

American University of Beirut

RAFIC HARIRI SCHOOL OF NURSING



**Rafic Hariri
School of Nursing**

Self-Study Report

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Commission on Collegiate Nursing Education

(CCNE)

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CCNE SELF-STUDY REPORT FOR ACCREDITATION

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INTRODUCTION

The University

The American University of Beirut (AUB) is a private, independent, non-sectarian University that was founded in 1866. AUB operates under a charter granted by the New York State Department of Education in 1863 and is governed by an autonomous Board of Trustees, in addition to being registered with the Ministry of Higher Education in Lebanon. AUB was granted accreditation as an institution in June 2004 by the Middle States Commission on Higher Education (MSCHE). On June 27, 2019, the Commission reaffirmed the University's accreditation till 2027-28. The University has Seven faculties: Faculty of Arts and Sciences; Faculty of Medicine; Maroun Semaan Faculty of Engineering and Architecture; Faculty of Agricultural and Food Sciences; Faculty of Health Sciences, Suliman S. Olayan School of Business and Rafic Hariri School of Nursing. At present, AUB offers programs leading to the Bachelor's (54), Master's (76), Doctoral (13) and MD degrees. The University is co-educational with a student body of 9,495, with an almost equal distribution of females (52%) and males, representing 94 countries (23% international), Student/faculty ratio: 11 to 1 (as per AUB facts and Figures 2020). The language of instruction is English. The mission of AUB is to provide excellence in education, to participate in the advancement of knowledge through research, and to serve the peoples of the Middle East and beyond. The University maintains memberships in a multitude of American, International, and Arab education associations. AUB ranks 242nd out of 1,300 universities, according to QS World University Rankings 2022.

The University is situated in Beirut, Lebanon, the crossroad of the Middle East. The campus on the Beirut peninsula runs along the Mediterranean Sea shore and overlooks St. George's Bay with views toward Northern Lebanon and the snow-capped mountains to the east. The campus of 61 acres, has 64 buildings, including the academic buildings, two halls for student activities, seven students' residences, faculty apartments and the Medical Center, in addition to athletic fields, a private beach, a bird sanctuary, and a repository of native and non-native trees and shrubs.

Medical Center and Other Available Services

The American University of Beirut Medical Center (AUBMC), created in 1902, is the teaching hospital of the Faculty of Medicine and the School of Nursing at AUB. It provides undergraduate and graduate training for nursing students; postgraduate training in specialties and subspecialties with interns, residents, and fellows in medicine and is supported by state-of-the-art equipment. The hospital operates 365 beds out of a capacity of 400. The hospital, with its health care modeled after North American health care system standards, enjoys a reputation as a highly regarded referral center in the Middle East. The Medical Center, among other clinical sites, supports the School of Nursing mission by providing learning opportunities that enable students to develop into professional and competent nurses. AUBMC is the first medical institution in the Middle East to have earned five international accreditations of Joint Commission International (JCI), Magnet, College of American Pathologists (CAP), Joint Accreditation Committee for EBMT and ISCT Europe (JACIE), and the Accreditation Council for Graduate Medical Education - International (ACGME-I) attesting to its superior standards in patient-centered care, nursing, pathology/laboratory services, and graduate medical education. AUBMC's impact on the medical sector and on improving people's lives is without equal in the Arab world.

The Saab Medical Library, part of AUB, serves as support for all medical and health sciences departments, the Hariri School of Nursing and the Medical Center. In addition, AUB's Jafet Memorial Library has databases and collections that support research needs of the School of Nursing and the Medical Center in addition to that of AUB in general.

Rafic Hariri School of Nursing

The Hariri School of Nursing, founded in 1905, was the first nursing school in the Middle East and started by offering a three-year diploma program. In 1936, a five year Bachelor of Science in Nursing program was initiated and replaced in 1964 by the current four-year program (including the freshman year) leading to the Bachelor of Science in Nursing (BSN) degree. Students entering the

School as sophomores graduate in three calendar years. The BSN is a basic requirement for professional practice in Lebanon. The Master's of Science in Nursing (MSN) program, initiated in 2003, grants a Master of Science in advanced nursing practice with four tracks: MSN in Adult Gerontology Clinical Nurse Specialist; MSN in Psychiatric Mental Health Clinical Nurse Specialist; MSN in Community and Public Health Nursing and MSN in Nursing Administration and Management (with optional minor in Education). Until 1978, the School of Nursing was one of the components of the Faculties of Medical Sciences. In 1978, it became a division of the Faculty of Health Sciences. In 1982, its status as a school was restored and it was placed within the Faculty of Medicine. In 2018, the school of Nursing became the Seventh Independent Faculty at AUB.

In 2008, His Excellency Saadeddine Rafic Hariri pledged a gift of \$10 million to AUB School of Nursing to name the School "Rafic Hariri School of Nursing" and to establish endowed funds for student scholarships and endowed chair in research. The current Rafic Hariri School of Nursing (HSON) is a State of the Art building located next to AUBMC and the new Academic and Clinical Center (ACC) building facing Issam Fares Hall and Saab Medical Library. It includes mainly 3 large classrooms, 2 small classrooms, a computer lab, a skills and simulation laboratory, the Dean's office, faculty and staff offices, a large conference room, 3 small meeting rooms, lounges for the students, and the Hisham Jaroudi Auditorium.

The Hariri School of Nursing's mission of maintaining the highest education standards of excellence, integrity, and professionalism in nursing is supported in several ways. Most of the faculty members are PhD holders. Professional nurses' practice is guided by the Code of Ethics of the International Council of Nurses (ICN), in addition to the practice guidelines of the Lebanese Nurses' Practice Act (Decree #1655) and the American Nurses Association are followed.

Characteristics of Students

The Hariri School of Nursing student body is diverse, including 10% international students (From Palestine, Ghana, and Syria). The diversity of students, reflects the multiple religious and ethnic backgrounds within Lebanon and the Middle East, which enhances transcultural education in the School. Over the years HSON has attracted applicants from all over the world with a strategic initiative to increase student diversity. The total number of nursing students enrolled in all programs for the 2020/21 academic year was 254, including 193 females and 65 males. The BSN program had 196 students; the MSN program 53 students; and the PhD program 9 students.

Accreditation Status

At HSON, the Bachelor of Science in Nursing Program (BSN) and the Master of Science in Nursing Program (MSN) are registered by the Department of Education of New York State (BSN registration number HEGIS code 1203.00; MSN registration number HEGIS code 1203.10; and the PhD registration number HEGIS code 1203.12). HSON got the approval to launch a new diploma in Nursing Administration effective Fall 2022-23. The BSN and MSN programs at HSON were accredited by the Commission on Collegiate Nursing Education (CCNE) in 2007. The HSON BSN and MSN programs were the first programs outside the US to get this CCNE accreditation. In May 14, 2012, both programs were granted reaccreditation for a period of 10 years.

