standard III Criterion 21, C 1	C21, C1 Apply knowledge to practice in decision-making and problem solving.	In clinical practice, students apply appropriate interventions to manage patient's emergence and recovery from anesthesia in order to maintain client's homeostasis. (L2 – CPA – SLO 4).	ENFE 6713 <i>Clinical Practice III</i>
<i>Standards for Accreditation of Nurse Anesthesia Educational Programs</i> Standard III Criterion 21, C 4	C21 C4 Identify and take appropriate action when confronted with anesthetic equipment-related malfunctions.	Calibrate anesthesia machine and equipment based on established protocols and standards under supervision by a clinical preceptor CRNA/MD.	ENFE 6713 <i>Clinical Practice III</i>
<i>American Association of Nurse Anesthetists Standards for Nurse Anesthesia Practice</i> Standard II	Obtain and document informed consent for the planned anesthetic intervention from the patient or legal guardian, or verify that informed consent has been obtained and documented by a qualified professional.	Student defends a set of personal values related to protection of human rights and confidentiality of health information obtained from anesthesia patient. (L2 – CPA-SLO 1) (L2-CPA-SLO 4)	ENFE 6713 <i>Clinical Practice III</i>

APPENDIX III.C.1
BSN CURRICULAR SEQUENCE

APPENDIX III.C.1

University of Puerto Rico
Medical Sciences Campus
School of Nursing

BSN CURRICULAR SEQUENCE

FIRST YEAR			
First Semester	Credits	Second Semester	Credits
<i>Social Science I</i>	3	<i>Social Science II</i>	3
<i>Basic Course in English I</i>	3	<i>Basic Course in English II</i>	3
<i>General Chemistry I</i>	4	<i>General Chemistry II</i>	4
<i>Mathematics</i>	3	<i>Elements of Statistical Reasoning</i>	3
<i>General Biology I</i>	4	<i>General Biology II</i>	4
Total Credits	17	Total Credits	17
SECOND YEAR			
First Semester	Credits	Second Semester	Credits
<i>Basic Course in Spanish I</i>	3	<i>Basic Course in Spanish II</i>	3
<i>Humanities I</i>	3	<i>Humanities II</i>	3
<i>Anatomy and Physiology I</i>	3	<i>Anatomy and Physiology II</i>	3
<i>Microbiology</i>	4	<i>Elective Course</i>	3
<i>General Psychology</i>	3	<i>Elective Course</i>	3
Total Credits	16	Total Credits	15
THIRD YEAR			
First Semester	Credits	Second Semester	Credits
ENFE 4116- <i>Introduction to the Nursing Profession</i>	4 2	ENFE 4119- <i>Nursing Care of Women & Newborn</i>	5 3
ENFE 4117- <i>Clinical Skills of Nursing</i>	1	ENFE 4075- <i>Introduction to Research & Evidence Based Practice in Nursing (EBP)</i>	6 3
ENFE 4118- <i>Health History and Physical Examination</i>	3	ENFE 4102- <i>Nursing Care of Adult and Elderly II</i>	
ENFE 4125- <i>Pharmacotherapy in Nursing</i>	5	ENFE 4215- <i>Nutritional Needs</i>	
ENFE 4101- <i>Nursing Care of Adult and Elderly I</i>			
Total Credits	15	Total Credits	17
FOURTH YEAR			
First Semester	Credits	Second Semester	Credits
ENFE 4120- <i>Nursing Care of Children and Adolescents</i>	5	ENFE 4138- <i>Nursing Care of Family and Community</i>	5
ENFE 4147- <i>Nursing Care of Psychiatry & Mental Health</i>	5	ENFE 4155- <i>Professional Nursing Practice</i>	6
Professional Elective	3	ENFE4395- <i>Integrated Professional Nursing Concepts</i>	3
Professional Elective	3		
Total Credits	16	Total Credits	14
TOTAL CURRICULAR CREDITS			127

Rev. May 2016; Approved June 2016 by the Vice-Presidency for Academic Affairs, Effective date – August 2016

APPENDIX III.C.2
MSN SEQUENCES CURRICULAR

APPENDIX III.C.2

MSN SEQUENCES CURRICULAR

Curricular Sequence of the MSN Program (Day session)

1 st Year			
1 st semester	Credits	2 nd semester	Credits
SALP 6006 - Introduction to Public Health	3trim	ENFE 6608 - Nursing Research	3sem
ENFE 6600 - Conceptualizing Man	2sem	1st clinical track	6sem
ENFE 6601- Nursing as Process and Nursing Theories	6sem	*Elective I Administration Role	3sem
ENFE 6650 - Advanced Physical Assessment	3sem		
BIOE 6525 - Statistical Analysis	5trim	*Elective I Education Role	3trim
2 nd Year			
1 st semester	Credits	2 nd semester	Credits
ENFE 6615 - Research Project	3sem		
2nd clinical track	6sem	Role Practice (ENFE 6610 or 6612)	5sem
Role Theory (ENFE 6609 or ENFE 6611)	4sem		
*Elective II Administration Role	3sem	*Elective II Education Role	3trim

Curricular Sequence of the MSN Program (Evening session)

1 st Year			
1 st semester	Credits	2 nd semester	Credits
SALP 6006 - Introduction to Public Health	5trim	ENFE 6601 - Nursing as a Process and Nursing Theories	6sem
ENFE 6600 - Conceptualizing Man	2sem	BIOE 6525 - Statistical Analysis	5trim
ENFE 6650 - Advanced Physical Assessment	3sem		
Summer			
Elective Education Role			3 trim
2 nd Year			
1 st semester	Credits	2 nd semester	Credits
NRSG 6608 – Nursing Research	3sem	NRSG 6615-Research Project	3sem
First Clinical Track	6sem	Second Clinical Track	6sem
		*Elective I Adm Role	3sem
3 rd Year			
1 st semester	Credits	2 nd semester	Credits
Role Theory (ENFE 6609 or ENFE 6611)	4sem	Role Practice (ENFE 6610 or ENFE 6612)	5sem
*Elective AR	3sem	*Elective ER	3trim

Trim = trimester, Sem = semester, AR = administration role, ER = education role

*Students may vary the semester in which they take the elective courses.

Total Credits for the Program-Administration Role-44 semester credit-hours and 8 trimester credit-hours
Education Role-38 semester credit-hours and 14 trimester credit-hours

APPENDIX III.C.3

PROPOSED CURRICULAR SEQUENCE FOR THE REVISED MSN CURRICULUM

APPENDIX III.C.3

PROPOSED CURRICULAR SEQUENCE FOR THE REVISED MSN CURRICULUM

Day Session

1 st Year										2 nd Year						Total credits per Semester		
1 st Semester					2 nd Semester			Summer		1 st Semester			2 nd Semester			1 st Year	Summer	2 nd Year
ENFE 66xx Leadership, Health and Public Policy (Online)	BIOE 6525* Statistical Analysis	ENFE 6651 Advanced Pathophysiology/ Psychopathology	ENFE66xx –Ethical and cultural aspects in health (On line)	E NFE 66xx Theory, Practice and Research	ENFE 6608-Nursing Research	ENFE 6xxx –Advanced Pharmacology	ENFE 6650-Advanced Physical Assessment	Role Pre-requisite	ENFE 6XXX Informatics and Technology in Health (online)	Role theory	ENFE 6XXX Clinical Specialty I	ENFE 6615 Research Project	ENFE 6612 or ENFE 6610 Role Practice	ENFE 66xx: Clinical Specialty	Elective			
2*	3.35	3	2	3	3	3	3	3	2	3	5	3	5	5	3	22.35	5	24
T	T	S	T	S	S	S	S	S	S	S	S	S	S	S	S			
13.35 credits					9 credits			5 credits		11 credits			13 credits					

