FINAL REPORT OF MS EVALUATION SUBCOMMITTEE TO MPC  
July 9, 2012

The MS Evaluation Subcommittee was constituted in Winter quarter 2011 and was charged with answering four key questions:

- To what extent is the MS Core Curriculum in alignment with the MS competencies?
- Which teaching methods are used regarding these competencies?
- How is student performance measured regarding these competencies/course objectives?
- What are the students’ experiences regarding effectiveness of the new or substantially revised curriculum?

We also were asked to determine "What were the faculty’s experiences regarding the effectiveness of the revised curriculum?"

Our focus was evaluation of the cohort of students admitted in Fall 2010 and graduated in June 2012. We also evaluated the cohort admitted in Fall 2011 and have only one year of data for this group.

The MS core courses that were evaluated were N200 Prologue, N200.01 Epilogue, N241A/B Leadership I & II, N234A/B Evidence Based Project Planning I & II, N245A/B Clinical Prevention and Population Health I & II, and N262A/B Advanced Scholarship in Research I & II. Courses in the clinical core that were evaluated were N208 Physiology & Pathophysiology, N232 Adult Pharmacology (2011), N232.01 Pharmacology Across the Life Span (2012), and N270 Health Assessment.

Organization of the Report
We have organized this report to answer the five evaluation questions. Findings are listed under each question. Recommendations follow the evaluation data. Appendices are provided as needed. Appendix A describes the evaluation process and provides a copy of the data collection instruments.

To what extent is the MS Core Curriculum in alignment with the MS competencies?
The core competencies were derived from The MS Essentials (1996). They are the standard cited by the Commission on Collegiate Nursing Education (CCNE), the accreditation arm of the American Association of College of Nursing (AACN). In developing the revised MS core curriculum, the Master's Curriculum Task Force created the Quality Check List that linked CCNE Criteria III, The MS Essentials, and the core courses in the revised curriculum. It was designed to ensure that the core curriculum addressed the criteria that are pivotal to accreditation, and clearly identified the course objectives that met the specific MS Essentials criteria.

Since the revised MS curriculum was developed, The Essentials of Master’s Education in Nursing (2011) was published. While the new criteria have many of the components of the 1996 publication, the new criteria are somewhat different. The 2011 criteria are consistent with AACN’s conceptualization of graduate education and are core competencies for any master’s prepared nurse. Specifically they hold that master’s education prepares nurses for flexible leadership and critical action within complex changing systems including health, education, and organizations. They also note that specialty advanced practice is transitioning to the doctoral level.

At the moment, the UCSF Master’s program is specialty focused and therefore is somewhat incongruent with AACN’s conceptualization of the levels of nursing. Decisions will need to be made whether the Master’s program will change to fit this model or whether another accreditation agency will be selected for UCSF’s program.
With this said, we evaluated the alignment of the MS Core curriculum and the MS competencies using the criteria that the Master's Curriculum Task Force used when the curriculum was developed and implemented. The clinical core was not evaluated as only the core courses had been mapped in the Quality Check List. Data from the FOR Self-assessment form were used to determine the fit of the course objectives and the competencies. We felt that FORs were in the best position to know what actually took place in their course and this self-evaluation allowed them to include any changes which had might not have been part of the written course materials. FORs were asked to list any changes from the Quality Check List document.

Overall, there was good to excellent congruence between the MS competencies and most courses. There were few changes noted, indicating that overall the curriculum is consistent with the competencies. Changes noted by FORs are listed in Appendix B.

**Which teaching methods are used regarding these competencies?**

Data reported by the FORs on the FOR Self-assessment are the basis for answering this question. The list of teaching methods on the FOR Self-assessment is the official list of teaching methods recognized by the UCSF Committee on Courses. All methods included were listed on the official UCSF Course Form as well as “others,” allowing faculty to write in teaching methods not listed.

