

**CRITERION 1: Mission and/or philosophy of the nursing education unit is congruent with that of the governing organization, or differences are justified by the nursing education unit purposes.**

**EXPECTED LEVEL OF ACHIEVEMENT: Mission and philosophy are congruent with University Mission statement and are reflective of national standards of nursing practice and nursing education.**

**Documentation confirms:**

- a. **philosophy / mission of the program in nursing is congruent with the mission and purposes of the governing organization.**

The official Mission for Indiana State University is published in the *Indiana State University Handbook*, 2001, p. I-2. A modified shortened version is published in the *Undergraduate Catalogue* (2003-2004) with additional information about the institutional history and setting.

The School of Nursing, in concert with the parent institution, has constructed a Vision Statement, a Mission Statement, and a Philosophy. The Vision Statement provides all members of the learning community with a core focus. The Vision Statement also serves to accentuate experiential learning. Table 1.1 provides a parallel comparison of documents.

Table 1.1 *Comparable Visions and Missions*

<b>Indiana State University</b>	<b>School of Nursing</b>
In the 2001-2002 academic year, ISU engaged in its most important initiative in recent years: the development of a more distinctive identity in order to strategically position the University within Indiana and the Midwest. The result of this process was a commitment by the University to merge the academic endeavors of students with real life <b>experiences</b> through a variety of community engagement activities. While the University has a long and distinguished history of active student engagement in the community, the overall goal of this initiative is to develop a more coherent and meaningful set of student experiences across all curricular programs.	<i>Vision Statement: Experience Your Future</i> Provide the best educational <b>experiences</b> that result in competent and caring nurses for diverse clients.

<p><i>Mission Statement:</i></p> <p>As a publicly-assisted institution of higher learning, Indiana State University embraces its mission to educate students to be <b>productive citizens</b> and <b>enhance the quality of life</b> of the citizens of Indiana by making the knowledge and expertise of its faculty available and accessible.</p> <p>These purposes are served when the university <b>disseminates knowledge through instruction and extends and applies knowledge through research, creative and scholarly activities and public service.</b></p> <p>The University fulfills its mission statewide; however, its influence is also <b>national and international in scope.</b> Given its location, Indiana State University responds with particular sensitivity to the needs and interest of the citizens of west central Indiana.</p> <p>In serving its mission, the University provides quality, affordable academic programs and educational environments to foster holistic student growth and development. Undergraduate programs and <b>specialized fields of study.</b></p> <p>In its role as a public institution, the University is expected to be an <b>inclusive academic community</b> reflective of the greater society, serving a <b>student body diverse in academic interest, age, gender, economic status, and ethnicity.</b> To remain vital in carrying out its institutional purposes, <b>Indiana State University is committed to the ongoing assessment and improvement of its primary activities.</b></p>	<p><i>Mission Statement:</i> (Not in exact sequence) Indiana State University School of Nursing is part of a publicly-assisted opportunity institution of higher learning. The mission of the School of Nursing is to foster the development of students who will become <b>productive citizens</b> who function as competent nurses, and who strive to <b>enhance the quality of life</b> of the members of society.</p> <p>The mission of the School of Nursing is accomplished by the <b>dissemination of knowledge through research, creative and scholarly activities, and service to the university and the public.</b></p> <p>This is a mission that extends beyond local and state boundaries to include a <b>national and international scope.</b></p> <p>To meet the needs of a diverse society, the School of Nursing provides education at various levels using multiple delivery methods. The academic programs encompass the <b>associate degree program and the baccalaureate and higher degree programs.</b> As part of our dedication to life-long learning, the School of Nursing assists nurses in maintaining and developing competencies in nursing by offering continuing education programs.</p> <p>The School of Nursing is committed to being an <b>inclusive academic community</b> by providing a supportive environment for <b>students who are diverse in many ways, including age, gender, economic status, and ethnicity.</b> In the pursuit of excellence, the <b>School of Nursing is dedicated to continuous systematic assessment for the purposes of quality improvement.</b></p>
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The philosophy of the School of Nursing serves as the foundation for the programs of study and articulates the faculty's beliefs related to the paradigm of nursing, nursing education, and life-long learning.

### *Philosophy of the Faculty*

School of Nursing faculty endorse the Mission and goals of Indiana State University including the core values of access, service, success, innovation and excellence. The University Mission supports the development of associate, baccalaureate, graduate, and continuing education programs to meet learning needs of clients in a changing society. Faculty contribute to the discipline of nursing and to the University through teaching, research, and professional and community service.

*Nursing* is a discipline whose practice is based on nursing knowledge, the sciences, and the humanities and is guided by the ANA Code of Ethics and Standards of Practice. It also reflects mandates and nursing care standards from significant nursing education and health organizations such as the American Nurses Association, National League for Nursing, American Association of Colleges of Nursing, Indiana State Board of Nursing, and the Pew Health Professions Commission. Nurses collaborate with other members of the interdisciplinary health care team. Within a variety of roles and in multiple settings, nurses use therapeutic communication skills to assess wellness and health needs and risks of culturally diverse clients throughout the life span. Nursing care goals are mutually established with clients and include promotion of optimal health; prevention or recovery from illness; rehabilitation to maximal health status; and assurance of dignity in the process of dying. Nursing is a vital force in society whose roles affect and are affected by current and emerging health care delivery systems. Knowledge derived from research and other scholarly activities, practice, and societal trends provide direction for client education and for the evolving practice of nursing.

Nurses use therapeutic nursing interventions within the context of clinical decision-making to provide culturally sensitive, holistic care for clients. Innovative techniques and information management skills are used to provide safe and accurate care to clients. Using these skills, nurses

not only care for clients, but they also respond to the environment in which care occurs. Wellness, health needs and health risks are best understood in the context of the client's environment.

*Environment* is integral to the experience of health. Environment, as a dimension, influences the life and development as well as the wellness and illness of the client. Nurses interact and collaborate with clients to maintain and/or modify the environment to support optimal health. Environment also encompasses the context in which nurses learn and practice.

*Health*, a dynamic process, occurs in varying degrees of wellness and illness from optimal health to death. Health goals are best achieved through a client-centered, comprehensive, and accessible health care delivery system. As members of a therapeutic and caring discipline, nurses promote high quality health care and the improvement of health care delivery.