T- trimester S-semester

Evening Session

1 st year					summer		2 nd year				summer		3 rd year				Total credits per Semester																				
1 st semester			2 nd semester				1 st semester		2 nd semester				1 st semester		2 nd semester		1 st year	2 nd year	sum-mer	3 rd year	Total																
ENFE 6600 Leadership, Health and Public Policy (online)			ENFE – Ethical and Cultural Aspects in Health (On line)		ENFE 6601 Theory, Practice, and Research		ENFE 6651 Advanced Pathophysiology/Psychopathology		BIOE 6525*: Statistical Analysis		6XXX Informatics and Technology in Health(online)		ENFE 6665 – Pharmacology		ENFE 6608 Nursing Research		ENFE 6650-Advanced Physical Assessment		Clinical Specialty I		ENFE 6615-Research Project		Role Pre-requisite		ENFE 66XX Role Theory		ENFE 66 XX Clinical Specialty II		ENFE 6612 or 6610 Role Practice		Elective						
2	2	3	3	3.35	2	3	3	3	5	3	3*	3	5	5	3	18.35	14	3	16	51.35																	
7 credits			6.35 credits		5		6 credits		8 credits			8 credits		8 credits																							

APPENDIX III.C.4
MSN-ANESTHESIA CURRICULAR SEQUENCE

APPENDIX III.C.4

University of Puerto Rico
Medical Sciences Campus
School of Nursing

MSN-ANESTHESIA CURRICULAR SEQUENCE

Curricular Sequence of the MSN-Anesthesia Program

First Year			
First Semester	Credits	Second Semester	Credits
ENFE 6678 - <i>Human Anatomy and Physiology</i>	3	ENFE 6706 - <i>Advanced Pathophysiology I</i>	3
ENFE 6679 - <i>Chemistry, Biochemistry, and Physic Principles related to Anesthesia Practice</i>	3	ENFE 6707- <i>Advanced Pharmacology I</i>	3
ENFE 6705 - <i>Basics of Anesthesia</i>	4	ENFE 6676 - <i>Nursing Theories, Professional and Legal Aspects</i>	3
ENFE 6677 - <i>Advanced Health Assessment for Anesthesia</i>	3	ENFE 6711 - <i>Clinical Practice I</i>	3
TOTAL	13	TOTAL	12
Summer I			
ENFE 6721 - <i>Advanced Principles of Nurse Anesthesia Practice I</i>	3	ENFE 6712 - <i>Clinical Practice II</i>	3
Second Year			
First Semester	Credits	Second Semester	Credits
ENFE 6716 - <i>Advanced Pathophysiology II</i>	3	ENFE 6725 - <i>Obstetric, Neonatal and Pediatrics</i>	3
ENFE 6722 - <i>Advanced Principles of Nurse Anesthesia Practice II</i>	3	ENFE 6723 - <i>Advanced Principles of Nurse Anesthesia Practice III</i>	3
ENFE 6702 - <i>Advanced Pharmacology II</i>	3	ENFE 6714 - <i>Clinical Practice IV</i>	3
ENFE 6713 - <i>Clinical Practice III</i>	3	ENFE 6717 - <i>Evidence-Based Practice for Anesthesia</i>	3
TOTAL	12	TOTAL	12
Summer II			
ENFE 6731 - <i>Anesthesia Residency I</i>			4
ENFE 6900 - <i>Comprehensive Nurse Anesthesia Examination</i>			0
Third Year			
First Semester	Credits		
ENFE 6732 - <i>Anesthesia Residency II</i>	5		
ENFE 6795 - <i>Evidence Based Practice Seminar</i>	3		
TOTAL	8		
Total Semester Credit-hours	67		

APPENDIX III.E.1
PRACTICE SETTINGS, DESCRIPTION, AND COURSES

APPENDIX III.E.1

PRACTICE SETTINGS, DESCRIPTION, AND COURSES

Practice Sites	Description of Practice Sites	Nursing Courses
University District Hospital (UDH)	Clinical experiences in providing care to adults with acute, chronic, and intensive care conditions requiring highly specialized treatment. Secondary and tertiary care.	<p>BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i>, ENFE 4102 <i>Nursing Care of Adult and Elderly II</i>, ENFE 4119 <i>Nursing care of women and newborn</i>, ENFE 4155 <i>Professional Nursing Practice</i>)</p> <p>MSN clinical tracks/roles/courses (ENFE 6604 <i>Nursing Interventions with Adults Persons</i>; ENFE 6635-ENFE 6636 <i>Nursing interventions with critically ill persons I and II</i>)</p> <p>Role courses (ENFE 6616 <i>Development of In-service Programs in Nursing</i> ENFE 6610: <i>Theory and Practice of Administration for Nursing II</i>)</p>
University of Puerto Rico Hospital in Carolina	Clinical experiences for providing care to individuals of all ages with acute, chronic, and intensive care conditions requiring highly specialized treatment, includes mother and newborn care, in secondary and tertiary care.	<p>BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i>, ENFE 4102 <i>Nursing Care of Adult and Elderly II</i>, and ENFE 4120 <i>Nursing care of child and adolescents</i>, ENFE 4155 <i>Professional Nursing Practice</i>)</p> <p>MSN clinical tracks/roles/courses (ENFE 6610 <i>Theory and Practice of Administration for Nursing II</i>)</p>
University Pediatric Hospital	General practice with children and adolescents. Tertiary care	<p>BSN (ENFE 4155 <i>Professional Nursing Practice</i>, ENFE 4120 <i>Nursing care of children and adolescents</i>)</p> <p>MSN clinical tracks/roles/courses (ENFE 6602 <i>Nursing Intervention throughout the Maternal Cycle</i>, ENFE 6603 <i>Nursing intervention with children and adolescents</i> (clinical track courses))</p>
VA San Juan Center	Clinical experiences in providing primary, secondary, and tertiary care to veterans with acute, chronic, psychiatric, spinal cord, and	Four groups accepted: BSN ENFE 4101 <i>Nursing Care of Adult and Elderly I</i> , ENFE 4102 <i>Nursing Care</i>