Data showed a variety of teaching strategies are utilized in MS core courses and the clinical core courses. Raw data on the teaching strategies used by each course are listed in Appendix C. The most frequently used strategies were lecturing and seminar. All courses except N232.01 reported more than one teaching method utilized. Many courses were hybrid courses and they used the online portion for interaction with students. Both substantively focused and case based discussions were noted. iClickers, review sessions, and small group work were among the methods noted. There are not historical data available to compare strategies used with data from previous years. See Appendix C for individual course detail.

**How is student performance measured regarding these competencies/course objectives?**

Data reported by the FOR on the FOR Self-assessment are the basis for answering this question. The list of student performance measures used is the official list of evaluation strategies recognized by the UCSF Committee on Courses. All strategies included were listed on the official UCSF Course Form as well as “others,” allowing faculty to write in performance measures not listed.

A variety of performance measures was used to evaluate achievement of course objectives. Raw data on the teaching strategies used by each course are listed in Appendix D. The most frequently used was written examination followed by original paper, attendance, and written reports. In addition, faculty evaluated performance using quizzes and discussion forums/online case discussions. Historical data about performance evaluation are not available so we are unable to compare these data with those from previous years.

**What are the students’ experiences regarding effectiveness of the MS curriculum?**

Data from course evaluations and quarterly group interviews of Teresa Scherzer with representatives from each specialty were used to answer this question. Student evaluation was elicited for the following core courses: N200 Prologue, N262A/B Advanced Scholarship in Research I & II, N241A/B Leadership I & II, N245A/B Clinical Prevention and Population Health I & II, N234A/B Evidence Based Project Planning I & II, and N200.01 Epilogue. Evaluation also was conducted for the clinical core courses: N208 Physiology & Pathophysiology, N232 Adult Pharmacology (2011), N232.01, Pharmacology Across the Life Span (2012), and N270 Health Assessment. Evaluation is provided for each course, clustered by quarter.
Based on the numerical scores and open-ended responses of course evaluations, and data from student group interviews, student evaluation indicates that (1) the overall MS core curriculum is strong, but with definite areas for improvement, and (2) in general, course activities and evaluation strategies are consistent with course objectives and courses complement each other. Consistently students state that faculty members have expertise in the areas they teach, are engaged with students, and are concerned about student learning.

A major and consistent concern of the students was the heavy workload. They felt it was heavy overall but especially heavy in Year 1. Students felt there is too much content expected to be learned in too short a time. While some saw the heavy coursework as a function of the amount of knowledge to be learned, others saw this as a lack of focus about the kind of practitioner prepared at the MS level UCSF wants to produce. Another prominent concern was that the workload for some courses exceeded the number of units assigned to the courses (e.g., Pathophysiology, Health Assessment, Population Health, Project Planning). Another frequently-voiced concern (in earlier years as well) is that students wished they had had more clinical-related content in the core, especially more Pathophysiology. However, students also stated that overall, they had a positive experience in the MS program, especially with specialty courses.

Fall Quarter (2010 & 2011)
The program for those admitted in Fall 2010 started with N200 Prologue. Overall, our students found this course very problematic. Many could see the value of an orientation but had not expected that Prologue would be a two week course. The students reported that the workload was very heavy for a 1-unit course and many assignments were seen to lack purpose or educational value. The Professional Role Development Guide (PRDG) was not seen as relevant by the students, and needing to pay for it was especially problematic. A very serious issue was the encroachment of this course into the regularly scheduled courses – students frequently expressed that the time spent on Prologue assignments meant less time for the core courses in the already content-heavy Fall Quarter. In addition, students felt that face-to-face discussions would have been more appropriate than online, suggesting that they did not understand the why online discussion was utilized. There were other concerns but not as pressing as the above-noted ones. There were 10 objectives for the course, many of which were multi-faceted, and the students recognized this as a problem.