Standard I

Program Quality: Mission and Governance

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

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

1. congruent with those of the parent institution; and
2. reviewed periodically and revised as appropriate.

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

There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate.

Program Response:

Philosophy

The Hariri School of Nursing programs are consistent with the philosophy of the American University of Beirut and the mission of the School. The baccalaureate program builds on the liberal arts and basic sciences, and the Master's program builds upon the knowledge and competencies that characterize the undergraduate program. Both programs emphasize the critical appraisal of concepts and theories basic to the Nursing discipline. The focus in undergraduate education is generalist nursing practice. The unifying focus in graduate education is specialized and research-directed nursing practice. Both undergraduate and graduate programs foster creativity, critical thinking, professional development, research, and leadership skills.

The Hariri School of Nursing (HSON) has one mission statement and one vision statement that relate to all of its programs (**Appendix I-A-1**). The mission and goals are available on the school's website [[Link](#)], the HSON students' handbooks (**Exhibit I.01**), and in the Graduate and Undergraduate Catalogues located on AUB website [[Link](#)].

The goals of the various programs are described within the mission statement:

- The baccalaureate program, drawn primarily from the humanities, sciences, and caring disciplines, focuses on the use of nursing theory and research as a basis for practice.
- The master's program focuses on preparing nurses for advanced nursing practice roles. It is based on the use and generation of research-based knowledge to guide practice.
- The PhD program aims to provide rigorous training for research careers in nursing and healthcare. The program is intended to produce research scientists who will make significant and original contributions to nursing practice, health promotion, health maintenance, population health and health care delivery.

The American University of Beirut mission statement is the following:

- The American University of Beirut (AUB) is an institution of higher learning founded to provide excellence in education, to participate in the advancement of knowledge through

research, and to serve the peoples of the Middle East and beyond. Chartered in New York State in 1863, the university bases its educational philosophy, standards, and practices on the American liberal arts model of higher education. The university believes deeply in and encourages freedom of thought and expression and seeks to foster tolerance and respect for diversity and dialogue. Graduates will be individuals committed to creative and critical thinking, life-long learning, personal integrity, civic responsibility, and leadership (<https://www.aub.edu.lb/AboutUs/Pages/mission.aspx>).

The mission of HSON is congruent with that of the university as shown in Table I-A.1 below.

Table I-A.1. Congruence between the mission statements of HSON and the University

	AUB Mission Statement	HSON Mission Statement
Education	<p>“... AUB is an institution of higher learning founded to provide excellence in education...”</p> <p>“...the university bases its educational philosophy, standards, and practices on the American liberal arts model of higher education.”</p>	<p>“...to promote and maintain the highest educational standards of excellence, integrity, and professionalism in nursing, following the American model of nursing education and practice.”</p> <p>“The undergraduate program, drawn primarily from the humanities, sciences, and caring disciplines...”</p>
Research	<p>“... to participate in the advancement of knowledge through research ...committed to ...lifelong learning...”</p>	<p>“The undergraduate program ...focuses on the use of nursing theory and research as a basis for practice.”</p> <p>“The master’s program...is based on the generation and use of knowledge to guide practice.”</p> <p>“The PhD program in Nursing Science aims to provide rigorous training for research”</p>
Service	<p>“...and to serve the peoples of the Middle East and beyond.”</p> <p>“The university believes deeply in and encourages freedom of thought and expression and seeks to foster tolerance and respect for diversity and dialogue.”</p> <p>“Graduates will be individuals committed to creative and critical thinking, life-long learning, personal integrity and civic responsibility, and leadership.”</p>	<p>“...enable students to develop into competent nurses guided by ethical principles who respect cultural diversity while coordinating and delivering high quality, compassionate nursing care in Lebanon and the region”</p> <p>“Nursing students at AUB learn to think critically, develop professional attitudes and leadership skills, and appreciate the value of life-long learning and freedom of speech.”</p>

The mission statement and goals are reviewed every five years in tandem with the strategic plan of the school (**Appendix I-A-2**). The last time the mission statement of HSON was revised was in 2017. As preparations were under way to launch the PhD program, a statement was added to the mission statement describing the mandate of the PhD program.

The Bachelor of Science in Nursing (BSN) program learning outcomes (**Appendix I-A-3**) and the Masters of Science in Nursing (MSN) program learning outcomes (**Appendix I-A-4**) are student-centered and can be found in the students’ handbooks that are on the HSON website [[Link](#)]. The

Bachelor of Science program learning outcomes are divided into three levels: sophomore, junior and senior. The Master of Science in Nursing program has one set of program learning outcomes that is tailored to all four tracks of study. In line with the University's mandate, these program outcomes are assessed annually using the program learning outcome assessment template (**Appendix I-A-5**). The assessment entails reporting results of direct and indirect measures of these outcomes, analyzing those results, disseminating to constituencies (the Academic and Curriculum Committee for the undergraduate program and Graduate Studies Committee for the graduate program), and developing action plans for improvement.

Faculty outcomes are evaluated during the yearly faculty appraisal along three domains: teaching, research, and service (**Appendix I-A-6**). These outcomes are consistent with the university policies on faculty appointment, reappointment, promotion, and tenure [[Link](#)]. In 2018, tenure was reinstated at AUB and in preparation for that, promotion criteria were revised to address this development; these criteria addressed the promotion of the tenure track faculty. Then the provost met with the leadership of all faculties to help them devise faculty specific promotion criteria that reflect faculty outcomes in the discipline. For the Hariri School of Nursing, two sets of criteria were developed and approved by the Faculty (**Exhibit I.02**): tenure track promotion criteria (**Appendix I-A-7**) and clinical track promotion criteria (**Appendix I-A-8**).

Other outcomes such as student satisfaction with the program and alumni competencies are addressed in standard IV under element IV-I.

I-B. The mission, goals, and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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

1. The Essentials of Baccalaureate Education for Professional Nursing Practice [*American Association of Colleges of Nursing (AACN), 2008*];
2. The Essentials of Master's Education in Nursing (*AACN, 2011*);
3. The Essentials of Doctoral Education for Advanced Nursing Practice (*AACN, 2006*); and
4. Criteria for Evaluation of Nurse Practitioner Programs [*National Task Force on Quality Nurse Practitioner Education (NTF), 2016*].