*Clients* are defined as individuals, families, groups, and/or communities. They have basic needs which, when met, support the potential for well-being and optimal health. Clients respond to these needs throughout the life span. Clients meet their own health needs when possible. Nurses collaborate with clients when necessary to meet client's needs. Clients interact with the health care delivery system in an effort to promote, maintain and/or restore their needs, including those through the dying process.

*Life-long learning* is a continuous process building on previous levels of knowledge and experience and is influenced by time, maturation, and differing interests and abilities. *Learning* is achieved through multiple approaches and is enhanced when the learner actively participates in the process. Teachers facilitate the learning process by serving as resources and foster a climate of intellectual curiosity and critical thinking in an atmosphere conducive to self-direction. Within a climate of mutual respect, students and teachers participate collaboratively in the cooperative enterprises of inquiry, learning, scholarly achievements, and service.

*Nursing education* provides the nurturing and facilitation of intellectual growth as well as the foundation and evaluation of interpersonal competency, technological skill, and clinical judgment. In response to community need and in support of the opportunity for life-long learning, programs at the School of Nursing allow access to educational opportunities and facilitate educational mobility. Student success is promoted by supportive faculty advisement, supplemental instruction services, and student support groups, such as the Student Nurses Association.

*Associate degree education* prepares technical graduates who are critical thinkers, communicators and providers and managers of care. Their clients are individuals or families. Nursing care is provided with the guidance of a professional nurse in selected settings. The associate degree graduate is also prepared as a member of the nursing profession and a life-long learner.

*Baccalaureate nursing education* is the minimum qualification for the first professional role in nursing. The baccalaureate nursing program prepares generalists with skills in critical thinking, clinical judgment, and ethical decision making to facilitate their work in a variety of settings including those considered nontraditional. Baccalaureate graduates are grounded in community health theory and are consumers of evidence-based practice research. Graduates practice to ensure continuity of care across systems and settings. Graduates are also prepared to assume beginning leadership roles for providing health care and to serve as educators, advocates, active health policy participants and novice health policy developers.

*Graduate education* provides preparation for assumption of advanced practice roles. Advanced practice includes active involvement in shaping health policy and conducting research and evidence-based clinical practice and client outcome research, proficiency in advanced clinical judgment, participation in interdependent practice, development and use of economic and quality indicators, and use of technological advances. Practice settings vary and provide local, national,

and international perspectives. Central themes of graduate education include exploring the meaning of health and illness with clients and developing and implementing more cost effective models of care. Continued competence will be assured by values of life-long learning. Advanced preparation for leadership roles in education/administration will continue to be necessary in the changing health care delivery system.

*Continuing education* in nursing embraces the value of life-long learning and promotes excellence in nursing practice by providing quality continuing education for nurses. The continuing education program responds to trends and changes in the health care system. The program is designed to improve health care by providing timely and informative educational activities to expand knowledge and competencies of practicing nurses. Continuing educational activities address diversity in nursing and levels of nursing practice

**b. program purposes and objectives /competencies are:**

- congruent with the program philosophy / mission;
- clearly stated;
- publicly accessible;
- appropriate to legal requirements and scope of practice; and
- consistent with contemporary beliefs of the profession.

The philosophy of the School of Nursing is reviewed every other year (odd years) in the Curriculum and Academic Affairs Committee and revisions are made as needed. The latest revision was completed in April, 2001 in conjunction with the curriculum revisions. The School of Nursing philosophy is in the printed *Student Handbook*, and also available on the School's web page, from the Curriculum side bar, or directly at <http://www.indstate.edu/nurs/Philosophy.html>

The programs' outcomes and terminal competencies flow from the foundation of the general education goals, the philosophy of the School of Nursing, and the organizing framework. The complete conceptual framework is available on the School's web page at <http://www.indstate.edu/nurs/OrganizingFramework.html> Course descriptions connect the

organizing framework to the course outcomes and competencies. The curriculum progresses from simple to complex in role expectations through and across programs. The Associate Degree program and the Baccalaureate program advance through curriculum levels leading to the completion of each program. The Baccalaureate program has a track for RN-BS completion. The graduate program does not have identified levels, but its design is based on core graduate courses, followed by the courses in the specialty concentrations.

The programs have been constructed based on regulations, recommendations, and nursing care standards from national nursing education and health organizations. Professional guidelines have been utilized from the American Nurses Association, the Indiana statutes, the expected competencies from the Indiana Deans and Directors, the Pew Commission Competencies for Health Care Practitioners, and the essentials of baccalaureate and master's education from the American Association of Colleges of Nursing. A graphic illustration of the professional guidelines that are the foundations of the programs is presented in Criterion 12.

Portions of the philosophy have been selected to compare the roles and competencies of the programs. Refer to Table 1.2.

Table 1.2 *Philosophy, Degree Role Outcomes, and Competencies*

Philosophy	Outcomes	Competencies
<b>Associate degree education</b> prepares technical graduates who are critical thinkers, communicators and providers and managers of care. Their clients are individuals or families. Nursing care is provided with the guidance of a professional nurse in selected settings. The associate degree graduate is also prepared as a member of the nursing	<b>Critical Thinker:</b> A critical thinker who engages in purposeful, reflective reasoning and analysis to form beliefs and guide decision-making.  <b>Communicator:</b> A communicator who makes accurate perceptions, interpretations and expressions, in a style sensitive to the purpose and context of the interactions.	1. Uses critical thinking when analyzing clinical decision-making. 2. Evaluates client care decision-making at each step of the nursing process. 3. Applies concepts from the sciences, humanities, and nursing in providing nursing care.  1. Interprets interactions collected from clients and significant support person(s). 2. Utilizes therapeutic communication skills when interacting with clients and significant support person(s). 3. Demonstrates use of multiple media to convey information in a variety of settings.