Subsequent revision of the course when it was offered in Fall 2011 resulted in higher overall evaluation scores by students. Many students found it a good introduction to the MS program with relevant and useful content, but saw Prologue as an extension or part of the MS Program Orientation. The subcommittee continues to be concerned about the PRDG and the writing assessment. As in 2010, students did not understand why they had to complete the PRDG, felt it was not relevant, and were frustrated since they did not have their scores by the time this evaluation was completed (May-June 2012).

Writing assessment was problematic. The purpose was not clear to students, who felt that they were being tested about information that they either never learned or was old and in remote memory (e.g., APA style). Students also reported that feedback was late and/or minimal (e.g., rating/grade), without any explanation. It is unclear to the subcommittee how/if faculty members are linked in so the data can be used for students' growth during the program. Lastly, online proctoring was an unwelcome, surprising, and disturbing experience that created much dissatisfaction and resentment.

The other core course in Fall quarter was N262A and students saw it as a strong course. The combination of lecture, slides, Teaching Assistant (TA) discussion groups, and homework were helpful. They reported that concepts were clear and assignments (weekly homework) and working with TAs complemented each other and augmented their learning. When offered again in 2012, there were similar comments (i.e., well organized, clearly presented, and strong substantively).
In Fall 2011, both clinical courses (N208 Physiology & Pathophysiology and N270 Health Assessment) focused class time on application of content through case studies, coordinated the body system being studied each week as much as possible, and integrated content across the life span. Students reported that the amount of content in N208 was overwhelming and they spent significant time on this course between the readings and online work to the detriment of other courses. In N208, grading was limited to 2 exams and students suggested some interim measures (quizzes) would help them know gauge their learning. Some students indicated they would have preferred straight pathophysiology lectures that focused on the objectives. At times the topics identified did not seem like the most important or most relevant to the students. Peds students reported some confusion about which lectures to attend and which material they were responsible for learning. Because some lecturers did not finish their N208 content on time, N270 suffered from lack of time. Overall N270 was a strong course. The text was good and students recognized that the lecturers were experts. At times students had trouble identifying which course the lecturer was addressing. In addition, some students would have liked more demonstration of health assessment techniques.

In Fall 2011, a new FOR was assigned to N208 and the course was significantly revised and improved. The content remained heavy (with addition of weekly quizzes instituted in 2011) but students found the course stronger and it had significantly more positive evaluations. Students continued to report confusion between what content belonged to N208 vs. N270. As in 2010, Peds students experienced some confusion about which lectures to attend and which material they were responsible for learning. In both courses (N208 & N270), the content was strong, guest speakers were very good, and students liked the varied learning methods and materials. In N270 there was a problem with students having access to the midterm exam online prematurely. Because of this problem, the FOR had to construct a new exam and it was seen by the students as problematic. The FOR's flexibility in grading this exam was appreciated and there were no problems reported by the students with the final exam. As with N208 in 2010, N270 students reported that having only 2 exams put a lot of pressure on them, and they would have preferred a method to check their own knowledge as they moved through the course work. In addition, students either felt there was too much or too little Peds/Gero content in N270.

Winter Quarter (2011 & 2012)
In 2011 for N262B Advanced Scholarship in Research II, students reported they learned to critique research. Overall the assignments were seen as appropriate. Students said they made you think, and applied knowledge. The students reported they felt that the group project was helpful and the seminar groups allowed an opportunity for application of content and getting individual questions answered. Of concern was the clarity and organization of lectures and assignments. Clarification of questions about assignments resulted in different expectations, depending on whether you asked one of the TAs or one of the FORs. A prominent concern was not receiving timely feedback from assignments so students could incorporate feedback in the next paper (note: one FOR was quite ill a portion of the quarter). Students reported that the wished they had had the power points before class so they could preview them and use them as study guides. The students noted an overlap between this course and Population Health and suggested better communication between the FORs.