A program may select additional standards and guidelines that are current and relevant to program offerings.

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

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

Program Response:

Nursing practice in Lebanon is governed by the Lebanese Nursing Practice Act, which designates the levels of nurses and corresponding responsibilities, yet it does not include standards of nursing practice. This law was revised and approved last May by the Lebanese Parliament (Decree # 221), with the major change adding the specialist nurse that recognize nurses prepared at the graduate level. The law is found on the website of the Order of Nurses in Lebanon [[Link](#)].

Specific competencies by level are currently being prepared. HSON conforms to the Lebanese Nursing Practice Act's description of the role of the university prepared nurses at the BSN and graduate level.

The mission statement of HSON alludes to the 2008 AACN's Essentials of Baccalaureate Nursing Education (**Exhibit I.03**), as noted in the *italicized* terms. For instance, 'The mission of the

Rafic Hariri School of Nursing is to promote and maintain the highest educational standards of excellence, integrity, and *professionalism in nursing*, following the American model of nursing education and practice. The school aims to provide learning opportunities that will enable students to develop into *competent nurses who respect cultural diversity*, while coordinating and delivering *high-quality, compassionate* nursing care in Lebanon and beyond, guided by ethical principles' ... The baccalaureate program, *drawn primarily from the humanities, sciences, and caring disciplines, focuses on the use of nursing theory and research* as a basis for practice... Nursing students at AUB learn to think critically, develop *professional attitudes and leadership skills* that resonates with the Baccalaureate Essentials for nursing education as described in the tale below.

The BSN Program

The BSN program outcomes are consistent with the AACN (2008) Essentials of Baccalaureate Education for Professional Nursing Practice. HSON prepares BSN students to graduate as *baccalaureate generalists*. The BSN curriculum is built on nursing theory, practice, research, informatics, interprofessional and liberal education. In fact, HSON students take courses in sociology, psychology, and language with four General Education courses as electives, in addition to the nursing courses. Students, with the help of the faculty, integrate the knowledge from liberal education into nursing practice. Student nurses provide patient-centered care through a holistic approach that focuses on the physical, psychological, social, cultural, spiritual and ethical aspects, as shown below.

Table I-B-1. Congruence between the BSN Program Learning Outcomes (PLOs) and AACN’s Essentials of Baccalaureate Education for Professional Nursing Practice

BSN Program Learning Outcome	2008 AACN’s Essentials of Baccalaureate Education for Professional Nursing Practice
PLO 1: Integrate knowledge from the arts, humanities, fundamental and basic medical sciences, and nursing theory in professional practice	Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice
PLO 2: Demonstrate competency in clinical skills and critical thinking	Essential VII: Clinical Prevention and Population Health Essential IV: Information Management and Application of Patient Care Technology Essential IX: Baccalaureate Generalist Nursing Practice
PLO 3: Utilize current research knowledge related to health promotion and maintenance, illness prevention and restoration of health of individuals, families and groups with diverse cultural backgrounds.	Essential III: Scholarship for Evidence-Based Practice Essential VII: Clinical Prevention and Population Health Essential IX: Baccalaureate Generalist Nursing Practice
PLO 4: Demonstrate leadership skills in the care management of clients in different health settings based on current health care policy.	Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety, Essential IV: Information Management and Application of Patient Care Technology Essential V: Health Care Policy, Finance, and Regulatory Environments Essential IX: Baccalaureate Generalist Nursing Practice
PLO 5: Collaborate with other health providers to promote the well-being of individuals	Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
PLO 6: Demonstrate responsibility, accountability, and continued professional development	Essential VIII: Professionalism and Professional Values

PLO 7: Participate in professional and community organizations for the promotion of the nursing profession in Lebanon and the region	Essential VIII: Professionalism and Professional Values Essential V: Health Care Policy, Finance, and Regulatory Environments Essential VII: Clinical Prevention and Population Health
PLO 8: Demonstrate effective use of personal, interpersonal and group communication skills in practice.	Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes
PLO 9: Espouse principles of professional ethics and personal integrity in nursing practice.	Essential VIII: Professionalism and Professional Values

The BSN program outcomes are also aligned with the 2015 American Nurses' Association (ANA) Scope and Standards of Practice. The alignment of the program learning outcomes with the ANA standards of practice and professional performance is shown in Table I-B.2 below.

Table I-B.2. Congruence between the BSN Program Learning Outcomes (PLOs) and ANA's Standards of Practice and Professional Performance

BSN Program Learning Outcome	2015 ANA's Scope and Standards of Practice
Integrate knowledge from the arts, humanities, fundamental and basic medical sciences, and nursing theory in professional practice	Standards of assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, health teaching and education, evaluation. Also communication, education, ethics and the evidence-based practice and research standard
Demonstrate competency in clinical skills and critical thinking	Standards of assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, health teaching and health promotion, evaluation. Also resource utilization, ethics and quality of practice.
Utilize current research knowledge related to health promotion and maintenance, illness prevention and restoration of health of individuals, families and groups with diverse cultural backgrounds.	Standards of evidence-based practice and research, health teaching and health promotion, and culturally congruent practice.
Demonstrate leadership skills in the care management of clients in different health settings based on current health care policy.	Standards of leadership, collaboration, communication, education, professional practice evaluation and environmental health.
Collaborate with other health providers to promote the well-being of individuals	Standards of coordination of care, collaboration, and communication.
Demonstrate responsibility, accountability, and continued professional development	Standards of ethics, leadership, quality of practice, professional practice evaluation and education.
Participate in professional and community organizations for the promotion of the nursing profession in Lebanon and the region	Standards of leadership, collaboration, health teaching and health promotion, and communication.
Demonstrate effective use of personal, interpersonal and group communication skills in practice.	Standards of communication, ethics, collaboration, coordination of care and leadership.
Espouse principles of professional ethics and personal integrity in nursing practice.	Standards of ethics, evidence-based practice and research, and professional practice evaluation.

The MSN Program

The part of the mission statement related the MSN program states that ‘The master’s program focuses on preparing nurses for advanced nursing practice roles. It is based on the use and generation of research-based knowledge to guide practice.’ The goals of the school as reflected in this part of the mission statement are consistent with the CCNE Master’s essentials as shown in Table I-B.3 below (Exhibit I.04).