<b>Philosophy</b>	<b>Outcomes</b>	<b>Competencies</b>
profession and a life-long learner.	<b>Provider of Care:</b> A provider who meets the health needs of culturally diverse people throughout the life span.	<ol style="list-style-type: none"> <li>Assesses the impact of environmental, developmental, emotional, cultural, religious, and spiritual influences on the client's health status.</li> <li>Assesses the client's health status by performing a physical, cognitive, psychosocial, and functional assessment.</li> <li>Plans client care based on nursing diagnoses.</li> <li>Makes clinical judgments and management decisions to provide accurate and safe nursing care.</li> <li>Demonstrates caring behavior toward the client, significant person(s), peers, and other members of the health care team.</li> <li>Teaches the client and significant support person(s) the information and skills needed to achieve optimal health.</li> <li>Evaluates learning outcomes.</li> <li>Evaluates and modifies the plan of care.</li> </ol>
	<b>Manager of Care:</b> A manager of care, in collaboration with the client and members of the health care team, who utilizes resources to meet client needs and support organizational outcomes.	<ol style="list-style-type: none"> <li>Prioritizes client care for multiple clients.</li> <li>Implements nursing strategies to provide cost efficient care.</li> <li>Delegates and evaluates the activities of assistive personnel.</li> <li>Facilitates continuity of care within and across health care settings.</li> <li>Collaborates creatively and openly with others to solve problems to achieve client goals and outcomes.</li> <li>Verbalizes common types of health care delivery systems.</li> <li>Verbalizes the nurse's role in continuous quality improvement/performance improvement activities.</li> </ol>
	<b>Member of the Nursing Profession:</b> A member of the nursing profession who adheres to standards of professional practice and assumes accountability for his / her own behaviors.	<ol style="list-style-type: none"> <li>Participates actively on the interdisciplinary health care team.</li> <li>Practices within the ethical, legal, and regulatory frameworks of nursing, and standards of professional practice.</li> <li>Demonstrates accountability for nursing care given by self and/or delegated to others.</li> <li>Maintains organizational and client confidentiality.</li> </ol>
	<b>Life-long Learner:</b> A life-long learner who adapts to changes related to culture, ecology, economics, politics, and the expansion of scientific knowledge and	<ol style="list-style-type: none"> <li>Develops a plan to meet self-learning needs.</li> <li>Evaluates the impact of historic and current economic, social, and demographic forces on the delivery of health care.</li> </ol>

Philosophy	Outcomes	Competencies
<p><b>Baccalaureate nursing education</b> is the minimum qualification for the first professional role in nursing. The baccalaureate nursing program prepares generalists with skills in critical thinking, clinical judgment, and ethical decision making to facilitate their work in a variety of settings including those considered nontraditional.</p>	<p><b>Critical Thinker:</b> A critical thinker who demonstrates purposeful thinking, intellectual integrity, solid reasoning and creative problem solving as the basis for making decisions and clinical judgments.</p>	<ol style="list-style-type: none"> <li>Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving.</li> <li>Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing in organizing, planning, and providing care in collaboration with individuals, families, groups and communities.</li> <li>Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities.</li> <li>Analyzes diverse viewpoints in the interpretation of data and in determining conclusions.</li> </ol>
<p>Baccalaureate graduates are grounded in community health theory and are consumers of evidence-based practice research. Graduates practice to ensure continuity of care across systems and settings. Graduates are also prepared to assume beginning leadership roles for providing health care and to serve as educators, advocates, active health policy participants and novice health policy developers.</p>	<p><b>Communicator:</b> A communicator who incorporates goal-directed and focused dialogue into nurse-client interactions, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>	<ol style="list-style-type: none"> <li>Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities.</li> <li>Communicates effectively with individuals, families, groups, communities and members of the interdisciplinary health care team.</li> <li>Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</li> <li>Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</li> </ol>
	<p><b>Provider of Care:</b> A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings.</p>	<ol style="list-style-type: none"> <li>Assesses wellness, health needs, and risks of individuals, families, groups, and communities.</li> <li>Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</li> <li>Educes individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</li> <li>Evaluates client outcomes and the effectiveness of professional nursing practice.</li> <li>Revises plan of care as appropriate in collaboration with individual, family, group, community, and members of the interdisciplinary health care team.</li> </ol>

Philosophy	Outcomes	Competencies
	<p><b>Leader:</b> A leader who provides responsible direction in the management of human, fiscal, and material resources necessary for achieving quality health care outcomes.</p>	<p>6. Evaluates research and evidence-based information for application to nursing.</p> <ol style="list-style-type: none"> <li>Assumes a leadership role in guiding members of the interdisciplinary health care team.</li> <li>Adopts a consumer-oriented approach in the delivery of cost-effective care.</li> <li>Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</li> <li>Compares the connection between human, fiscal, and material resources required for providing care.</li> <li>Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</li> <li>Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</li> </ol>
	<p><b>Professional:</b> A professional who demonstrates accountability and responsibility for nursing judgments and actions within an ethical and legal framework.</p>	<ol style="list-style-type: none"> <li>Practices within an ethical and legal framework and standards of professional nursing practice.</li> <li>Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making.</li> <li>Demonstrates ethical and legal decision making surrounding health care dilemmas.</li> <li>Protects client and organizational confidentiality.</li> </ol>
	<p><b>Life-long Learner:</b> A life-long learner who adapts to changes related to culture, ecology, economics, politics, and the expansion of scientific knowledge and technology.</p>	<ol style="list-style-type: none"> <li>Considers how cultural beliefs, values, and practices influence the health care of individuals, families, groups, and communities and plans accordingly.</li> <li>Analyzes how ecological factors, economics, and the political arena shape health care policies and delivery of care.</li> <li>Assumes responsibility to maintain current knowledge in professional nursing practice by articulating a plan for life-long learning.</li> <li>Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</li> </ol>
	<p><b>Advocate:</b> An advocate for policy changes that promote health for individuals, families, and</p>	<ol style="list-style-type: none"> <li>Participates in activities to improve health care practices and policies.</li> <li>Advocates for policy changes that promote health for individuals, families,</li> </ol>