In 2012, this was a stronger course and was seen as reinforcing and extending the content from N262A. The students reported that they learned to critique. There were high scores in organization and having clear and thoughtful assignments. However, the issue of not receiving feedback on an assignment before the next was due continued to be a prominent concern. Students saw the group project as difficult to organize and share work equally. Students also stated that the work was greater than appropriate for 2 units. Some felt they would have liked more TA support as occurs in N262A with weekly sessions. With that said, scores on being engaged in focused, systematic, and complex thinking were strong.
N232 Adult Pharmacology was an online course with a pharmacist and NP co-FORs. Students reported that the organization of the content into modules aided their learning as it broke complex content into manageable pieces. Lectures were of good quality and the content was relevant. The objectives were clear and testing directly related to them. The pace of the course was appropriate.

In 2012 the N232 was replaced with N232.01 Pharmacology Across the Life Span. This was an all online course that repurposed previously developed across the life span modules. Students took this course along with their population-focused pharmacology course. Student comments in the evaluation made us (MS Subcommittee) question whether the students had the courses confused with their population based course (e.g., students talked about a TA and there was none for this course). Therefore, student data about this course are considered unavailable. It should be noted that this course was offered both in Winter and spring to accommodate student schedules and course load. Evaluation focused on winter quarter.

N234A/B Evidence Based Project Planning was evaluated at the end of the two quarter sequence. Many specialties “opted out” of this core course with approval by MPC, as specialty coordinators identified that the course objectives being met in other courses in the established curriculum. Thus, this course included 67 students (consistent with course evaluation response rates for core courses, 57% completed course evaluations). Overall enrolled students reported this course was strong. Students identified that a strength of the course was that it provided hands-on experience in implementing a project. Students reported that the evidence-based project steps used to identify the problem were clear and facilitated the project’s success. Community focused students appreciated being able to work in the community rather than being limited to the hospital. Limitations noted were the amount of work for 1 unit, difficulties working with some project partners (e.g., unrealistic expectations, commitment), and the problem of not being able to get engagement from the community partner staff in the time available.

For N245A Clinical Prevention and Population Health I, students reported that the course had diverse, interesting lectures, enthusiastic, dedicated faculty and guest lecturers, and provided solid content on Healthy People 2020. However, they also reported that the course seemed fragmented, with no overall cohesion or objectives, and was very disorganized. They spent much time trying to determine the assignment objectives and expectations, especially for those taking the course for 1 unit. The CLE site was difficult to navigate, as the course was organized by module rather than week. Group projects were time consuming and overall the course work was greater than appropriate for a 2 unit course. Several specialties could not see the relevance of the content (i.e., Peds, Leadership, and Policy). Motivational interviewing was seen as strength in this course but its placement in final exam week was identified as problematic.

In 2012, evaluations improved somewhat. Projects and break out groups were more organized and motivational interviewing again was seen as strength of the course. There remained concern that the course was too broad and superficial, tried to do too much, and seemed disjointed. Students reported a confusing CLE site, and difficulty determining what was required each week, especially those taking it for 1 unit; they also felt that the midterm quiz was not consistent with the content presented. Leadership students wanted material that was focused more on their role than entirely a clinical focus. As in 2010, a strength of the course noted by the students in their course evaluations was its materials or discussion on ethnicity, culture, and racial diversity.

Spring Quarter (2011 & 2012)
Students reported that N241A Leadership I in 2011 had strengths such as useful content, well-organized course, guest speakers, and supportive FORs. However students also felt that the course was not very engaging, and the breakout group sessions were often not effective depending on leader and because the large size of the group hindered meaningful interaction.
In 2012, students reported course strengths to again be useful content, a well-organized course, and a supportive and responsive FOR. Students also felt that the workload was reasonable, and some group sessions were excellent. Some students again described the lectures as dry and not engaging, and again suggested that it would be helpful for small groups to have a little more direction or guidance. Students also appreciated the FOR's efforts to be an effective and responsive instructor (e.g., quick responses to email, asking students for feedback, providing thoughtful and detailed feedback on assignments).