Table I-B-3. Congruence between the MSN Program Learning Outcomes (Plos) and AACN’s Essentials of Master’s Education in Nursing

MSN Program Learning Outcome	2011 AACN’s Essentials of Master’s Education in Nursing
Integrate theory and research in nursing and related disciplines as the basis for advanced nursing practice and role development.	Essential I. Background for Practice from Sciences and Humanities
Participate in conducting research within collaborative teams to improve care outcomes and support policy changes	Essential IV. Translating and integrating scholarship into practice
Deliver advanced practice nursing based on critical thinking, research evidence and advanced knowledge and skills in specialized area of nursing.	Essentials IX, IV and VII. Master’s level advanced practice; translating and integrating scholarship into practice; interprofessional collaboration for improving patient and population health outcomes
Demonstrate advanced clinical and data driven decision-making across health care settings.	Essentials III, V, VII and IX. Quality improvement and safety; Informatics and health technologies; interprofessional collaboration for improving patient and population health outcomes; Master’s level nursing practice
Analyze the impact of socio-cultural, economic, ethical, legal, and political issues on nursing practice, health promotion strategies and health care delivery.	Essentials I, II, VI and VIII. Background for practice from sciences and the humanities; Organizational and systems leadership; health policy and advocacy; clinical prevention and population health for improving health
Assume leadership roles in education and management utilizing inter and intra-disciplinary approaches and systems thinking.	Essential II and VII. Organizational and systems leadership; interprofessional collaboration for improving patient and health outcomes
Analyze current and emerging technologies to optimize patient safety, cost effective care, and quality and health outcomes.	Essentials III and V. Quality improvement and safety; Informatics and healthcare technologies

In addition, the 2015 American Nurses’ Association Scope and Standards of practice provide a framework for advanced nursing practice. The alignment of the program learning outcomes with the ANA standards of practice and professional performance is shown below.

Table I-B-4. Congruence between the MSN Program Learning Outcomes (Plos) and AACN’s Essentials of ANA’s Standards of Practice and Professional Performance

MSN Program Learning Outcome	2015 ANA’s Scope and Standards of practice
Integrate theory and research in nursing and related disciplines as the basis for advanced nursing practice and role development.	Standards of assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, health teaching and education, evaluation. Also the evidence-based practice and research standard

Participate in conducting research within collaborative teams to improve care outcomes and support policy changes	The standard evidence-based practice and research
Deliver advanced practice nursing based on critical thinking, research evidence and advanced knowledge and skills in specialized area of nursing.	Standards of assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, health teaching and education, evaluation and evidence-based practice and research
Demonstrate advanced clinical and data driven decision-making across health care settings.	The standards of assessment, diagnosis, evaluation, evidence based practice and research, communication, coordination of care and resource utilization
Analyze the impact of socio-cultural, economic, ethical, legal, and political issues on nursing practice, health promotion strategies and health care delivery.	The standards on professional practice evaluation, health teaching and health promotion, ethics, leadership, quality of practice, communication, and culturally congruent practice
Assume leadership roles in education and management utilizing inter and intra-disciplinary approaches and systems thinking.	Standards of assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, evaluation. Also the collaboration, education, professional practice evaluation and leadership standards of professional performance.
Analyze current and emerging technologies to optimize patient safety, cost effective care, and quality and health outcomes.	Standards of assessment, diagnosis, outcomes identification, planning, implementation, coordination of care, evaluation. Also the standards quality of practice, resource utilization and environmental health.

The 2 clinical tracks in the MSN program (the adult gerontology clinical nurse specialist and the psychiatric mental health clinical nurse specialist track) prepare students to function in the clinical nurse specialist (CNS) role for the populations of interest in line with the consensus model for APRN regulation: Licensure, Accreditation, Certification and Education, as reflected in the description of these tracks at

<https://www.aub.edu.lb/hson/Pages/AdultGerontologyClinicalNurseSpecialist.aspx>
<https://www.aub.edu.lb/hson/Pages/PsychiatricMentalHealthClinicalNurseSpecialist.aspx>.

- **The Adult Gerontology Clinical Nurse Specialist Track** is designed to meet the health challenges of the 21st century in Lebanon and the region. It provides students with a thorough understanding of the theoretical basis of advanced clinical practice and incorporates role development, managerial and educational skills. The graduate is expected to be an expert clinician, an informed educator, and knowledgeable researcher.
- **The Psychiatric Mental Health Clinical Nurse Specialist track** is designed to train expert clinicians for positions in the rapidly changing field of psychiatric and mental health nursing and to fill teaching and clinical positions in health care in Lebanon and the region. The scarcity of resources in this field intensifies the need for nurses who can provide comprehensive patient-centered mental health care to individuals, groups, and families.

The roles and population foci are evident in the degree granted to the graduate (**Exhibit I.05**). It is worth noting that ANA just released in 2021 its 4th edition of the Scope and Standards of Practice, and AACN released its 2021 essentials for professional nursing education. Even though HSON mission and program outcomes seem for the most part to be in line with these standards and essentials, they need to be revisited against the new scope and standards of practice in 2022 when the strategic plan will be revised.

I-C. The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.

Elaboration: The community of interest is defined by the nursing unit. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.

Program Response:

The community of interest (COI) for the Hariri School of Nursing is defined in terms of internal constituents such as faculty, staff and students, and external such as alumni and employers (**Appendix I-C-1**). The COI is consulted whenever the mission, goals and expected program outcomes are reviewed. For instance in 2017, a task force was appointed to review and update the strategic plan and mission statements of the School. Feedback and approval were sought from faculty (**Exhibit I.06**). Another example, in 2013 the Graduate Division decided to revise the MSN program. A retreat (**Exhibit I.07**) was conducted with faculty members and a clinical nurse specialist representative from the AUB Medical center where most of our graduate students do their clinical training. The revised program was launched in 2016.

Moreover, feedback is regularly sought from the COI regarding the program outcomes and modifications are made accordingly. The student yearly satisfaction and exit surveys, and the alumni surveys ask participants about the extent to which the BSN and MSN programs met their expectations, in addition to open-ended questions for any comments or recommendations they may have (**Exhibit I.08**). In the past year during the COVID19 pandemic, we had to suddenly switch to online teaching. In trying to ensure that expected outcomes are still respected despite the change in the mode of delivery of teaching, an Academic Continuity Team (ACT) was appointed representing the Undergraduate and Graduate Divisions. The ACT conducted surveys targeting both faculty and students to evaluate the online teaching experience, including challenges (**Appendices I-C-2 and I-C-3**). The results were used in requesting additional equipment (video cameras and headsets for faculty and ensuring all classes were recorded for students who had difficulty accessing lectures synchronously).

I-D. The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.

Elaboration: Expectations for faculty are congruent with those of the parent institution. The nursing unit's expectations for faculty, whether in teaching, scholarship, service, practice, or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other).