Philosophy	Outcomes	Competencies
	<p>communities.</p> <p><b>Coordinator of Community Resources:</b> A coordinator who collaborates with members of the interdisciplinary health care team in multiple settings.</p>	<p>groups, and communities.</p> <p>3. Analyzes the role of the nurse policy developer in a variety of health care settings.</p> <p>1. Coordinates care with members of the interdisciplinary health care team from a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community resources to meet health needs.</p> <p>3. Refers individuals, families, groups, and communities to services and programs that promote wellness.</p>
<p><b>Graduate education</b> provides preparation for assumption of advanced practice roles. Advanced practice includes active involvement in shaping health policy and conducting research and evidence-based clinical practice and client outcome research, proficiency in advanced clinical judgment, participation in interdependent practice, development and use of economic and quality indicators, and use of technological advances. Practice settings vary and provide local, national, and international perspectives. Central themes of graduate education include exploring the meaning of health and illness with clients and developing and implementing more cost effective models of care. Continued competence will be assured by values of life-long learning. Advanced preparation for</p>	<p><b>Critical Thinker:</b> A critical thinker who utilizes the intellectually disciplined processes of conceptualizing, applying, analyzing, synthesizing, and evaluating information as a guide for advanced nursing practice.</p> <p><b>Communicator:</b> A communicator who utilizes multiple modalities strategically for the optimal transmission of messages and interaction with the intended audience.</p> <p><b>Advanced Provider:</b> A provider who is competent to apply advanced nursing knowledge including culturally competent care, assessment, prescriptive interventions, evaluation, collaboration, and education.</p>	<p>1. Synthesizes theoretical frameworks used in the integration of knowledge from related sciences and humanities, clinical knowledge, and nursing sciences as the foundations for advanced nursing practice.</p> <p>2. Analyzes the significance of advanced nursing knowledge as it relates to selected populations.</p> <p>1. Communicates effectively both orally and in writing, in a manner that commands professional attention.</p> <p>2. Uses technology strategically to access, organize, document, and present information.</p> <p>1. Meets advanced practice competencies for selected populations.</p> <p>2. Provides safe, cost-effective, and culturally competent advanced practice nursing for selected populations.</p> <p>3. Evaluates outcomes of advanced practice nursing interventions, methods, or strategies.</p> <p>4. Collaborates with others in the implementation of advanced practice nursing.</p> <p>5. Provides expert consultation to others to resolve complex problems related to client-care situations, and /or health care delivery systems, and/or education.</p> <p>6. Develops, implements, and evaluates educational programs for selected populations.</p>

<b>Philosophy</b>	<b>Outcomes</b>	<b>Competencies</b>
leadership roles in education/administration will continue to be necessary in the changing health care delivery system.	<b>Leader:</b> A leader who inspires, persuades, and mentors others in the implementation of organizational visions and missions.	<ol style="list-style-type: none"> <li>Assumes a leadership role in one or more areas: health care, professional organizations, community, research, and/or education.</li> <li>Interprets the role and functions of the nurse prepared at the master's level to clients, nurses and other health care providers, and policy-makers.</li> <li>Works collegially to design, implement, and evaluate programs for performance improvement.</li> </ol>
	<b>Professional:</b> A professional who is a role model through adherence to the ethical, legal, and professional standards of the discipline specialty area.	<ol style="list-style-type: none"> <li>Models professional behavior.</li> <li>Demonstrates accountability for advanced practice nursing decisions based on ethical and professional standards.</li> <li>Interprets the role functions of expert clinician, educator, researcher, administrator, and consultant and implements these roles, as appropriate, based on specialty preparation.</li> </ol>
	<b>Life-long Learner:</b> A life-long learner who incorporates new knowledge related to culture, ecology, economics, politics, science, and technology.	<ol style="list-style-type: none"> <li>Assumes responsibility to maintain current knowledge in professional nursing practice by articulating a plan for life-long learning.</li> <li>Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</li> <li>Seeks and participates in professional and personal growth promoting activities.</li> </ol>
	<b>Advocate:</b> An advocate who critiques, develops policies, and participates in activities that promote positive change.	<ol style="list-style-type: none"> <li>Participates in activities to improve health care practices and policies.</li> <li>Assumes the role of policy developer.</li> <li>Advocates for policy changes that promote health.</li> </ol>
	<b>Coordinator of Community Resources:</b> A coordinator who collaborates with agencies and other providers for the most effective utilization of resources.	<ol style="list-style-type: none"> <li>Coordinates care with others.</li> <li>Refers individuals, families, groups, communities, students, and organizations to appropriate resources.</li> <li>Negotiates services for selected populations.</li> </ol>
	<b>Knowledge Contributor:</b> A knowledge contributor who synthesizes, designs, conducts, and implements research to bring about changes and make improvements in professional practice.	<ol style="list-style-type: none"> <li>Evaluates the implementation of nursing research.</li> <li>Contributes to nursing knowledge through validation, refinement, and extension of research.</li> <li>Applies, designs, conducts, and implements research to bring about change and make improvements in their own professional environment.</li> </ol>

**c. commitment to cultural, racial, and ethnical diversity of the community in which the institution and the nursing education unit exist.**

The Office of Diversity & Affirmative Action is responsible for carrying out Indiana State University's commitment to preventing prohibited discrimination on the basis of sex, race, age, national origin, sexual orientation, religion, disability or veteran status, against any of its employees, students or invited guests. The Office provides leadership in supporting and enhancing campus diversity and an inclusive community, as well as developing, implementing and monitoring the ISU affirmative action plan and nondiscrimination policy and procedures. The Office is responsible for the oversight and investigation of complaints of harassment or discrimination prohibited under law. It also provides resources and training in diversity issues and sexual and racial harassment prevention as well as workplace and education equity. The Director of the Office of Diversity & Affirmative Action chairs the President's Commission for Enhancement of Diversity Resources and Faculty Liaisons Advocacy Group and oversees the Mentoring Assistance for Prospective Students (MAPS) program. The Office works with these and other campus groups to facilitate the creation and maintenance of an educational environment that is hospitable to students of all nationalities and a workplace that is equitable in its treatment of all employees.

The student population of Indiana State University is diverse. The diversity of the nursing program is significantly lower than that of the University. The faculty has a commitment to inclusion and diversity, however, due to the minimal implementation of recruitment and retention activities, a diverse student enrollment and minority scholars as role models in nursing education is still lacking. Refer to Table 1.3.