Students were pleased with N245B Clinical Prevention and Population Health II and felt it focused on health policy and the importance of nurses engaging in policy. Students found the topics interesting and breakout sessions engaging. The assignments were effective. They focused thinking, were challenging and facilitated learning in the course. Some students were concerned because it was short (5 weeks) and there was much to learn but assignments and content were appropriate for the available time. On the other hand, some groups had already covered the content (i.e., APHPN and policy students), and proposed that they be able to opt-out of this course. Some students felt there were grading inconsistencies across faculty. Overall students considered this an excellent course.

In 2012, the course remained strong with primarily positive evaluations. Students frequently described the course as "manageable," with a reasonable workload and with every class or assignment having a clear policy angle. They reported much enthusiasm for the assignments, and appreciated how the second assignment built on the first one. Students also consistently mentioned issues such as very slow feedback on papers, no/slow responses to questions posted on Moodle, and the need for clearer instructions for assignments and more guidance for small groups.

N200.01 Epilogue was offered for the first time in Spring 2012. Only a portion of the MS cohort that entered in 2010 enrolled in the core offering of the course. While the MS Task Force had planned the description and objectives for this course, implementation of it occurred late, resulting in specialty faculty developing coursework within their specialty to address the course objectives. In addition, because only a small portion of students completed the PDRG, the focus of the course was changed somewhat, and the focus was on skills, behaviors, and knowledge needed to obtain a job as an advanced practice nurse, including development of a portfolio. Student feedback from course evaluations and the interviews of graduating students centered around two main issues — the disorganization of the course and its problematic timing (when comp exams were due), and the utility and relevance of the talk by the Office of Career and Professional Development (OCPD) staff. Many students expressed that while the talk was excellent, the course would have been far better received if scheduled after the comp had been submitted, and that the content of career/role transition would be more useful if provided earlier in Year 2. While students felt it was a good idea to have some kind of wrap-up experience, and appreciated the info and resources (OCPD) and the resume exercise, there was much disappointment and frustration that the course was so disorganized (syllabus not ready at beginning, FOR present only briefly the first day of the course when they had made an effort to be present during this stressful academic time). [Note: FOR was called away for emergency meeting with student during the first class].

What were the faculty's experiences regarding the effectiveness of the revised curriculum?
We first looked to the FORs to answer this question for the courses in the revised curriculum, drawing on data from the FOR self-assessment. Specifically they had been asked "How well did the course meet the course objectives?" with response options Not well, Not very well, Somewhat, and Very Well. The tallied FORs' responses show that the vast majority reported the course objectives were met "Somewhat or Very well." Course by course data are shown in Appendix E.

Data to answer this question then came from a series of group and individual interviews with faculty conducted by Teresa Scherzer, the SON evaluator, in late May 2012 (no faculty scheduled an interview in
Faculty who were interviewed included those who taught core courses and taught specialty courses.

Interviewees echoed several concerns expressed by students, specifically the content-heavy first year (overwhelming for students) and the student workload-course unit mismatch in several courses (e.g., Pathophysiology). Some faculty reported in response to the workload, they had lowered expectations in specialty courses and had delayed some content until year 2, resulting in the creation of a new course. Importantly, midwifery faculty added course work that extended through both summer sessions in year 1 (previously only had students enroll for the first summer session), and added the whole summer session following year 2.

Faculty also reported that there was variation regarding the preparedness of students for comp exam or clinical work compared to those who completed the prior MS core curriculum. Many specialty faculty reported that by the time students began writing the comp, they had forgotten research skills learned in year 1 in N262B (e.g., how to critique, review literature). Multiple specialties integrated research critique into specialty content and/or offered additional sessions covering research critiques after 262B; these activities were helpful and prepared students but were time consuming for specialty faculty. Some specialties reported they had additional content sessions as part of the prior curriculum while others did not.