Practice Sites	Description of Practice Sites	Nursing Courses
	intensive care conditions. Groups of 7 students	<i>of Adult and Elderly II</i> , ENFE 4155 <i>Professional Nursing Practice</i>) MSN (ENFE 6610 <i>Theory and Practice of Administration for Nursing II</i>) and continuing education certifications
Auxilio Mutuo Hospital	Clinical experiences for providing care to individuals of all ages with acute, chronic, and intensive care conditions requiring highly specialized treatment, includes mother and newborn care in secondary and tertiary care.	BSN ENFE 4101 <i>Nursing Care of Adult and Elderly I</i> , ENFE 4102 <i>Nursing Care of Adult and Elderly II</i> , ENFE 4119 <i>Nursing Care of Women and Newborn</i> , ENFE 4120 <i>Nursing Care of Children and Adolescents</i> , ENFE 4155 <i>Professional Nursing Practice</i>)
Medical Services Administration of Puerto Rico (ASEM) Trauma Hospital	Clinical experiences in providing care to individuals with multiple traumas in stabilization and intensive care areas. Secondary and tertiary care.	BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i> , ENFE 4102 <i>Nursing Care of Adult and Elderly II</i> , ENFE 4155 <i>Professional Nursing Practice</i>) MSN clinical tracks/roles/courses (ENFE 6635 and 6636 <i>Nursing Interventions with Critically Ill Persons I and II</i>)
Cardiovascular Center of Puerto Rico and the Caribbean	Recommended for clinical experiences as care providers and managers for individuals with cardiovascular problems. Secondary and tertiary care.	BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i> , ENFE 4102 <i>Nursing Care of Adult and Elderly II</i> , ENFE 4155 <i>Professional Nursing Practice</i>) MSN clinical tracks/roles/courses (ENFE 6635 and 6636 <i>Nursing Interventions with Critically Ill Persons I and II</i>)
HIMA San Pablo Hospital, Bayamón	Recommended for clinical experiences as care providers and managers for clients of all ages. Secondary and tertiary care.	BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i> , ENFE 4102 <i>Nursing Care of Adult and Elderly II</i> , ENFE 4119 <i>Nursing Care of women and newborn</i> , ENFE 4120 <i>Nursing Care of Children and Adolescent</i>

Practice Sites	Description of Practice Sites	Nursing Courses
		MSN clinical tracks/roles/courses (6602 <i>Nursing intervention throughout the maternal cycle</i>)
Hospital HIMA San Pablo, Caguas	General secondary and tertiary care.	BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i> , ENFE 4102 <i>Nursing Care of Adult and Elderly II</i> , ENFE 4119 <i>Nursing Care of women and newborn</i> , ENFE 4120 <i>Nursing Care of Children and Adolescent</i>) MSN clinical tracks/roles/courses (6635-6636 <i>Nursing Interventions with Critically Ill Persons I and II</i>)
San Jorge Children's Hospital	Clinical experiences in providing care to children with a variety of acute, chronic, and psychiatric health and surgical problems; and to develop student skills as managers of nursing care for children. Secondary and tertiary care.	BSN (ENFE 4120 <i>Nursing Care of Children and Adolescents</i> , ENFE 4155 <i>Professional Nursing Practice</i>) MSN clinical tracks/roles/courses (ENFE 6603 <i>Nursing Intervention with Children and Adolescents</i>)
Pavía Hospital, Santurce	Recommended for clinical experiences as care providers and managers serving adult clients of all ages, and individuals with cardiovascular problems. Secondary and tertiary care.	BSN (ENFE 4119: <i>Nursing Care of women and newborn</i>)
Pavía Hospital, Hato Rey	Psychiatric unit	BSN (ENFE 4147 <i>Nursing Care in Psychiatry and Mental Health</i>)
Ashford Presbyterian Community Hospital	Recommended for clinical experiences as care providers and managers for clients of all ages with acute and chronic health problems, including mother and newborn care.	BSN (ENFE 4119: <i>Nursing Care of Women and Newborn</i>)
Oncologic Hospital at PR Medical Center	Clinical experiences as care providers and managers for cancer patients.	BSN (ENFE 4101: <i>Nursing Care of Adult and Elderly I</i>)
Manuel A. Pérez Community Health Center and Housing Department of Puerto Rico	Center for Health Promotion and Maintenance of the School of Nursing Primary care	BSN (ENFE 4147 <i>Nursing Care in Psychiatry and Mental Health</i> , ENFE 4138 <i>Nursing Care of Family and Community</i>)
San Juan Capestrano Hospital	Clinical experiences in providing care to adults with mental health problems and psychiatric disorders and their families.	BSN (ENFE 4147 <i>Nursing Care in Psychiatry and Mental Health</i>) MSN clinical tracks/roles/courses (ENFE 6617-6618 <i>Nursing</i>)

Practice Sites	Description of Practice Sites	Nursing Courses
		<i>Intervention in Mental Health and Psychiatry I and Mental Health and Psychiatry Nursing II)</i>
San Juan Hospital	Secondary care general hospital	MSN (ENFE 6610 <i>Theory and Practice of Administration for Nursing II</i>)
Centro Más Salud - San Juan City Department of Health	Primary care center	BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i>)
Gregoria Auffant Visiting Nursing Association	These services are provided for the purpose of educating, rehabilitating, maintaining and assisting patients with acute, chronic and terminal health conditions. The services are provided to patients who are confined to their residence and who would require a maximum effort to leave their homes to receive health services.	BSN (ENFE 4138 <i>Nursing Care of Family and Community</i>) MSN clinical tracks/roles/courses (ENFE 6605 <i>Nursing Intervention with Elderly Persons</i>)
Puerto Rico Children's Hospital	Clinical experiences in providing care to children with a variety of acute and chronic conditions that develop student skills as managers of nursing care for children.	BSN (ENFE4120 <i>Nursing Care of Children and Adolescents</i>) MSN clinical tracks/roles/courses (ENFE 6603 <i>Nursing Intervention with Children and Adolescents</i>)
San Francisco Hospital	Recommended for clinical experiences as care providers and managers for clients of all ages.	BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i> , ENFE 4119 <i>Nursing Care of Women and Newborn</i>)
HealthSouth Rehabilitation Hospital	Rehabilitation hospital in San Juan, PR, with 32 beds. Survey data for the latest year available shows that the hospital had a total of 830 admissions.	BSN (ENFE 4101 <i>Nursing Care of Adult and Elderly I</i>)
Community projects: Fondita de Jesús Food Pantry Puerto Nuevo Housing	Community and housing projects for adults, elderly, family, and community experiences. Primary care level.	BSN (ENFE 4147 <i>Nursing Care in Psychiatry and Mental Health</i>) MSN clinical tracks/roles/courses (ENFE 6617-6618 <i>Nursing Intervention in Mental Health and Psychiatry I and Mental Health and Psychiatry Nursing II</i>)
First Hospital Panamericano	Psychiatric care for adolescents and adults	BSN (ENFE 4147 <i>Nursing Care in Psychiatry and Mental Health</i>) MSN clinical tracks/roles/courses (ENFE 6617-6618 <i>Nursing Intervention in Mental Health and</i>

Practice Sites	Description of Practice Sites	Nursing Courses
		<i>Psychiatry I and Mental Health and Psychiatry Nursing II)</i>
Administración de Servicios de Salud Mental y Contra la Adicción (ASSMCA)	<p>Mental health agency that provides treatment to adult patients with mental health disorders, including substance and alcohol abuse.</p> <p>This agency also provides legal aid to individuals with substance abuse problems through programs such as Treatment Alternatives for Safe Community ("TASC"), Adult and "Drug Court". Offers residential treatment to clients with substance abuse problems that require a more controlled environment and intensive treatment.</p> <p>ASSMCA has a general psychiatric hospital, UPA UPEN for hospitalized children and adolescents, and a psychiatric center for rehabilitation of patients.</p>	<p>BSN (ENFE 4147: Nursing care of psychiatry and mental health)</p> <p>MSN clinical tracks/roles/courses (ENFE 6617 and ENFE 6618 <i>Nursing Intervention in Mental Health and Psychiatry I and Mental Health and Psychiatry Nursing II)</i></p>
Saint Luke's Home Care and Hospice	Home care and hospice nursing services	BSN (4155 <i>Professional Nursing Practice</i>)
UPR system schools of nursing	Accredited schools of nursing in which each student is assigned to a nurse teacher with education preparation and clinical specialty of student. The mentor is responsible for supervising student work.	MSN educator's role (ENFE 6612) Theory and Practice of