Table 1.3 *Diversity of State, University, and School of Nursing*

	<b>State of Indiana 2000 Census</b>	<b>Indiana State University Fall 2002</b>	<b>AS Program Spring 2003 + NNDs*</b>	<b>BS Program Spring 2003 + NNDs*</b>	<b>RN-BS Track Spring 2003</b>	<b>Graduate Program Spring 2003</b>	<b>Total Nursing Spring 2003</b>
Population	6,080,484	11,714	106	335	16	25	482
Gender							
Male	48.42%	47.6%	8.49%(9)	5.37%(18)	12.5%(2)	12%(3)	6.95%(32)
Female	50.33%	52.4%	91.51%(97)	94.63%(317)	87.5%(14)	88%(22)	93.05%(450)
Full-time**	N/A	21.39%	99.06%(105)	93.73%(314)	6.25%(1)	28%(7)	85.75%(427)
Part-time**		78.60%	0.94%(1)	6.27%(21)	93.75%(15)	72%(18)	14.26%(55)
Age							
< 25	Average age 35.2		40.57%(43)	88.66%(297)	31.25%(5)	12%(3)	72.2%(348)
26-30			20.74%(22)	5.67%(19)	12.5%(2)	12%(3)	9.54%(46)
31-40			21.7%(23)	3.58%(12)	31.25%(5)	32%(8)	9.96%(48)
41-50			15.09%(16)	1.49%(5)	25%(4)	36%(9)	7.05%(34)
51-60			1.89%(2)	0.30%(1)	0%(0)	12%(3)	1.25%(6)
60 plus			0%(0)	0%(0)	0%(0)	0%(0)	0%(0)
Race							
African Am	8.39%	10.42%	1.89%(2)	7.46%(25)	0%(0)	4 %(1)	5.81%(28)
Am Indian	0.3%	0.29%	0.94%(1)	0%(0)	0%(0)	0%(0)	0.21 % (1)
Asian	1%	0.76%	0.94%(1)	0%(0)	0%(0)	4%(1)	0.42%(2)
Hispanic	3.53%	1.17%	0%(0)	0.90%(3)	0%(0)	0%(0)	0.62%(3)
White	87.49%	80.9%	93.4%(99)	90.75%(304)	93.75%(15)	92%(23)	91.49%(441)
Other	1.61%	1.43%	0.94%(1)	0.30%(1)	0%(0)	0%(0)	0.42 %(2)
International		4.14%	1.89%(2)	0.60%(2)	6.25%(1)	0%(0)	1.03%(5)

\* NND stands for Nursing Nondesignated which is the code for students that have declared nursing as their major but have not been accepted into a program.

\*\* Full-time undergraduate status was determined by 12 credit hours or more; Full-time graduate status was determined by 9 credit hours or more.

**d. programming for distance education is congruent with the philosophy and the purposes of the governing organization and the nursing education unit.**

Both the mission and the philosophy support the School of Nursing in providing distance education. The *School of Nursing Mission* states, “To meet the needs of a diverse society, the School of Nursing provides education at various levels using multiple delivery methods.” The *Organizing Framework* supports this concept with the statement, “Learning is achieved through multiple approaches and is enhanced when the learner actively participates in the process.” The

School of Nursing has presented the Baccalaureate Track for Registered Nurses and selected graduate courses through distance media. Over the years, there has been a variety of delivery methods including video tapes sent by mail, live one-way video, live two-way video, internet electronic presentations and discussion boards, and clinical evaluators that traveled to the clinical location in Indiana. Students may enroll in a distance education course section directly through Indiana State, or enroll through the Indiana College Network. The venue of distance education will continue to be part of remote and convenience offerings for our undergraduate and graduate nursing students.



**CRITERION 2: Faculty, administrators, and students participate in governance of the parent organization and the nursing education unit.**

**EXPECTED LEVEL OF ACHIEVEMENT: 100% of tenure/tenure track faculty will be on at least one School of Nursing Committee; 60% of tenure/tenure track faculty will be on at least one University Committee; one student from each program will be on the School SAC, CAAC, and Student Grievance Committees, and one student representative to attend Nursing Council.**

**Documentation confirms:**

**a. participation in the governance of the parent organization:**

Indiana State University is governed by a Board of Trustees composed of nine persons appointed by the Governor of the State of Indiana. Two of the nine are alumni of the University, and one trustee, nominated by the Student Government Association, is a full-time student at ISU. The President, who serves as the chief executive officer, reports to the Board of Trustees. There are five vice presidents who report directly to the President.

Indiana State University has seven academic divisions, including the School of Nursing, each headed by a dean who reports to the Provost and Vice President for Academic Affairs. The organizational chart for University can be found in Appendix A, and in the *Indiana State University Handbook*, I-23.

The faculty representative in University governance is the University Faculty Senate. The authority of the Senate is described in the *Indiana State University Handbook*, II-2. Forty faculty members, who have been elected from among the college and schools of the University, are voting members. Five administrators and five students also hold speaking seats. The School of Nursing is apportioned two Senate seats. In addition, faculty have opportunity for appointment, by the Executive Committee of the Senate, to various standing committees. The following table demonstrates School of Nursing participation.

Table 2.1 *Participation on University Faculty Senate Committees*

Senate/Standing Committee	Faculty/ Administrator	Term of Service
Senator	Susie Sharp Veda Gregory Veda Gregory Betsy Frank Betsy Frank Susie Sharp	2002-2003  2001-2002  2000-2001
Administrative Affairs	Esther Acree	2002-2004
Arts Endowment	Julie Mitre Debra Luegenbiehl Julie Mitre	2002-2004 2001-2003 1999-2001
Curriculum and Academic Affairs	Betsy Frank Suzy Fletcher	2001-2003 2000-2002
Faculty Economic Benefits	Melody McKinney Veda Gregory Susie Sharp	2001-2003 2000-2002 1999-2001
Faculty Affairs	Suzy Fletcher, alt. Sarah Emerson Esther Acree	2001-2003 2000-2002 1998-2002
Graduate Council	Ann Tomey	1998-2003
Student Affairs	Julie Fine Linda Harbour	2002-2004 1999-2001
University Research	Betsy Frank	1999-2001
University Leaves	Suzy Fletcher Betsy Frank	2000-2002 1999-2001
University Promotions	Marcia Miller Carolyn Fakouri	2001-2003 1999-2001
General Education Council	Ann Tomey Linda Harbour Lynn Foster, Ex-Officio Bonnie Saucier, Ex-Officio	2001-2002 1999-2001 2001-2002 1999-2002

Appointments are made to other University Committees by the President, or by the Provost and Vice President for Academic Affairs. The faculty curriculum vitae in the exhibits reflect the variety of opportunities that administrators, faculty, and professional staff have to share their

expertise and to represent the School of Nursing. The most current list for membership on University Committees can be found online at <http://www.indstate.edu/acad-aff/Greetings.html>. Hard copies of *Fall Greetings* and *Winter Greetings* for the years 1995 to 2002, which contain membership lists, are on display in the NLNAC Resource Office, School of Nursing 335.

The following table demonstrates level of achievement for School of Nursing faculty participation in University governance. The expected outcome has been exceeded in relation to participation in governance of the University.