Other concerns were about the N243A/B Project Planning and how health policy fits in to the MS program. Faculty felt that N234A/B was a good course, but requiring students to take it and do the comp is too much for students, especially those in high-course/unit specialties. In addition, there were conflicts with specialty curriculum and grant funding. Two specialty's (OEHN and APPHN) existing project planning course covers both process and content, and, for OEHN is needed for specialty grant funding (T42). Both OEHN and APPHN will apply for the “opt out” waiver. The Health Policy students took several of the core courses and faculty echoed students' feelings about a continued emphasis in the curriculum on teaching to future NPs or CNSSs and not including health policy related content in the courses. In addition, there is redundancy for health policy students with the core in N245B due to their prior specialty curriculum.

Faculty also discussed several faculty workload issues. Faculty who taught little in the MS program reported no change in workload. To accommodate the revised core curriculum, some specialties experienced increased workload as they moved courses, altered expectations, or changed content, especially research-related content. Without a specialty fall research utilization-type course, faculty workload was increased as they spent much time coaching students on research critiques. In addition, finalizing the curriculum for the next year was done at a very late date, and with the change of 262A/B, this required much work to rearrange the specialty curriculum. Faculty in public health nursing, Leadership, and Health Policy spent extra time to educate the FORs about their specialties' roles, so they could be incorporated into the revised MS curriculum. Some core courses were a tremendous amount of work for FORs – content, using the technology, reading/giving feedback/grading assignments. The content-heavy first year and current course sequencing resulted in the need to teach the core pharmacology course (N232.01) in both with and spring quarters, instead of just in one quarter.

Workload was also impacted by the requirement to integrate life span content into the curriculum. Some specialties needed more courses or hours, and this was hard to manage/coordinate with the core curriculum. In revising the core courses, the life span requirement made it difficult to balance amount of content and meet needs of diverse students, each of whom is trying to see how this course was relevant to their specialty.
Recommendations (Note: Summary in Appendix F)
The core curriculum and clinical core coursework has been well conceptualized and needs to be implemented consistently across specialties. The CCNE criteria that discuss population health, across the life span content in Health Assessment, Pharmacology, and Physiology/Pathophysiology have been addressed. It should be noted that CCNE does not mandate the content of the across the life span courses, and does not require independent courses. Overall, faculty members have adopted an active learning philosophy and seek ways to engage the students in active learning. Faculty members worked hard to teach the objectives of the core courses and clinical core courses, and that needs to be acknowledged. The core overall is strong and every effort should be made to refine it so it works for all students, and thus limits the number of parallel courses specialties must mount to accomplish the core competencies.

We note a tension between our specialty oriented MS curriculum and the CCNE criteria—i.e., its conceptualization of master’s education is the clinical nurse leader, with specialty content occurring in the doctorate of nursing practice curriculum. Our students come to school ready to learn to be specialists and are asked to take courses focusing on content that was developed out of broad accreditation requirements (e.g., population health, content across the life span). This disconnect may partially contribute to students’ perceptions that we don’t know what kind of a MS graduate we want to produce. We recommend the faculty decide what type of practitioner they want to prepare at the MS level and then select the accreditation organization that is congruent with their goals. We then recommend that the UCSF faculty review the fit of the accreditation agency criteria and the UCSF curriculum. Lack of fit will require modification of the curriculum. Even if CCNE is selected, a review will be necessary because of the change in The Essentials that occurred with publication of the 2011 document. Although our accreditation extends for a period of time, we recommend this decision and review be completed in the next year to reduce unnecessary tension and ensure ongoing compliance.

The core curriculum totals 14 units and the clinical core is 4-5 units. This is a significant portion of a Master of Science program that theoretically can be completed in 36 units of academic coursework plus 8 clinical units. We recommend that should modification of the core courses be needed, the content be modified or reduced, and that units for core courses and clinical core courses should not be increased.