Program Response:

Faculty members at the Hariri School of Nursing (HSON) include full time faculty, part time faculty who are on joint appointment with the medical center or faculty of medicine, in addition to part time clinical preceptors and adjunct faculty. Regular faculty members at HSON are divided into 2 tracks: a tenure track and a clinical track. HSON follows AUB policies and procedures related to expectations of faculty, which usually address teaching, research, and service/professional practice. The University recently assigned a task force to revise its policy on faculty workload, but this is awaiting the approval of the Board of Deans. According to this new policy, faculty members are expected to allocate 40% of their time to teaching, 40% to research and 20% to service. These percentages may vary in case a faculty member gets a large grant with buyout of his/her salary, but the policy addresses the general expectation.

The current policy that is published on the AUB provost website [[Link](#)] addresses only the teaching workload in general and leaves it to the different faculties to develop discipline-specific guidelines such as for clinical teaching. HSON developed its own guidelines detailing how workload is calculated for clinical teaching, simulation etc... (**Appendix I-D-1**). In October 2020, HSON appointed a task force to revise its discipline specific workload guidelines (**Exhibit I.09**). The literature was reviewed and a faculty survey is prepared so the revised guidelines can be released by end of 2021.

At AUB, tenure track faculty are expected to teach an average of 12 credits per academic year whereas clinical track faculty may teach up to 18 credits. The research and service domains, in addition to teaching performance, are guided by the policies and procedures related to appointment, reappointment, promotion and tenure; these policies that were revised at the re-institution of tenure in 2018 are available in the faculty manual posted on the Provost Office Website [[Link](#)]. The Hariri School of Nursing revised its own promotion and tenure criteria to be commensurate with those of the university and these were approved by the school in a faculty meeting in 2018 (**Exhibit I.02**). The promotion criteria differ for the two tracks as reflected in the two documents (**Appendices I-A-7 and I-A-8**).

In addition, HSON revised its bylaws (**Appendix I-D-2**) that were approved by the school in the faculty meeting of October 3, 2018. These bylaws delineate expectations of the faculty and administrators, as well as the composition and functions of standing committees. These bylaws are part of the Unified Faculty Bylaws of the university and accessible on the AUB website [[Link](#)].

Faculty expectations are communicated to new faculty members during the university faculty orientation. Moreover, mentors that are assigned to new faculty members at HSON communicate the faculty expectations to their mentees. In addition, the conveners of the Undergraduate and Graduate Divisions, during the yearly appraisal meetings, evaluate the degree to which faculty members meet the expectations in terms of research, teaching and service and recommend plans for the future (**Appendix I-A-6**).

Clinical preceptors are nurses who work at the AUB medical center and help in the clinical teaching of BSN students. These preceptors meet with course coordinators at the beginning of each semester and are informed about expectations during that meeting (**Exhibit I.10**). In addition, new preceptors attend a workshop on preceptorship in order to ensure consistency and quality in teaching (**Exhibit I.11**).

For the basic science courses in the undergraduate program, one faculty member at HSON oversees the teaching of these courses by meeting at the beginning of each semester with the course coordinators, then communicating with students to identify and address concerns or issues they may have.

As for adjunct faculty/academic associates in the Graduate program, these are mostly involved in giving guest lectures, seminars and sometimes in clinical teaching, as is the case of physicians and clinical nurse specialists with whom MSN students train during their clinical. The course coordinator communicates with the physician/CNS at the beginning of the semester regarding the students in question the expectations of the clinical rotation and related objectives, then at the end an evaluation is sought (**Exhibit I.12**).

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

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

Program Response:

Faculty governance is reflected through the standing and ad hoc committees of the school. Faculty involvement in program governance at HSON is clearly defined in the HSON by-laws that delineate the functions of committees responsible for managing academic and curricular affairs. For instance faculty members are involved in the review and revisions of programs via the Undergraduate Curriculum and Academic Affairs Committee for the BSN program and the Graduate Studies Committee for the Graduate Programs. As mentioned above revision of the MSN program was conducted by the Graduate faculty and approved in a faculty meeting (**Exhibit I.13**). In addition to the involvement of faculty members in the standing committees of the school, recently 2 new committees

were appointed: the Undergraduate Departmental Assessment Committee and the Graduate Departmental Assessment Committee, in line with the revamping of the University Assessment Committee following its reaccreditation by the Middle States Commission on Higher Education in 2019. These committees are responsible for overseeing achievement of program learning outcomes by following up on assessment data and proposing action plans as needed. This task used to be the responsibility of the conveners.

HSON achieved an independent Faculty status at AUB in 2018 (See [President's announcement](#) September 3, 2018) and its organizational structure was revised to reflect its new stature (**Appendix I-E-1**). Based on this development, HSON revised its bylaws to assure internal governance at HSON and the School's representation on senate committees to assure its participation in university shared governance.

Student involvement in governance is also an integral part of AUB and HSON by-laws (**Appendix I-D-2**). At the school level, student representatives serve on some HSON committees. BSN students are represented on the Undergraduate Curriculum and Academic Affairs Committee as well as the Student Affairs Committee. Moreover, BSN students have class representatives who serve as liaison between students, faculty, and the dean. Graduate students have representatives on the Graduate Studies Committee and the Research Committee. Students also participate in town meetings to share and discuss curriculum issues (**Exhibit I.14**). Undergraduate and graduate students have been instrumental in HSON programs marketing and recruitment campaigns organized by the Student Services and Recruitment Officer with high schools and community organizations such as scouts.

At the level of the university, students participate in the campus-wide governance by serving on Student Representative Committee (SRC), University Student Faculty Committees (USFC) and on voluntary committees, such as wellness clinics and civic engagement among others. When HSON got its independent faculty status, the USFC bylaws were revised to include a representative from HSON (**Exhibit 1.15**).

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

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

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

Program Response:

All AUB and HSON policies are available on the AUB website [[Link](#)] and in the AUB Undergraduate and Graduate Catalogues, AUB Student Handbook, and HSON Undergraduate and Graduate Student Handbooks. In accordance with its equal opportunity policy, AUB recruits and admits students regardless of race, color, religion, gender, disability, or national origin. As stated on the Admission's Office webpage: Tolerance, respect, and inclusiveness are the principles on which the AUB community thrives [[Link](#)]. This practice is in line with the mission statements of AUB and HSON, which include respect for diversity of individuals (**Appendix I-A-1**). In addition to their documentation on university and HSON venues, these policies are communicated to students during the general orientation and emphasized by their academic advisors. As for new faculty, these policies are communicated during orientation, as well as by their mentors and division conveners.