APPENDIX III.E.2
CLINICAL PRACTICE IN THE MSN-ANESTHESIA PROGRAM

Appendix III.E.2: Clinical Practice in the MSN-Anesthesia Program

Course	Description	Clinical Setting
ENFE 6711 <i>Clinical Practice I</i>	The course introduces nurse anesthesia students to the scope and standards for nurse anesthesia clinical practice. Focuses on the application of clinical judgment in different situations, and responsibilities and tasks associated with the practice. It includes clinical competencies with anesthesia equipment, clinical monitoring, preoperative evaluation of patient, fluids and blood replacement, positions, airway management and devices, different types of anesthesia, and post-operative pain management. The course includes hypotension and hypothermia, monitor anesthesia care and other anesthesia methods.	University of Puerto Rico Hospital in Carolina Medical Services Administration of Puerto Rico ASEM: General surgery OR
ENFE 6712 <i>Clinical Practice II</i>	The course is designed for clinical judgment application and decision-making in the development of skills with patients undergoing anesthesia for cardiovascular and respiratory surgeries. Students are allowed to participate in the perioperative period with direct supervision by CRNA or MD anesthesiologist as clinical preceptors.	Auxilio Mutuo Hospital cardiovascular OR Cardiovascular Center of Puerto Rico
ENFE 6713 <i>Clinical Practice III</i>	The course includes clinical performance with patients who receive anesthesia care for neurosurgical, musculoskeletal, endocrine, and renal surgical procedures. They apply knowledge related to anesthesia agents and methods in anesthesia delivery systems to assure patient safety. Students practice with the direct supervision of the CRNA or MD anesthesiologist as clinical preceptor.	Medical Services Administration of Puerto Rico ASEM: Neurosurgery, Orthopedic and Urology OR Auxilio Mutuo Hospital kidney and liver transplant OR VA San Juan Center
ENFE 6714 <i>Clinical Practice IV</i>	The course includes clinical performance with patients who receive anesthesia care for: hepatobiliary, gastrointestinal, eyes, ears, nose and throat, maxillofacial and other important surgical procedures such as laparoscopic surgery, orthopedic trauma, and critical care. Anesthesia management of the geriatric population is included. Students apply knowledge related to anesthesia agents and methods and anesthesia delivery system to assure patient safety. Nurse anesthesia students practice under the direct supervision of the CRNA or MD anesthesiologist as clinical preceptors.	Medical Services Administration of Puerto Rico (ASEM) Maxillofacial, Trauma, and Obstetrics OR Pediatric Hospital San Jorge Children's Hospital pediatric and plastic surgery OR
ENFE 6731 <i>Anesthesia Residency I</i>	Clinical course in which the nurse anesthesia students have the opportunity to integrate theory with clinical practice.	Medical Services Administration of Puerto Rico

Course	Description	Clinical Setting
	Clinical performance is focused on perioperative interventions with patients undergoing all types of surgeries utilizing different types of general, regional, and local anesthesia with varied populations. Students practice anesthesia procedures and techniques related to all phases of anesthesia delivery. The nurse anesthesia student must function under indirect supervision of the clinical preceptor as an advanced practitioner in collaboration with the clinical health team. The clinical correlations conferences are integrated.	Rico (ASEM) All operating rooms University of Puerto Rico Hospital in Carolina Doctor's Hospital, Bayamon Doctors Hospital, Manati
<i>ENFE 6732 Anesthesia Residency II</i>	Clinical course in which nurse anesthesia students function as advanced practitioners applying clinical competencies related to all phases of anesthesia delivery. Clinical performance focuses on perioperative interventions with patients undergoing all types of surgery and utilizing different types of general, regional, and local anesthesia methods. Clinical correlation conferences are integrated. All students must take the Self-Evaluation Examination (SEE) and acquire the advanced knowledge that will prepare them to pass the National Certification Examination (NCE).	Students go to any hospital with which the school has arrangements if they need to complete clinical experiences and to develop the evidence-based project.

APPENDIX IV. A.1

**MIDDLE STATES COMMISSION ON HIGHER EDUCATION (MSCHE)
LETTER AFFIRMING MSC INSTITUTIONAL ACCREDITATION**



MIDDLE STATES COMMISSION ON HIGHER EDUCATION
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STATEMENT OF ACCREDITATION STATUS

UPR - MEDICAL SCIENCES CAMPUS

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San Juan, PR 00936-5067

Phone: (787) 753-4978; Fax: (787) 758-2556

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Chief Executive Officer:

Dr. Noel J. Aymat Santana, Chancellor

System:

University of Puerto Rico Central Administration

Dr. Celeste E. Freytes Gonzalez, Interim President

G.P.O. Box 4984-G

San Juan, PR 00936

Phone: (787) 759-6061; Fax: (787) 759-6917

INSTITUTIONAL INFORMATION

Enrollment (Headcount): 464 Undergraduate; 1849 Graduate

Control: Public

Affiliation: Government-State Systems- University of Puerto Rico System

2015 Carnegie Classification: Special Focus Four-Year - Medical Schools & Centers

Approved Degree Levels: Associate's, Bachelor's, Postbaccalaureate Award/Cert/Diploma, Master's, Post-Master's Award/Cert/Diploma, Doctor's - Professional Practice, Doctor's - Research/Scholarship;

Distance Education Not Approved

Programs:

Accreditors Recognized by U.S. Secretary of Education: Academy of Nutrition and Dietetics, Accreditation Council for Education in Nutrition and Dietetics ; Accreditation Commission for Midwifery Education ; Accreditation Council for Pharmacy Education ; American Dental Association, Commission on Dental Accreditation ; American Occupational Therapy Association, Accreditation Council for Occupational Therapy Education ; American Physical Therapy Association, Commission on Accreditation in Physical Therapy Education ; American Speech-Language-Hearing Association, Council on Academic Accreditation in Audiology and Speech-Language Pathology ; American Veterinary Medical Association, Council on Education ; Commission on Collegiate Nursing Education ; Council on Accreditation of Nurse Anesthesia Educational Programs ; Council on Education for Public Health ; Joint Review Committee on Education in Radiologic Technology ; Liaison Committee on Medical Education ; Midwifery Education Accreditation Council

Other Accreditors: Commission on Accreditation of Ophthalmic Medical Programs National Accrediting Agency for Clinical Laboratory Sciences Joint Review Committee on Educational Programs in Nuclear Medicine Technology Commission on Accreditation in Physical Therapy Education

APPENDIX IV. A.2
SCHOOL ASSESSMENT PLAN

APPENDIX IV. A.2

UNIVERSITY OF PUERTO RICO
MEDICAL SCIENCES CAMPUS
SCHOOL OF NURSING



Assessment Indicators of effectiveness of the School of Nursing (2010-2016)

(Revised February, 2012)

Approved by the Evaluation Committee in its Meeting of March 14, 2012

Ammended on June 2016

University of Puerto Rico

Medical Sciences Campus

School of Nursing

ASSESSMENT PLAN

Area: Academic and Student Development

Goals 1: Prepare Nursing professionals who will promote and maintain the best health conditions of the puertorican society working within the interdisciplinary team.