For the core curriculum and clinical core to be used as a foundation for the rest of the curriculum, specialty faculty members need to be familiar with the coursework that is taught in the core courses. Linkages can only be made if specialty faculty members know what foundational content that has been presented in the core courses. However, currently the only way to get a syllabus or to see the handouts that are utilized is to ask the faculty for it or log into a course as a student (not possible for all courses). Syllabi are not posted to the S drive prior to the beginning of the Quarter, and when they are, only a small portion of the course content is available for the specialty faculty to use/build on and not all faculty have access (e.g. nurse-midwifery faculty, due to their co-housing in the School of medicine). We recommend that a mechanism be developed to provide access to core course content for faculty not teaching in those courses. We also recommend that a conscious plan be constructed within specialties about how best to reinforce or build on the core content in their specialty curriculum. Possible examples might be to discuss motivational interviewing (from N245A) in a clinical course, or use the critique guidelines from N262B) when discussing whether a given study can be applied to a specific population. Such application needs to occur systematically.

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3 MS core courses: N200: 1 unit; 245AB: 3 units; N241AB: 2 unit; 234AB: 3 units; N262AB: 4 units; 200.01: 1 unit. Clinical core courses: N208: 1-2 units; N270: 2 units; N232.01: 1 unit.
Our observation is that the integration of across the life span content is very challenging. Such an approach is required by CCNE and while that may work well for a generic master’s program, this is one area that will require further work because of our specialty-based program. Students see discussion of non-specialty content as a waste of their time. FORs are challenged to provide sufficient content, especially peds and gerontology. If we remain with CCNE for accreditation, a method needs to be developed to refine this part of the curriculum. 

We recommend further discussion as to the best approach to meet the across the life span content. It is possible that the approach that is being used in pharmacology might be considered for the other courses where life span knowledge is required i.e., health assessment and physiology/pathophysiology. Since we are preparing specialists rather than generalists in our MS program, such an approach might be appropriate. If the decision is made to keep the content integrated, students need to understand the rationale for inclusion of the content in a way that makes it “value added” rather than negative.

Our observation is that when content is taught by experts, a higher quality course is provided. While teaching assignments are in the purview of the Dean’s council and not MPC, we recommend to the Dean’s Council that whenever possible, the core courses be taught by experts, and that current SON faculty be considered before any external hires.

Student workload for units is a serious issue across this curriculum. Faculty need to understand the number of hours of outside of the classroom they can expect students to spend on the course. While there will be variability in time spent depending on student background, skills, etc., a reasonable estimate needs to be made of the number of hours available for a course. For example, a lecture course of 1 unit gets 3 hours per week of outside work (for any assignment or activity you may require). We recommend the FOR of each core or clinical core course re-evaluate and align the units assigned to the course with the student workload. This may require focusing course objectives and/or assignments. An example of reducing workload is the approach used in N262B where the FORs use a single research paper and ask different questions from it for different assignments (e.g., purpose and variables, methods, etc.).

After the FORs of the core or clinical core courses examine the unit-student workload match, we recommend that the MS Program Council ask core faculty to meet annually, much as do the doctoral faculty, to discuss what is required in each course. In such a meeting, FORs would briefly present their course’s objectives, learning activities, and the student performance evaluation methods (major assignments and their due dates). This would help FORs know if another course has similar objectives, if there are very helpful teaching strategies, and if there are an excessive number of papers required in one quarter with similar due dates. In this way, core faculty members can modulate the student workload by looking at it overall, accomplish their course objectives, and yet not overburden our students.

Our impression is that faculty members are working hard to include innovative active learning strategies in their courses. Students have responded very positively to the use of content capture, iClickers, and other technologies that foster active learning and availability. We applaud use of this technology. All of the core courses and core clinical courses have large numbers of students and strategies classically used for active learning are difficult to engineer and supervise (e.g., seminar). In addition, faculty report that development of podcasts and voice-over power points requires understanding of what equipment to use, how to use it, and time to prepare the material. Our impression is that faculty members need help in identifying and learning to use active learning strategies that are appropriate for large classes. This includes both in-person and online teaching. We observed the variability in skill and knowledge of faculty in using CLE. Support for faculty in developing skill is not consistently available. The expectation of support from departmental staff also is variable. It is possible that a two-pronged approach needs to be undertaken: 1) standardizing our expectations of faculty knowledge and performance, and 2) identifying both school and campus-wide resources that are available to meet these needs.
We recommend the School develop clear guidelines and standards for online and hybrid courses. These standards would address: 1) the adoption of a standardized template for all CLE courses; 2) a list of basic skills required for faculty (and program staff, as appropriate) using CLE (e.g., how to create a course, conduct a discussion session, calculate grades); 3) a list of A/V skills required for those teaching core courses (e.g., how to use the podium projector, show an online video); and 4) expectations regarding instructor "presence" in the course. We also recommend that information be developed using school and campus-wide resources to help with online learning.