Student recruitment and marketing strategies at HSON are in line with the Admission's Office policies and procedures and are mainly organized by the Student Services and Recruitment Officer together with faculty and students. HSON participates in School Fairs organized by the AUB Admissions Office, as well as the Graduate Open House organized by the Graduate Council. HSON also holds regular recruitment visits targeting Lebanese High Schools in all regions in the country, including remote and underserved areas. During the COVID-19 pandemic and in coordination with AUB's Office of Admissions, virtual orientation sessions were held with some schools. Recruitment materials for the undergraduate and graduate programs are used in student recruitment campaigns and updated to reflect program changes (**Exhibit I.16**). These recruitment materials' production follows AUB content publishing guidelines put forth by the Office of Communications [[Link](#)].

The BSN, MSN and PhD programs are also promoted online and on social media (Facebook and Twitter).

HSON follows AUB policy on admissions of Undergraduate and Graduate students. Admission to the BSN program is processed through the Unified University Admissions Office. Admission decisions are made on completed applications based primarily on the student's academic record (school grades), English Entrance Exam or TOEFL exams, and SAT I results. Specific calculations for this "Composite Score" are used. The HSON Admissions Committee acts on transfer applicants, Special Not Working For Degree applicants, and Second-Degree applicants, in line with the AUB Faculty bylaws. Admission requirements to the RN-BSN program follow the standards set by the University's Admissions Office, with the exception of the SAT I exam. In addition, HSON requires 3 years of work experience (preferred) and the English Entrance Exam of applicants to the RN-BSN program.

Admission to the MSN program is processed by the HSON Graduate Studies Committee. The criteria for admission to the MSN program are published in the HSON brochures, the Graduate catalogue, the HSON website and in the Graduate Student Handbook. They are also in line with AUB graduate admission requirements [[Links](#)].

Differences between HSON and AUB graduate admission criteria involve the requirement for work experience, license to practice nursing, and evidence of knowledge and competence in physical assessment. Refer to the AUB catalogue [[Link](#)].

Policies regarding probation, removal of probation, and promotion for undergraduate and graduate nursing students follow the general university policies and are accessible in the AUB Catalogue [[Link](#)] and the student handbooks (Exhibit 1.01). For example, sophomore students shall be promoted at the end of the summer session after completion of 30 or more credits beyond the requirements from the previous level. In order to be promoted, students must attain a minimum average of 68 (GPA: 2.0) at the end of the second regular term (sophomore year) and 70 (GPA: 2.2) in the following years.

The policy related to retention defines the maximum time a student has to complete an undergraduate degree (six years) or a Master's program (four years). Retention and graduation rates at HSON suggest that these policies are fair (Refer to Standard IV, element B). For graduate students, the leave of absence policy promotes their retention in the program by allowing students to take a break when unable to pursue their academic work without losing time off their residence in the program [[Link](#)].

Policy development and review at the University are conducted by the Policy and Procedure Review Committee [[Link](#)] that oversees the development, approval and revision process of policies as per the institution's policy (**Exhibit I.17**). Policies are reviewed every 3 years at least and as needed, and HSON follows suit.

Some internal policies are modified to improve program performance. For instance, the cutoff composite score for undergraduate admission at AUB varies among faculties, with an average hovering around 500. When the admission rate at HSON was low, the cutoff score was set at 470. This came as a result of a thorough analysis that showed that the composite score predicts only 33% of the student performance in nursing, with 67% determined by other factors that may include the rigorous and student-centered nature of the program, the efforts of the HSON faculty, and the seriousness and

dedication of the enrolled students (**Appendix I-F-1**). An increase in student enrollment was noted since 2011, necessitating another analysis to follow up on student performance per cohort in relation with the composite scores (**Appendix I-F-2**). Since more than 60% of students with composite scores below 510 were found to be either problematic or failing, HSON decided to increase the cutoff composite score to 500 to be more consistent with other Faculties at AUB.

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

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

Program Response:

HSON handles students' complaints in congruence with AUB policies and procedures. Formal complaints are addressed in a number of venues. The student code of conduct (**Exhibit I.18**) addresses complaints related to academic and non-academic misconduct and related procedures. Moreover, Title IX addresses complaints related to discrimination or sexual harassment providing mechanisms for seeking redress as shown on Title IX page [[Link](#)]. In addition, the grievance policy and procedures (**Exhibit I.19**) outlines situations where faculty, staff and students can file complaints when they feel they were not treated fairly. Student grievances are handled at different levels at HSON depending on the nature of the complaint. For misconduct cases, the issue is brought to the HSON student Affairs Committee and from there to the AUB disciplinary committee. A record is kept in the student's file, along with minutes of the involved committees.

For cases of harassment or discrimination, the issue is brought to the school's title IX representative who processes the issue to the university Title IX coordinator for due process. Deliberations and related decisions are recorded as per policy but kept confidential.

As far as grievances are concerned, these are taken up by the Dean according to the policy. The Dean often refers the person filing the grievance to the appropriate body to resolve the issue. For instance, the student is referred to the faculty or class advisor involved depending on the nature of the complaint, or if it were a faculty the matter may be referred to the convener of the division. Oftentimes such issues are handled informally as desired by the person initiating the grievance. However, if the person filing the grievance is not satisfied, he/she will file a form as per policy and a record of the case is kept.

During orientation and in subsequent class meetings, nursing students are guided to communicate their complaints to relevant parties or constituencies following an administrative hierarchy according to the case; for instance, to the course coordinator for a course related matter or class advisor for a class relevant issue. If students feel that their complaints were unfairly addressed, they can petition the division convener who may refer it to the Dean who may take it to the appropriate Committee for further action. HSON student handbooks outline the steps for formal complaints, which are in line with the AUB grievance procedure (**Exhibit I.01**).

At HSON, town meetings and class meetings with class advisors are held regularly or as need be to learn and discuss student concerns, complaints and expectations. Student complaints are taken seriously and are incorporated in program assessment and related action plans.

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

Elaboration: References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificate

completion requirements, tuition, and fees are accurate. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate. For APRN education programs, transcripts or other official documentation specify the APRN role and population focus of the graduate.^{1,2}

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

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education (<http://www.ccneaccreditation.org>).”

“The (baccalaureate degree program in nursing/master’s degree program in nursing/Doctor of Nursing Practice program and/or post-graduate APRN certificate program) at (institution) is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791.”