Indicators	Source of Information	Person in charge to compile the information	Frequency to collect the data
1.1 SON will maintain a selective demand of 90% (admitted/quota). (Articulation programs excluded).	Report of evaluation of admission candidates, admitted and quota.	Department Directors Admission committee Associate Dean of students Affairs	Every year
1.2 A 90% of all programs will receive two qualified applications for each admitted students.	Report of evaluation of admission candidates, admitted and established quota per academic program	Department Directors Admission committee Associate Dean of students Affairs	Every year
1.3 A level of occupancy of 87% (new admitted registered/admitted).	Report of evaluation of admission candidates: admitted, registered for each academic program.	Department Directors Admission committee Associate Dean of students Affairs	Every year
1.4 Retention rate of 75% (quantity of students registered in each year of study/number of students in the cohort).	Retention report	Department Directors Admission committee Associate Dean of students Affairs	
1.5 A 70% of students complete graduation on the minimum period established by the program.	Graduation rate report	Department Directors Admission committee Associate Dean of students Affairs	
1.6 Employment rate of 70% of each graduating class in the first 6 months up to the first year after graduation.	Employment rate report	Department Directors Admission committee Associate Dean of students Affairs	

Area: Academic and Student Development**Goals 2: Provide Excellent Nursing Education throughout the undergraduate to graduate level Nursing Programs.**

Indicators	Source of Information	Person in charge to compile the report	Frequency to collect the data
2.1 There is Access to a 75% of all identified essential bibliographical resources for nursing professionals.	Library reports Annual Reports Progress Reports	Department Directors Associate Dean of Academic Affairs Library director	Every three years
2.2 A 70% of students and faculty will be satisfied with bibliography offerings and electronic access to scientific journals.	Library reports Annual Reports Progress Reports	Department Directors Associate Dean of Academic Affairs Library director	Every three years
2.3 A minimum of 70% of surveyed group (students and faculty) will demonstrate satisfaction with the access, use and technology.	Accreditation Report Assessment Report	Associate Dean of Academic Affairs	Every three years
2.4 A 100% of all academic programs susceptible to professional accreditation will be accredited	Accreditation Report	Directors of Department Associate Academic Dean	According to standards of accrediting agency
2.5 A 100% of all academic programs non susceptible to accreditation will comply with self evaluations each five year.	Annual Report	Directors of Department Associate Academic Dean	Annually

Area: Institutional Development**Goals 3: The nursing students achieve the highest level of excellence in the knowledge domain, human sensibility, ethical values, social consciousness, critical thinking skills and life long learning.**

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
3.1 An 80% of all BSN graduates will approve the state board examination or certification test (local or national) by the first attempt.	Report of PR State Board Nursing results and NCE annual report	Program's Director Associate Dean of Academic Affairs	Annually
3.2 An 80% of Anesthesia graduates will approve the national certification examination by the first attempt.			

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
3.3 A 70% of graduating nursing students (in their last academic term) will indicate having achieved knowledge, skills, values and attitudes.	Graduation candidates survey per program	Associate Dean of Academic Affairs Personnel of Evaluation Office	Annually

Area: Academic and Student Development

Goals 4: Provide health services that respond to the needs of the communities of interest of the SON as an integral component of the educational experience, research and professional development of the faculty.

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
4.1 Quantity of patients attended by clinical service offered by the School of Nursing.	Faculty Report in Table F-22 of Annual Report to be submitted to the MSC	Associate Dean of Academic Affairs Assistant Dean of Students Affairs	Annual
4.2 The School of Nursing will participate in at least one project of social urgency in which students and faculty are integrated.	Nursing Center Report	Director of Center Associate Dean of Academic Affairs Assistant of Students' Affairs	Annual

Area: Academic and Student development

Goals 5: Provide for the nursing professionals of PR, opportunities to increase their knowledge and skills.

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
5.1 A 70% of participants in continuing education indicate that the content of the activities contribute to their competencies and skills as professionals.	DECEP Report to be submitted to MSC annual report in Table F-1A	DECEP Director Associate Dean	Annual
5.2 By 2016, at least one new professional certificate (DECEP) has been submitted.	DECEP Report	DECEP Director Associate Dean	Annual
5.3 There will be an annual increase of active research projects.	Report in Table F-2 of MSC Annual Report	Associate Dean	Annual

Area: Research Development**Goal 6: Strengthen basic and applied nursing research efforts as a contribution to the knowledge base of nursing as a discipline.**

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
6.1 There will be an annual increase of poster or oral presentations by faculty in peer review activities or conferences.	Table F-5 of Annual Report	Associate Dean	Annual
6.2 There will be an annual increase of peer review publications in journals.	Table F-4 of Annual Report	Associate Dean	Annual
6.3 At least 20% of the faculty will receive some incentive for developing research.	Table F-3 of Annual Report	Associate Dean	Annual
6.4 At least 5% of the faculty participates in research projects.	Table F-2 of Annual Report	Associate Dean	Annual

Area: Institutional Development**Goal 7: Maintain the SON's integrity and unity of purpose between administrative affairs and nursing education process, research and services endeavors.**

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
7.1 A 70% of each group of the communities of interest (teaching and non-teaching personnel, students) indicates an adequate level of satisfaction with the administrative process.	Graduation candidates survey	Associate Dean	Annual

Area: Institutional Development**Goal 8: Develop and maintain within the SON's personnel commitment toward an excellence performance.**

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
8.1 By 2016, the SON will comply with at least 50% of their plans of Faculty development.	Report of compliance with the plan	Associate Dean	Annual
8.2 A 75% of the university personnel (teaching and non teaching) who participate in capacitation courses at the institutional level and school level indicate that they are pertinent to their working tasks.	SON institutional survey	Associate Dean	Annual
8.3 At 2016, 80% of faculty with tenure or tenure track will have a Doctoral degree.	Data base of Administrative office	Associate Dean	Annual

Area: Institutional Development**Goal 9: Increase collaborative agreements at national and international level to strengthen and enrichment of academic and cultural dimension of the School of Nursing.**

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
9.1 Quantity of concrete observable actions that are produced through partnerships, collaborative agreements and consortions for research, teaching and service with institutions in Puerto Rico, United States and other countries.	Annual report Table F-21.	Associate Dean and Directors and coordinators of programs	Annual
9.2 Quantity of international students enrolled in the Nursing Programs of the SON.	Student Information System (SIS)	Associate Dean and Directors and coordinators of programs	Annual

Area: Institutional Development**Goal 10: Estimulate and university environment that estimulate creative activities, respect for human values and the persuing of social progress.**

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
10.1 A 70 % of the students at the School of Nursing evaluate as positive (good, very good or excellent) the extra-curricular or co-curricular offering.	Graduating students survey	Associate Dean Assistant Dean for Academic Affairs	Annual

Area: Institutional Development**Goal 11: Increase the economic stability of the School of Nursing according to the academic philosophy of the Medical Sciences Campus.**

Indicators	Source of information	Person in charge to compile the report	Frequency to collect the data
11.1 At 2014, there will be an increase of external funds for the School of Nursing obtained from proposals, donations, continuing education activities and others.	Fiscal Reports, DECEP financial reports	Budget Office Dean	Annual (data obtained annually but the increase will be measure at the end of the established period)

GV/ER/Revised: August 2005

Revised by CMadera (Feb 2012) according to Institutional Assessment plan approved in Feb 2012

Approved by the Evaluation Committee in its Meeting of March 14, 2012/its
Ammended to aligned to CCNE indicators on June 2016

APPENDIX IV-C.1

LETTER FROM COUNCIL ON ANESTHESIA PASS RATES FIRST ATTEMPT

APPENDIX IV-C.1



November 15, 2016

VIA EMAIL

Jorge Hernandez, MS, CRNA
Program Administrator
University of Puerto Rico School of Nursing Nurse Anesthesia Program
Medical Sciences Campus
PO Box 365067
San Juan, PR 00936-5067

Subject: Certification Examination Scores – First Letter of Concern

Dear Mr. Hernandez:

During its October 19-21, 2016, meeting, the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) reviewed the University of Puerto Rico School of Nursing Nurse Anesthesia Program's Certification Examination pass rate of first time exam takers for the 2015 graduation cohort in accordance with the Certification Examination policy (ref. [Policies and Procedures](#) manual). As a reminder, the policy was revised effective January 2016. The revisions were communicated to program directors in the [February 2016 Program Directors' Update](#).