Table 2.2 *Rates for Faculty Participation in University Governance*

Academic Year	# Tenure/Tenure Track Faculty	# Faculty Participating on University Committees	% Faculty Participating on University Committees
2002-2003	19	16	84.2%
2001-2002	19	16	84.2%
2000-2001	21	18	85.7%

Dean Saucier serves on two committees out of the Office of Academic Affairs, the Provost's Advisory Committee and Dean's Council. The Provost's Advisory Council consists of the Academic Deans. Dean's Council is made up of the Provost's Advisory Committee, five Associate Vice Presidents, General Education Coordinator, Director of the Terre Haute Center for Medical Education, officers of the Executive Committee of Faculty Senate, and a representative of Student Government Association. Both groups are advisory to the Provost and Vice President for Academic Affairs. The Assistant Dean may be designated to attend meetings when the Dean is not available. The Dean and Assistant Dean also represent the School of Nursing on various other University committees as evidenced by their curriculum vitas.

**b. participation in the governance of the nursing education unit.**

In the School of Nursing, the Assistant Dean reports directly to the Dean, as do the various directors and two department chairpersons. School of Nursing faculty report directly to their

respective department chairperson. Faculty also are ex-officio members of the Community Advisory Committee, which makes recommendations to the Dean on matters related to achievement of the School's goals. The administrative organization, including the organizational chart and position descriptions, may be found in Section I of the *School of Nursing Handbook*. The organizational chart is also located in Appendix A.

School of Nursing administrators, faculty, professional staff, and students have opportunities to participate in governance at the School level. The Faculty Statutes, found in the *School of Nursing Handbook*, delineate membership on the committees of the Nursing Council, and details functions of these committees. The following table demonstrates participation for the last three consecutive academic years.

Table 2.3 *Nursing Council 2002-2003*

Committee	Member	Term on Committee
Nursing Council	<p>Chair: V. Gregory            Vice Chair: D. O'Neal            Secretary: M. McKinney            Voting Members:            All nursing faculty who are voting members of the University Faculty            Ex-Officio: B. Saucier, Dean            M. Bennett, Assistant Dean            All temporary faculty, professional staff            A. Zeigler, Student            C. Dunlaney, Student Alternate</p>	2002-2003 2002-2003 2002-2004  2002-2003 2002-2003
Executive Committee of Nursing Council	<p>Chair: V. Gregory            Vice Chair: D. O'Neal            Secretary: M. McKinney            Members-At-Large:            D. Barnhart            G. Plascak            Ex-Officio: B. Saucier, Dean            M. Bennett, Assistant Dean            E. Acree, Department Chair            K. Pickrell, Department Chair</p>	2002-2003 2002-2003 2002-2004  2002-2004 2001-2003
Faculty Affairs	<p>Chair: S. Sharp            Vice Chair: A. Tomey            Secretary: B. Frank            Members: J. Fine</p>	2001-2003 2000-2002 2001-2003 2002-2004

Committee	Member	Term on Committee
	B. Frank (Leave, Sp2003) S. Fletcher M. Sample  Ex-Officio: B. Saucier, Dean E. Acree, Department Chair K. Pickrell, Department Chair V. Gregory, Chair Nursing Council	2001-2003 Spring 2003 2002-2004
Evaluation/ Outcomes Assessment	Chair: B. Frank (Leave Spring 2003) Vice Chair: M. Bennett Secretary: J. Fine Members: M. Miller (Replace Chair, Spring 2003) K. Pickrell, Department Chair E. Acree, Department Chair  Ex-Officio: B. Saucier, Dean M. Bennett, Assistant Dean V. Gregory, Chair Nursing Council L. Foster, Director Student Affairs R. Reed, LRC Representative M. Pantle, CE Director	2001-2003 2002-2003 2002-2004
Curriculum and Academic Affairs	Chair: A.Tomey Vice Chair: D. Barnhart Secretary: D. O'Neal Members: M. McKinney M. Miller D. Bartnick E. Acree, Department Chair K. Pickrell, Department Chair A. Sutherland, AD Student Rep. K. Strubinger, BS Student Rep. C. Thomas, Alt. BS Student Rep. M. Placek, Graduate Student Rep.  Ex-Officio: B. Saucier, Dean V. Gregory, Chair Nursing Council R. Reed, LRC Representative L. Foster, Director Student Affairs B. Frank, Chair EOAC	2001-2003 2002-2004 2002-2004 2001-2003 2002-2004 2002-2004 2002-2003 2002-2003 2002-2003 2002-2003 2002-2003
Student Affairs	Chair: G. Plascak Vice Chair: P. Jones Secretary: Rotating Members: L. Foster, Director Student Affairs M. Pantle J. Mitre S. Fletcher D. Nelson H. Carter, AD Student Rep. M. Crowley, BS Student Rep. C. Thomas, Alt. BS Student Rep.  Ex-Officio: B. Saucier, Dean V. Gregory, Chair Nursing Council	2001-2003 2001-2003 2002-2004 2001-2003 2002-2004 2002-2004 2002-2003 2002-2003 2002-2003 2002-2003

Committee	Member		Term on Committee
	E. Acree, Department Chair K. Pickrell, Department Chair P. Myers, LRC Representative		
Nominating Committee	Members:	D. Barnhart J. Mitre A. Tomey	2002-2003 2002-2003 2002-2003
Grievance	Members	J. Mitre B. Frank J. Fine S. Fletcher P. Jones	2002-2004 2001-2003 2002-2004 2001-2003 2001-2003
	Students:	M. Placek , Graduate Program J. Dean, BS Program Julia Hilt, AD Program	2002-2003
	Student Alternates:	A. Nossett, BS C. Dunlavey, BS T. Saur, BS D. Hamrick, AD K. Blackburn, AD H. Eaglin, AD K. Simon, AD	2002-2003

Table 2.4 demonstrates level of achievement for School of Nursing faculty participation in governance in the nursing education unit.

*Table 2.4 Rates for Faculty Participation in Nursing Education Unit Governance*

Academic Year	# Tenure/Tenure Track Faculty	# Faculty (not on leave) Participating on School of Nursing Committees	% Faculty (not on leave) Participating on School of Nursing Committees
2002-2003	19	17	100% (17/17)
2001-2002	19	17	100% (17/17)
2000-2001	21	21	100% (21/21)

The expected outcome has consistently been met. This is representative of previous years.