The SON needs to consider providing continuing education with a focus on online learning and a focus on teaching large groups. Active learning is challenging in large groups but it can be done, e.g. with teaching aids like iClickers, breakout groups, etc.

We recommend MS Program Council assign a Task Force to validate whether faculty have a need of additional resources, knowledge and/or skill development in active learning strategies, especially for large groups in face-to-face classes and online learning, and if so, seek support from School administration for providing it. We also recommend the School explore campus support for Educational Technology, so that alternatives to lecture can be developed and maintained.

The use of computers in class is another issue. At the moment, there does not seem to be a policy about this. Our observation was that 30-40% of students were online during every class we observed. Their computer screens were open to social media sites, shopping sites, or email. Very few were open to the slides being presented or a screen where notes were being taken. We question whether this online activity distracts from learning the substantive content in class and, if so, how students might be better engaged to enhance their learning. We recommend MS faculty discuss how or whether to address this issue.

We recommend that the MPC appoint a subcommittee that is charged with review and summarization of core course evaluations. The committee would be charged with quarterly reports to MPC, summarizing the findings of the course evaluations. This is a structural issue but seems to consume much of MPC’s time and might better be realized by a subcommittee.

We recommend that MPC and the Dean’s Council discuss the role of “sections” i.e., break-outs, of a course and implications for students and faculty. Some decision needs to be made about whether such an approach supports learning and is possible from a fiscal perspective. It is possible that this has been completed but we are not aware of any information about it that has been circulated to faculty.

Finally, faculty members who teach in core courses and core clinical courses have been given thorough individual feedback on their courses by this committee. We bring to you the most pressing individual course recommendations that require MPC oversight, as follows:

**N200 Prologue:**

1. Consider incorporating Prologue content in Orientation with certain required activities (i.e., writing assessment, leadership assessment, Moodle skills, portfolio development). If kept as a course, rewrite objectives to increase specificity.
2. Revise the writing assessment activity to either eliminate online proctoring or be sure students understand the process, and communicate the findings to faculty & students in a timely and meaningful way.
3. Eliminate the PRDG and determine if a specific instrument is needed to measure "leadership change" during the MS Program.
4. Identify which activities are redundant for MEPNs and whether they can opt out.
5. Include an introduction to CLE in the mailings to students before classes begin.
N234AB
1. Retain “opt out” option

N241A/B Leadership I & II
1. Revise the course objectives to make them attainable in the number of units, rather than increasing units to accommodate the volume of content
2. Address role needs of all MS students, not just hospital RNs, NPs, or CNSs.
3. Combine these courses

N245A Clinical Prevention & Population Health
1. Revise objectives to so they are more specific and attainable

N200.01 Epilogue
1. The content in this course is important to all of our MS students – i.e., preparation of a portfolio, how to look for a job -- but it does not seem to be effective in its current location (spring, year 2) or as currently provided.
2. Considering that the course was revised due to issues with the PRDG, we recommend that the course objectives be reviewed and it be determined whether the course needs to be revised substantively and whether this is the best place in the curriculum for the summative content that was originally envisioned.

Respectfully submitted,
MS Evaluation Committee - Nancy A. Stotts (chair), Teresa Scherzer (SON Evaluator), Annette Carley, Carol Dawson-Rose, Mark Hawk, and Jenna Shaw-Battista