Program Response:

All information related to the program offerings of HSON, accreditation status, admission policies and degree completion requirements are available on the School’s website and updated regularly by the Dean’s office and relevant committees [[Link](#)]. The information is also available in the undergraduate and graduate student handbooks (**Exhibit I.01**). Faculty and students are informed of any changes in the program offerings during Division, Faculty, Undergraduate Curriculum and Graduate Studies Committee meetings, as well as during Town Hall meetings with students (**Exhibit I.14**). Minor changes may be communicated via email as well as announcements from the Dean.

The School has a mailing list of its external community of interest (COI) that is used to communicate any changes by email, such as when launching a new program. Updated information is also sent every year to the COI through the school’s annual report that summarizes all teaching, research and community activities done by the school and administrative updates via email (**Exhibit I.20**). These annual reports are also accessible at the school’s website [[Link](#)].

Moreover, the School’s website includes the undergraduate, graduate and PhD handbooks that are updated every year and published for prospective students. These handbooks are reviewed every year by the Student Services Officer and the Conveners of the programs and include all information about academic policies, program details, and available resources. Student handbooks are given to new students during orientation (**Exhibit I.01**) and the most recent ones are accessible at this [link](#).

Tuition and fees are accessible on the comptroller’s website student section and are managed by the University [[Link](#)].

The graduate and undergraduate catalogues are accessible at the Registrar’s website [[Link](#)]. The HSON section in these catalogues is reviewed yearly by the conveners of the programs and communicated to the Registrar’s by the schedule set by the University.

In 2018/2019, AUB decided to move from numeric to letter grading. A task force was formed and looked at trends in students’ grades, then came up with conversion based on trend data. HSON follows this grading policy that is available at this [link](#).

Overall, the accuracy of the documentation of information is the responsibility of HSON and the AUB administration.

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

² *Criteria for Evaluation of Nurse Practitioner Programs* (National Task Force on Quality Nurse Practitioner Education, 2016).

Strengths

- The mission, goals, and expected program outcomes are congruent with the university and reflect professional nursing standards and guidelines.
- The mission statement and goals are reviewed every five years in tandem with the strategic plan of the school.
- HSON achieved an independent Faculty status at AUB and its organizational structure was revised to reflect its new stature.
- The Roles of the faculty and students in the governance of the program are clearly defined and promote participation.
- Documents and publications are accurate and accessible through the School's website and other multiple sources.

Areas for Improvement

- The mission and program outcomes need to be revisited against the ANA 2021 scope and standards of practice in 2022, at the time when the strategic plan will be revised.
- The mission and program outcomes need to be revisited against the 2021 AACN essentials for nursing education, at the time when the strategic plan will be revised.
- A database needs to be created about students' formal complaints as part of the School's Comprehensive Evaluation Plan to track the School's performance in this regard.

Action Plan

- A task force is being formed to revise the mission and program outcomes against the ANA 2021 scope and standards of practice and the 2021 AACN Essentials for Nursing Education
- The task force will be reporting to the faculty for feedback end of summer 2022
- The task force will finalize its report end of 2022, making sure that it aligns with the strategic plan
- The plan for the database about students' formal complaints is developed and will be integrated with the Student Information System and included in the School's Comprehensive Evaluation plan

Standard II

Program Quality: Institutional Commitment and Resources

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

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

Elaboration: The budget enables achievement of the program's mission, goals, and expected outcomes. The budget supports the development, implementation, and evaluation of the program. Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.

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

Program Response:

The fiscal resources are sufficient to enable the School to fulfill its mission, goals, and expected outcomes. The School's budget supports the implementation and evaluation of the three programs at HSON including the undergraduate, masters and PhD (**Exhibit II.01**), in addition to developing new programs at the graduate level such as the Academic Diploma in Nursing Administration and Management. Revenues from students' tuition fees and endowed funds are adequate to cover HSON expenses including salaries of staff, faculty, and preceptors, as well as material and equipment. The endowment fund for student scholarship and the School's building are a guarantee to the financial viability of HSON. Other revenues come from regional projects such Continuing Nursing Education and nursing program/curriculum evaluations (See Table IV-G.1 in Standard IV, element G).

The budget of the School is planned to address compensation of nursing unit personnel and support recruitment and retention of faculty and staff as it appears in the budget (**Exhibit II.01**). The compensation of the personnel and support of recruitment and retention are consistent with the strategic plan goals, objectives, and initiatives (**Appendix I-A-1**).

Accordingly, a defined process is used for regular review of the adequacy of the program's fiscal resources following the Financial Planning Policy [[Link](#)], the financial planning and budgeting manual [[Link](#)] and the financial reporting policy [[Link](#)]. A review of fiscal resources occurs, and modifications are made as appropriate by the Dean and the department heads, and monitored by the Office of the Comptroller, Office of Financial Planning, and the Board of trustees. The budget is formulated and approved yearly according to the School's fiscal plan, and the Dean and the School's financial officer monitor expenditure. Consistent with the School's planned growth strategy and related fiscal plan, a budget monitoring system that was put in place several years ago resulted in a surplus over a number of years. In addition to the budget monitoring system, a financial analysis and a business plan based on projections of increases in student and faculty numbers and related financial commitments is being followed especially since the HSON earned independent full Faculty status (Refer to [President's Perspective](#), September 3, 2018) was granted in 2018 as mentioned in Standard I. The HSON surplus is currently being used for student scholarships and for faculty and staff development when applicable. These measures assure financial viability of the School even during the country's financial crisis.

Most of the undergraduate student scholarships at HSON are drawn from the Hariri Endowed scholarship fund. A number of graduate students who work at AUBMC benefit from educational allowances offered as per AUB policy for non-academic employees [[Link](#)]. In addition to the Hariri Endowed scholarship fund, HSON provided 32 students with partial scholarships (30%) and AUBMC provided one student with full merit scholarship in AY 2018 – 2019. For AY 2019 – 2020, 33 students were provided partial scholarship (30%) by HSON and AUBMC provided 1 student full scholarship.

For AY 2020-2021, due to limited scholarship funds available, HSON relied mainly on the Hariri Endowed Fund.

In the Fall of 2020, HSON has coordinated with the Office of Financial Aid to offer additional financial support to new students. New students, who applied for scholarships, received additional Financial Aid up to 60% in total. Twenty-one students received additional financial support (14 new students received additional Financial Aid up to 60% in total. 2 students received Samira Fadli 100% Scholarship, 1 student received Terry and Pierre Abou Khater 100% scholarship). In addition, AUBMC provided 4 students (25%) tuition support as per AUB policy.