Faculty are assigned to standing committees of Nursing Council by the Executive Committee, or are elected according to Faculty Statutes. A membership list for School of Nursing governance committees can be found in the committee annual reports.

Student Affairs Committee is responsible for coordination of the selection of student representatives for Nursing Council, Curriculum and Academic Affairs Committee, Student

Affairs Committee, Grievance Committee (elected) and others as requested. While many students eagerly volunteer for committee membership when solicited in the Fall semester, participation in governance wanes as the academic year progresses. Incompatibility of meeting times with student's class/clinical schedules, and the rigors of course requirements are cited as reasons. Student representation from each program has been difficult to provide to standing committees consistently. Students generally only volunteer for the committee in which they have specific interest. Since Fall 2000, a concerted effort has been made to recruit not only student representatives from each program, but also several alternate student representatives from each program to serve as needed. The names of those selected are included on the email distribution list for the respective committee so that notification of meetings is assured. Although this has been helpful, it has not resolved the need for continued effort to generate student involvement in governance. There are plans to have a faculty member, who is a representative of Nursing Council, speak at student orientation about opportunities for student involvement. A student representative orientation to School of Nursing governance is being planned for the Fall semester to help students understand their role, and the importance of their contributions to governance. School of Nursing standing committees are open to all students, except when student and faculty rights are protected.

*Table 2.5 Student Representation in School of Nursing Governance*

Academic Year	Student Affairs Committee-1 from each program*	Curriculum and Academic Affairs Committee-1 from each program*	Grievance Committee-1 from each program*	Nursing Council-1 student*
2002-2003	1-AD 1-BS 0-Graduate	1-AD 1-BS 1-Graduate	1-AD 1-BS 1-Graduate	1-Student
2001-2002	1-AD 1-BS 0-Graduate	1-AD 1-BS 0-Graduate	1-AD 1-BS 1-Graduate	1-Student
2000-2001	1-BS	1-AD	1-AD 1-BS 1-Graduate	0-Students

\*Student representation as designated by Faculty Statutes

The Dean's Council of Students affords students opportunity to meet with the Dean in an advisory capacity in matters related to the School of Nursing. The Council meets once each semester.



**CRITERION 3: Nursing education unit is administered by a nurse who is academically and experientially qualified, and who has authority and responsibility for development and administration of the program.**

**EXPECTED LEVEL OF ACHIEVEMENT: Dean will meet all expected qualifications.**

**Documentation confirms:**

- a. **academic credentials of the nurse administrator are a graduate degree in nursing and an earned doctorate from a regionally accredited institution; explain acceptance of other graduate credentials for the nurse administrator.**

The Dean of the School is the chief administrator of the School of Nursing as indicated by the organizational chart (Appendix A.1). The Dean of the School of Nursing is fully qualified to administer the academic unit in nursing. Dr. Bonnie Saucier holds a doctorate of philosophy with a major in Nursing Theory and Research from Texas Woman's University. She holds dual master's degrees: one in Nursing with a focus in Nursing of Children from the University of Missouri/Kansas City, and one in Education with a major in Vocational Education from the University of Missouri. Her major area of study for her bachelor of arts degree was in Education from Stephens College in Columbia, Missouri. Her diploma in nursing was from St. John's Hospital School of Nursing in Springfield, Illinois.

- b. **knowledge of the program type is reflected in the experience of the nurse administrator.**

Dr. Saucier has been a nurse for over thirty-seven years. She has had a distinguished career as a nurse educator and administrator. Over thirty years of her career have been in the area of nursing education. She has taught at practical, associate, baccalaureate, and graduate levels of nursing education. A representation of courses she has taught are Maternal-child Nursing, Nursing Care of Children and Adolescents, Fundamentals of Nursing, Medical-surgical Nursing I and II, Psychiatric Nursing clinicals, Contemporary Nursing, Human Sexuality, Nursing Seminar, Health Assessment, Theoretical Foundations of Nursing Consultant, Nursing Theory, Nursing Research, Nursing British Heritage, and Nursing Management.

Dr. Saucier also has extensive administrative experience. She has served at various institutions of higher education in the positions of Curriculum Coordinator, Acting Chairperson, Chairperson, Division Director, Associate Dean, and Dean. She has been the Dean of Indiana State University School of Nursing since July 1998.

Scholarship interests of the Dean include numerous book reviews, nursing leadership and management, critical thinking, clinical reasoning, student retention, and the effects of play therapy on developmental levels of abused children. Her honors include, but are not limited to, the recognition as a Distinguished Lecturer for Sigma Theta Tau International, Mentor for the New Dean Mentoring Program sponsored by the American Association of Colleges of Nursing, and the Excellence in Nursing Leadership Award by the Lambda Sigma Chapter of Sigma Theta Tau.

**c. authority and administrative responsibilities are documented within the position of the nurse administrator.**

The position description for Dean includes responsibilities related to academic affairs, faculty affairs, student affairs, and general responsibilities. The Dean collaborates with the University administration, Deans of other departments, the Assistant Dean, Chairpersons, Directors, faculty and staff regarding School of Nursing matters. She facilitates the implementation of the School's vision, mission, goals, priorities, and outcomes. She upholds academic standards. In her position, she stimulates research and scholarship, instructional innovation, and professional development. She recommends faculty for hire, supports faculty for promotion, tenure, salary increases, leaves, and approves assignments. The Dean assists with the development and revision of policies. In budgetary matters, she negotiates resources, collaborates for fund raising, and supervises the expenditures of funds within the School. She is also responsible for maintaining the physical facilities and the inventory of equipment. She is accountable for the management of various reports for the School, the University, and accrediting agencies. The Dean is also the liaison to the

community, state, nation, and international arenas of nursing education (Refer to the *School of Nursing Handbook*, Section I, Position Description, Academic Dean,).

**d. nurse administrator has adequate time to fulfill the role responsibilities.**

The Dean's position is a full-time twelve-month administrative position. A teaching load is not customarily assigned, but the Dean has volunteered and has taught graduate courses. Selected administrative responsibilities are delegated to the Assistant Dean, which is also a full-time twelve-month position.

Department Chairpersons also have leadership and management responsibilities for their respective programs; however, these administrative positions are nine-month positions, except for the individual who holds the Baccalaureate and Higher Degree Department Chairperson position, which is served during twelve-months. This is due to her dual role as the Family Nurse Practitioner Program Coordinator. The Associate Degree Department Chairperson is given a stipend for work in the summer months. The Dean also has one full-time administrative office assistant. A periodic work-study student is assigned to the Dean as funding is available.