Programs' pass rates are calculated using results of first-time exam takers in the graduation cohort as defined in the Certification Examination policy. The COA has identified that your program's students complete the program in December each year. This was determined from demographic data pertaining to the program's degree offering maintained by the COA. The program's graduation cohort for 2015 was May 1, 2015 - April 30, 2016.

The preferred pass rate as defined in the policy is 80% of all first-time takers in a testing period. Your program's 2015 pass rate was 57%, which did not meet the threshold, so the mandatory pass rate was calculated. The mandatory pass rate is 80% of all first-time takers when considering the three most recent graduation cohorts. Because the program has graduated only a single class of students to date, the program's 2015 mandatory pass rate remained 57%, which is below the mandatory threshold.

Because the program did not meet the mandatory pass rate, the COA has placed the program in monitoring. In order to be removed from monitoring, the program must have two (2) consecutive years of pass rates at or above the mandatory pass rate within the next five (5) years. The attached flowchart provides a graphic representation of the program's current status (highlighted) in the monitoring process. The flowchart identifies all the paths a program could follow while in monitoring and the action that occurs at each point. On the left of the chart are: the year of monitoring (0-5) within the five (5)-year monitoring period; the calendar year of data

APPENDIX IV-F.1

EXAMPLES OF FACULTY SCHOLARLY WORK BY TYPE AND YEAR

PPENDIX IV-F.1

EXAMPLES OF FACULTY SCHOLARLY WORK BY TYPE AND YEAR

Type of Scholarly work (research, teaching or service)			
Research	Publications & Presentations	Teaching/academic	Service
Year 2013-2014			
<p>Dr. C.M. Arroyo (10%), Dr. M. Figueroa (10%), Dr. Y. Regueira (10%), Dr. M. Rivero (10%), Dr. N. Dávila (5%), Dr. J. Rodríguez (5%).</p> <p>Research dissertations: (M. Almenas (20%), C. Custodio (20%), C. Díaz (20%), L. Irene (20%), S. Pereira (20%).</p> <p>Research in process RO1 NIH/NINR in consortium between with University of Pennsylvania and the MSC SON titled <i>Injury in Latina Women After Sexual Assault: Moving toward Health Care Equity – Dr. Regueira</i>.</p> <p>Research projects in progress: Occurrence and current practices of assessment, management, and prevention of Pain, Agitation, and Delirium in Intensive Care Units.- Dr. M. Arroyo and Dr. M. Figueroa.; Functional Health Literacy: Perspective from patients and services providers – Dr. M. Rivero; Diabetes type 2, physical activity and self care.- Dr. N. Dávila; Use of technology by young adults with HIV – Dr. J. Rodríguez.</p>	<p>Five (5) peer review articles by Dr. Rivero (second, tenth, thirteen and fourteen author).</p> <p>Oral presentation in 2013 at the American College of Cardiology: Puerto Rico Chapter Annual Convention celebrated in Puerto Rico by Dr. Rivero - "Engaging the CCA in Evidence Based Practice. New Frontiers in Cardiovascular Medicine".</p> <p>Non peer review publications Dr. Carmen L. Madera Education: an important nursing role, March 2014; Buena Vida-Professional Nurses' Choice Award 2014; p. 116.</p> <p>Sánchez Colón, Suane E. Nursing, a profesional career, ; March 2014; BuenaVida-Professional Nurses' Choice Award March 2014; p. 104-105 .</p> <p>Ruiz Lebrón, Rosa. Responsibilities of man in Nursing; March 2014; BuenaVida-Professional Nurses' Choice Award 2014; p. 114-115.</p> <p>Pereira Morales, Sherily. ¿Vocation or profession?; marzo 2014; BuenaVida-Professional Nurses' Choice Award 2014; p. 108 y 110</p> <p>Rivero Méndez, Marta. Infection Control on HIV/AIDS, Hepatitis, Tuberculosis and Influenza for Health Care Professional. Continuing Education and Professional Studies, School of Nursing University of Puerto Rico</p>	<p>100% of faculty members are engaged in teaching activities which includes hours of preparation and committees, in addition to direct contact with students in various tasks.</p> <p>100% of faculty participated in continuing nursing education and in developmental activities for education and research roles. For example:</p> <ul style="list-style-type: none"> • One (1) faculty member participated and was certified for completion of Interprofessional Education Collaborative (IPEC) Institute in Chicago, Illinois. • Three (3) faculty members participated in the <i>Interprofessional Education: Key to Better patient Outcomes Workshop</i>, at RCM. • Thirty (30) faculty members participated in the First Symposium of Investigation and Evidence Based Practice of the SON. • Five (5) faculty members were capacitated to use iPad during teaching. • Twenty seven (27) faculty members participated in an Assessment and Evaluation Retreat Orientation. • Eighteen (18) faculty members participated in the workshop: Development and use of rubrics for learning assessment and evaluation. 	<p>A total of four (4) faculty members were in practice in the Center of Manuel A. Pérez.</p> <p>Eleven (11) faculty members were providing academic service through administrative functions: Dr. N. Dávila (Interim Dean), Dr. M. Figueroa (Interim Associate Dean), Prof. L. Figueroa (Interim Assistant Dean for Students Affairs), Dr. C. M. Arroyo (Interim Director of Graduate Department), Dr. M. Rivero (Interim Director of Doctoral Program), Prof. C. Mattei and then Prof. R. Negrón (Director of Anesthesia Program), Prof T. Green (Interim Director of FNP Program), Prof. C. I. Díaz (Interim Director of Undergraduate Program), Prof. E. Ortiz (Interim Director of Center for Promotion and Maintenance Integral Health Manuel A. Pérez), Prof. E. Díaz (Coordinator of the Nursing Skills Development Center).</p> <p>One faculty member offers a conference in the Methodist Church of Puerto Rico.</p> <p>A total of 5 faculty members have been participating in professional organizations as members of commissions, Council of Higher Education of Puerto Rico.</p> <p>The SON offered a total of 4 wellness/health/security fairs with a total 600 participants.</p>