**CRITERION 4: Policies of the nursing unit are consistent with those of the governing organization, or differences are justified by nursing unit purposes.**

**EXPECTED LEVEL OF ACHIEVEMENT: 100% of policies are consistent with the University or are justified in the written nursing unit policies.**

**Documentation confirms:**

- a. congruency between policies affecting nursing faculty and staff and governing organization:
  - Non-discrimination
  - Faculty appointment
  - Academic rank
  - Grievance procedures
  - Promotion
  - Salary and benefits
  - Tenure
  - Rights and responsibilities
  - Termination, and
  - Workload

Policies of the School of Nursing are congruent with policies of Indiana State University. Table 4.1 lists policies regarding non-discrimination, faculty appointment, academic rank, grievance procedures, promotion, salary and benefits, tenure, rights and responsibilities, termination, and workload and the location of those policies in Indiana State University and School of Nursing documents.

Table 4.1 *Comparison of University and School of Nursing Policies*

<b>Policies</b>	<b>Indiana State University Handbook (2001)</b>	<b>School of Nursing Faculty Handbook</b>
Nondiscrimination	Equal Opportunity/Affirmative Action Employer, V-15-16	
Faculty Appointment	Appointments/Classifications, III-1	Guidelines for Hiring School of Nursing Faculty, Section IV
Academic Rank	Standards of Achievement by Rank, III-2	Guidelines for Hiring School of Nursing Faculty, Section IV
Grievance Procedures	University Faculty Grievances, II-14-16	Informal Grievance Process for Faculty, Section IV, Faculty Grievance Hearing Policies and Procedures, Section IV
Promotion	Criteria for Reappointment, Tenure, and Promotion, III-2-3; Policy for Promotion and Tenure Reviews, III-4-5	Procedure for Promotion, Section IV
Salary and Benefits	Staff Benefits, I-13; Section IV, Compensation and Benefits, IV-1-2, 4-1, 13	Guidelines for Hiring School of Nursing Faculty, Section IV
Tenure	Criteria for Reappointment, Tenure, and Promotion, III-2-3; Policy for Promotion and Tenure Reviews, III-4-5	Procedure for Retention and Tenure, Section IV
Rights and Responsibilities	Faculty Duties and Responsibilities, III-7-10	Orientation Guidelines for New Faculty, Section IV; Faculty Position Descriptions, Section I
Termination	Faculty Dismissal Proceedings, II-12-13	
Workload	Teaching Responsibilities, III-7; ISU Catalog,	Faculty Workload Guidelines, Section IV
Hiring	Hiring Procedures for Regular Faculty Appointments, III-2; <a href="http://web.indstate.edu/aaction/">http://web.indstate.edu/aaction/</a>	Guidelines for Hiring School of Nursing Faculty, Section IV; Policy and Procedure for Hiring Full and Part Time Temporary Faculty, Section IV
Summer employment	Teaching Responsibilities, III-7	Guidelines for Appointment of Summer School Faculty, Section IV
Release Time	Teaching Responsibilities, III-7; Leaves of Absence, III-12-13; Sick Leave Policy, IV-14-16; Leaves, IV-16-17, Absences, IV-17-18	
Teaching and Advising	Teaching Responsibilities, III-7-11	

**b. accessibility of nursing education policies.**

The *Indiana State University Handbook* contains all faculty policies; the *School of Nursing Handbook* contains policies specific to School of Nursing faculty. All faculty members are

provided with University and School of Nursing Handbooks. Revised material is distributed as it is available.

**c. rationale for policies that differ from governing organization.**

Policies within the School of Nursing are consistent with the University. Because of the clinical education component in nursing courses, workload policies in the School of Nursing differ from University workload calculation methods. Table 4.2 shows workload differences between University and a School of Nursing policy that has not been approved at the University level. The School of Nursing Faculty Affairs Committee is refining a workload policy to parallel the University Faculty Workload Policy recently approved by Executive Committee of the University Faculty Senate. The University workload policy indicates that a standard faculty workload is equivalent to 12 semester credit hours of teaching in addition to service activities, advising, and curriculum development.

Class size is also a factor in workload calculation. The University does not have a policy regarding maximum class size. The University minimal requirement for class size indicated by administration is 15 students for 100-200 level undergraduate courses, 12 for 300-400 level undergraduate courses, and 8 for graduate courses. There has not been an enrollment minimum or maximum identified for distance education courses. If a course is offered with less than the minimal number of students, the course is listed as an Independent Study for the faculty member teaching the course. Independent Study hours are not calculated as part of the instructional teaching load of the faculty member's workload. This has been problematic for both students and faculty. A course may be cancelled due to low enrollment. At the time a faculty member is assigned to teach a course, it is assumed that minimal enrollment will be achieved. If minimal enrollment is not achieved, the faculty member could be assigned additional courses to ensure a minimum teaching load of 12 semester credit hours. If the course is not offered, the student is negatively impacted. If the faculty member has a teaching assignment that exceeds 12 semester

credit hours due to teaching an Independent Study, the faculty member's time for scholarly activities and service could be compromised. If nursing administration does not deploy faculty members for maximum productivity, a key performance indicator of student credit hours generated will be reduced. The balance of teaching load with optimal faculty deployment and student enrollment is an ongoing struggle.

A final factor in calculating faculty workload is clinical contact hours. The University has traditionally calculated a 2:1 ratio for determining clinical faculty teaching workload. The ratio for clinical hours to student credit hours is 3:1. As part of the proposed workload policy, faculty members have requested a 1:1 ratio. A pilot for Fall 2003, using a 1:1 ratio, was proposed for faculty members in the Baccalaureate and Higher Degree Nursing Department. Unfortunately, budgetary constraints prohibited the proposal from being implemented.

Table 4.2 *Comparison of University and School of Nursing Workload Policy*

<b>University</b>	<b>School of Nursing</b>
Normal teaching load: 12 semester credit hours of course work per semester.  Calculation for clinical time is based on a 2:1 ratio (1 hour of credit for every 2 hours of contact).	Workload is based on a forty-hour (40) work week. Teaching comprises 14 hours of the total hours (Unofficial School of Nursing policy, 1994).