Type of Scholarly work (research, teaching or service)			
Research	Publications & Presentations	Teaching/academic	Service
		<ul style="list-style-type: none"> Eighteen (18) faculty members participated in the journal club: Bioethical debates on the determination of death using neurological standards. 	
Year 2014-2015			
<p>Dr. C.M. Arroyo (50%), Dr. M. Figueroa (20%), Dr. Y. Regueira (10%), Dr. M. Rivero (40%), Dr. N. Dávila (20%), Dr. C. Madera (20%), Dr. J. Rodríguez (20%), Prof. B. Díaz (21.3%),</p> <p>Research dissertations (M. Almenas (20%), C. Custodio (20%), C. Diaz (20%), L. Irene (20%), S. Pereira (20%).</p> <p>Research finalized: RO1 NIH/NINR in consortium between with University of Pennsylvania and the MSC SON titled <i>Injury in Latina Women After Sexual Assault: Moving toward Health Care Equity</i> – Dr. Regueira.</p> <p>Research projects in progress: Occurrence of pain, agitation/sedation and delirium in adults intensive care patients in San Juan, P.R. - Dr. M. Arroyo; Assessment and management practices of pain, agitation/sedation, and delirium in adult intensive care patients in San Juan, P.R. - Dr. M. Figueroa.; Health Literacy: People living with HIV, health care providers, and professional care team members – Dr. M. Rivero; Associate factors for diabetes self-management in Puertorrican Adults Type 2 Diabetes Mellitus- Dr. N. Davila; Use of technology, internet access, health</p>	<p>Two (2) peer review articles by Dr. C.M. Arroyo (first and second author).</p> <p>Two (2) peer review articles by Dr. M. Figueroa (first and second author).</p> <p>Two (2) peer review articles by Dr. M. Rivero (first and second author).</p> <p>One (1) peer review article by Prof. V. Mercado (first author).</p> <p>One (1) chapter publication for Critical Care Nursing: A holistic approach, for a book of Lippincott Williams and Wilkins editors - Prof. S. Pereira (primary author).</p> <p>Oral presentation in 2015 at the 35th Annual Research and Education Forum MSC celebrated in Puerto Rico: Dr. M. Rivero - "Collaboration that matters: School of Nursing and Dental Medicine building capacity for research".</p> <p>Poster presentations in 2015 at the 35th Annual Research and Education Forum MSC celebrated in Puerto Rico: Dr. M. Figueroa - "Assessment and management practices of pain, agitation/sedation and delirium in adult intensive care patients in San Juan, P.R."; Dr. C.M. Arroyo - "Occurrence of pain, agitation/sedation and delirium in adults intensive care patients in San Juan, P.R.".</p> <p>International oral presentations in 2014 at the "New Trends in Health Care: An International View"- Universidad de Lleida, España: Dr. M. Figueroa - "Delirium, pain,</p>	<p>100% of faculty members are engaged in teaching activities which includes hours of preparation and committees, in addition to direct contact with students in various tasks.</p> <p>100% of faculty participated in continuing nursing education and in developmental activities for education and research roles. For example:</p> <ul style="list-style-type: none"> -Twenty seven (27) faculty members participated in the workshop: New technologic tendencies in nursing education. -Twenty three (23) faculty members participated in the workshop: Suicide Prevention. -Nine (9) faculty members were capacitated to use iPad during teaching. -The faculty participated in the workshop: Effective feedback in education and the service offered to students. -Sixteen (16) faculty members participated in the conference: Simulation in Nursing Education. -Seventeen (17) faculty members participated in the workshop: Use of the WeaveOnline (Part I). -Twenty three (23) faculty members participated in the Second Symposium of Investigation and Evidence Based Practice of the SON. 	<p>A total of eleven (11) faculty members were in practice in the Center of Manuel A. Pérez.</p> <p>Eleven (11) faculty members were providing academic service through administrative functions: Dr. S. Sánchez (Dean), Dr. G. Ortiz (Associate Dean), Prof. L. Figueroa (Assistant Dean for Students Affairs), Dr. J. Soto (Interim Director of Graduate Department), Dr. N. Davila (Director of Doctoral Program), Prof. R. Negron (Director of Anesthesia Program), Prof. E. Villar (Director of FNP Program), Prof. C. I. Diaz (First Semester) and Prof. N. Diaz (Second Semester; Director of Undergraduate Program), Prof. V. Camacho (Director of Center for Promotion and Maintenance Integral Health Manuel A. Pérez), Prof. E. Diaz (Coordinator of the Nursing Skills Development Center).</p> <p>A total of five (5) faculty members have been participating in professional organizations as consultants and members of commissions (e.g. Council of Higher Education of Puerto Rico, AARP, and Puerto Rico Nursing Board). Other examples are:</p> <ul style="list-style-type: none"> -Two (2) faculty members participated in Lifelink of Puerto Rico as an Ad-HOC Committee, and also they are contributing to a Quality Project for a Private Hospital in Puerto Rico. -One (1) faculty member participated in the development of

Type of Scholarly work (research, teaching or service)			
Research	Publications & Presentations	Teaching/academic	Service
information and identification of topics for the development of a computer-based intervention program among a group of youth living with HIV in Puerto Rico – Dr. J. Rodríguez; Validity and reproducibility of semi-quantitative food frequency questionnaire (FFQ) for infants 0-24 months in P.R. and assessment of dietary patterns- Prof. B. Diaz; The School of Nursing of the Medical Sciences Campus: History and a look to the future - Dr. C. Madera.	<p>sedation and sleep in ICU patients”; Dr. C.M. Arroyo – “Cardiac Dysrhythmia”.</p> <p>International oral presentations in 2015 at the 3rd Congress and Consortium of Central America and the Caribbean of Intensive Therapy at El Salvador by Dr. C.M. Arroyo - “Pain management in critical care patients”, and Dr. M. Figueroa with the following topics: “Delirium in ICU: Prevention, Identification, and Management; Top Ten Medical Errors in the ICU; New Guidelines of Sedation for Critically-ill Patients”.</p> <p>Milagros Figueroa, visitant professor in Lleida, Spain “New Trends in Health Care: And Int’l View.11-18 December 2014.</p> <p>Arroyo-Novoa, C.M. and Figueroa-Ramos, M.I. (2015). Occurrence of pain, agitation/sedation, and delirium in adult intensive care patients in San Juan, Puerto Rico [Abstract]. <i>Puerto Rico Health Sciences Journal</i>, 34 (Supp 1): 37.</p> <p>Elias-Boneta, A.R. and Rivero-Méndez, M. (2015). Collaboration that matters: Schools of Nursing and Dental Medicine building capacity for research [Abstract]. <i>Puerto Rico Health Sciences Journal</i>, 34 (Supp 1): 17</p> <p>Figueroa-Ramos, M.I. and Arroyo-Novoa, C.M. (2015). Assessment and management practices of pain, agitation/sedation, and delirium in adult intensive care patients in San Juan, Puerto Rico. [Abstract]. <i>Puerto Rico Health Sciences Journal</i>, 34 (Supp 1): 56.</p> <p>One manuscript was published during the course of the third year:</p> <p>Rivero-Méndez, M., Suárez-Pérez, E., Solis-Baez, S. (2015). Measuring Health Literacy among People Living with HIV who attends</p>	<p>Marta Rivero, Solymer Solis 4-7/sept./ 2014 in Cleveland, Ohio Meeting with “Int’l Nursing Network for HIV/aids Research.</p> <p>Ronald Negron. AANA annual congress 2014, y Pre-congress of Neuraxial Regional Anesthesia Hands-On Workshop. Sept 12-17, Orlando Florida.</p> <p>Evelyn Villar, October 21-Novemeber 2, 2014 in Albany, New York</p> <p>Official representation of the Program in the National Meeting of Leaders of the American Association of Nurse Practitioners.</p> <p>Dr. Gloria Ortiz& Carmen Irene Diaz, 2014</p> <p>Baccalaureate Education Conference Professional Competency: Putting the Pieces Together”, of AACN. 19-22 November in Baltimore Maryland.</p> <p>Solymer Solis.Int’l Nursing Network for HIV/AIDS Research, January 8-10, 2015, Houston Texas</p> <p>Ronald Negron-February 24-28, 2015 in New Orleans, LA; Pre-Conference and Conference d ‘21st.</p> <p>Century Nurse Anesthesia Education: Not Necessarily the Big Easy (COA).</p> <p>Viviana Torres, Milagros Figueroa, Carmen M. Arroyo, Marta Rivero, Noemy Diaz, March 8-13, 2015 Workshop in EBP in Columbus Ohio.</p> <p>Dr. Milagros Figueroa and Dr. Carmen Arroyo. May 30-June3, 2015 Delirium Congress, by American</p>	<p>an integral project for woman wellbeing in San Juan, P.R.</p> <p>The SON offered a total of seven (7) wellness/health/security fairs with a total 3,000 health interventions.</p>

Type of Scholarly work (research, teaching or service)			
Research	Publications & Presentations	Teaching/academic	Service
	<p>a Community-Based Ambulatory Clinic in Puerto Rico. <i>Puerto Rico Health Sciences Journal</i>, 34(1):31-37.</p> <p>Dr. Carmen M. Arroyo presented a poster highlighting pilot project findings: "Occurrence of pain, agitation/sedation, and delirium in adult intensive care patients in San Juan, Puerto Rico".</p> <p>Dr. Milagros I. Figueroa Ramos presented a poster highlighting pilot project findings: "Assessment and management practices of pain, agitation/sedation, and delirium in adult intensive care patients in San Juan, Puerto Rico".</p> <p>Dr. Marta Rivero made an oral presentation in which the collaboration process between the Schools of Nursing and School of Dental Medicine was presented.</p> <p>Dr. Milagros Figueroa presented "<i>Delirium, Pain, Sedation and Sleep in ICU Patients</i>" and Dr. Carmen M. Arroyo "<i>Cardiac Dysrhythms</i>" in the <i>New Trends in Health Care: And Int'l View</i>, in University of Lleida, Spain.</p> <p>Dr. Carmen M. Arroyo Novoa and Dr. Milagros Figueroa presented the conference titled "<i>Pain Management of Critical Care Patients</i>" in the 3rd Centro american and Caribbean Congress of Intensive Care in El Salvador in June 2015</p> <p>Dr. Carmen L. Madera make a presentation about <i>The students and curriculum in EBP in Research and EBP Symposium celebrated in the SON on October 16, 2016.</i></p>	<p>Association of Delirium in, Baltimore, Maryland.</p> <p>Dr. Suane Sanchez & Dr. Nancy Davila. January 29-31, 2015 in San Diego California. Doctoral Conference of de AACN</p>	
Year 2015-2016			
Dr. C.M. Arroyo (50%), Dr. M. Figueroa (20%), Dr. Y. Regueira (10%), Dr., M. Rivero (40%), Dr. N. Dávila	One (1) peer review articles by Dr. M. Rivero (third author).	100% of faculty members are engaged in teaching activities which includes hours of preparation and committees,	A total of seven (7) faculty members were in practice in the Center of Manuel A. Pérez.

Type of Scholarly work (research, teaching or service)			
Research	Publications & Presentations	Teaching/academic	Service
<p>(20%), Dr. C. Madera (20%), Dr. J. Rodríguez (20%), Prof. B. Díaz (21.3%),</p> <p>Research dissertations (M. Almenas (20%), C. Custodio (20%), C. Diaz (20%), L. Irene (20%), S. Pereira (20%), I. Rivera (20%), N. Diaz.</p> <p>Research completed: Validity and reliability of semi-quantitative food frequency questionnaire (FFQ) for infants 0-24 months in P.R. and assessment of dietary patterns- Prof. B. Díaz; Occurrence of pain, agitation/sedation and delirium in adults intensive care patients in San Juan, P.R. - Dr. M. Arroyo; Assessment and management practices of pain, agitation/sedation, and delirium in adult intensive care patients in San Juan, P.R. - Dr. M. Figueroa.; Use of technology, internet access, health information and identification of topics for the development of a computer-based intervention program among a group of youth living with HIV in Puerto Rico – Dr. J. Rodríguez; Health Literacy: People living with HIV, health care providers, and professional care team members – Dr. M. Rivero.</p> <p>Research projects in progress: Educational Training Program on Evidence-Based Practice (EBP) for Faculty in a Nursing Program in Puerto Rico: A pilot project. – Dr. M. Rivero; Associate factors for Diabetes self-management in Puertorrican Type 2</p>	<p>Dr. C. Madera participated as a reactor on the topic historiographic research in Celia Guzman Scientific Conference, Puerto Rico.</p> <p>Oral presentation in 2016 at the 36th Annual Research and Education Forum MSC celebrated in Puerto Rico: Dr. N. Dávila - “Associate factors for diabetes self-management in Puertorrican adults with Type 2 Diabetes”.</p> <p>Oral presentation in 2016 at the HEN Regional Collaborative for Quality Improvement at San Juan by Dr. M. Figueroa - “Delirium: Prevalence and Assessment in Adult and Pediatric Patients”.</p>	<p>in addition to direct contact with students in various tasks.</p> <p>100% of faculty participated in continuing nursing education and in developmental activities for education and research roles. For example:</p> <ul style="list-style-type: none"> -Five (5) faculty members were capacitated to use iPad during teaching. -Eighteen (18) faculty members were capacitated in the Educational Training Program on Evidence-Based Practice (EBP) for Faculty in a Nursing Program in Puerto Rico: A pilot project. -Dr. Gloria Ortiz and Dr. Carmen L. Madera participated in <i>Self Study Writing</i> workshop in Washington DC, in March 18, organized by CCNE. 	<p>A total of fifteen (15) faculty members have been participating in professional organizations as consultants and members of commissions (e.g. Council of Higher Education of Puerto Rico, AARP, VA, and Puerto Rico Nursing Board). Other examples are:</p> <ul style="list-style-type: none"> -Two (2) faculty members participated in Lifelink of Puerto Rico as an Ad-HOC Committee, and also they are contributing to a quality project (ICU Liberation Initiative) for a private hospital in Puerto Rico. -One (1) faculty member is a collaborator for the SEPARÉ Federal Program from Vega Baja, Puerto Rico. -One (1) faculty member is a collaborator for the Office of Governor and the Puerto Rico Department of Family he prevention of violence. One (1) faculty member participated and travel for a missionary service to Dominican Republic. One (1) faculty member participated in the development and implementation of a basic training in geriatric to the Dominican Caregivers for the elderly. The SON offered in Manuel A. Perez a total of 55 interventions to pregnant women and education on the importance of folic acid use and sexuality to 454 adolescents. Eleven (11) faculty members were providing academic service through administrative functions: Dr. S. Sánchez (Dean), Dr. G. Ortiz (Associate Dean), Prof. L. Figueroa (Assistant Dean for Students Affairs), Dr. J. Rodríguez (Interim Director of Graduate Department), Dr. N. Davila (Director of Doctoral

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Diabetes Mellitus- Dr. N. Davila; The School of Nursing of the Medical Sciences Campus: History and a look to the future - Dr. C. Madera.			Program), Prof. J. L. Hernández (Director of Anesthesia Program), Prof. E. Villar (Director of FNP Program), Prof. C. I. Diaz (Director of Undergraduate Program), Prof. V. Camacho (Director of Center for Promotion and Maintenance Integral Health Manuel A. Pérez), Prof. E. Diaz (Coordinator of the Nursing Skills Development Center).