Other philanthropic scholarships are provided to nursing students through the AUB Financial Aid Office (Women's Auxiliary Association, Samira Fadli Scholarship (Darwaza), Terry and Pierre Abu Khater, and Abu Dhabi Alumni Chapter among others), which relieves the school's finances. AUB has been also active in negotiating bank loans for students and in seeking funds to increase its financial aid in 2018 and 2019. However, effective 2020, student loans were cancelled based on the banks' decision, due to the economic crisis. Consequently, AUB took prompt decision to increase the Financial Aid percentage to all financial aid applicants. The School maintains its efforts to solicit more scholarships and financial support to nursing students such as negotiating with AUBMC the re-launching of student bursaries that used to support fully a number of students who in return sign a contract with AUBMC to work for a number of years equal to their years of study. These measures supported and continue to support steady increase in student enrollment at HSON.

Moreover, AUB maintains its support to HSON in several aspects. To name a few, the AUB libraries; information technology (IT) services including learning management systems; Center for Teaching and Learning support such as research grants; and research funding support provided by the university research board (URB), medical practice plan (MPP) and the Office of Grants & Contracts, among others. The School continues supporting its faculty development including coverage of PhD tuition expenses of one junior faculty who is studying abroad and expected to complete her degree in December 2021 and another who is pursuing their PhD at HSON and expected to graduate in 2023.

II-B. Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.

Elaboration: Physical space and facilities (e.g., faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals, and expected outcomes. Equipment and supplies (e.g., computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. The program is responsible for ensuring adequate physical resources and clinical sites. Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes.

A defined process is used to determine currency, availability, accessibility, and adequacy of resources (e.g., clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate.

Program Response:

Physical resources at the HSON are managed with the goal of providing state-of-the-art learning experiences to nursing students; physical resources are revisited/updated based on faculty, student, and staff feedback. The Administrative Committee at the HSON advises the dean on matters related to physical facilities. More space became available at HOSN starting 2018 as the clinical and professional development center (CPDC) staff vacated their offices and moved to the new medical administration building at AUBMC.

Faculty and Staff Workspace: All faculty and staff have individual office space with dedicated equipment (cabinet space, filing, computer, internet ...). Office space is available for 27 faculty members (currently 20 are active offices). There are 9 rooms designated as staff office space (currently 6 are active offices). A faculty and staff lounge (with a kitchenette) is a dedicated space for breaks that allows for interactions. There are 2 rooms dedicated for research assistants on the 5th floor.

Classrooms are located on the 1st and 2nd floors at HSON. There are 4 classrooms with capacity to host 50 students; 1 classroom with a capacity of 25, and an auditorium meant for an audience of 168 individuals. Classrooms can be booked online via the infosilem [link](#). Classes are equipped with computers (with internet access), projectors, wall-mounted screens, and white boards. Environmental safety occupancy restrictions, such as facemask application and 2-meter distance between individuals, continue to be applied during the COVID-19 pandemic.

The **Simulation and Clinical Competency Center (SCCC)** is located on the 2nd floor. The center is overseen by the SCCC coordinator and is utilized by faculty and students from nursing and medicine, and AUBMC staff. The center consists of specialized simulation areas as such: Two rooms with a capacity for 8 students, and 2 rooms with capacity of 15 students. Environmental safety occupancy restrictions apply during COVID-19 times. Manuals are available on equipment profile, and policies and procedures. The equipment profile manual includes equipment description, operating instructions, and maintenance details (**Appendix II-B-1**). The SCCC houses a number of equipment used in clinical training such as high-fidelity mannequin SimMan® and SimBaby™ by Laerdal. Finally, the HSON has a faculty representative on the AUB Markerspace Cross-Campus Network Project; the project involves production of simulations by students.

Student Computer Lab (mezzanine floor, HSON): There are 32 computers in the lab for student use including headsets. Under COVID-19-imposed restrictions, environmental safety rules dictate that only 18 persons are allowed lab access at a time.

PhD Student Room, Room 606 at the HSON, is a dedicated space for PhD student use equipped with 3 desks and computers.

The HSON lobby on the ground floor provides for a **student lounge** with couches and tables; couches were removed during COVID-19 times, in compliance with environmental safety. There are 4 lavatories/shower cabinets and 3 sinks available for students in the Basement, and 16 lavatories and 15 sinks (15) on the ground floor. Moreover, there are 2 lavatories and 2 sinks on each floor (from the 3rd to the 6th floor) for students, faculty, and staff. Additionally, the **garden** at HSON is an open space for nursing students to relax on benches, have lunch, or study in a serene environment. In the basement, there is a lounge for the nursing student society, with 270 lockers for students.

Meeting Areas: Two rooms are available on the 4th and 5th floors (HSON) for small-group meetings. Room 605 is a larger conference room, with a computer, projector and wall-mounted screen.

Equipment and Supplies: In terms of teaching-learning material, course books are purchased for faculty use as per availability of updated editions. Student copies of textbooks are kept at the university libraries; the University Bookstore makes student book copies available for purchase. Due to the economic crisis in Lebanon, some faculty have recommended that the university make e-books available for students to purchase, as these are less expensive than hard copies.

During COVID-19 times, all faculty were providing online coursework. Few faculty members already had pertinent equipment (cameras and headphones with microphones) for online course delivery; additional equipment were purchased in 2020 to facilitate everyone's work. Individual printers are available in some offices, however currently HSON is transitioning to common printers as a more environment-friendly and economical endeavor. A camera is available for videotaping student activities for documentation/evaluation, as appropriate and when needed. There are 2 laptops available for use by faculty in addition to their office desktops.

Furthermore, in streamlining resources (particularly in dire economic times), the Provost has led a university **Taskforce on Laboratory Equipment** in compiling lists of laboratory and clinical equipment across campus; a faculty representative from HSON serves on the taskforce. Various

faculties may share the equipment for teaching and research purposes. Additional processes are being developed for online requests on equipment sharing.

Clinical Sites: Students obtain clinical training through clinical placements across various specialty units and clinics at the AUB Medical Center (**AUBMC**) such as in adult medical-surgical, pediatrics (including neonatal and intensive pediatric units), obstetrics and gynecology, critical care (such as emergency, cardiac surgery and intensive care adult units), and other specialized areas (like oncology, psychiatry). One faculty is designated as HSON liaison with the Nursing Services department at AUBMC, for the facilitation of clinical placements. Clinical sites' selection is matched with course learning outcomes (A comprehensive list of course learning outcomes and matched clinical placement sites is available (**Appendix II-B- 2**).

In general, 3-6 students are placed per clinical area. With the increasing numbers of nursing students and COVID-19 considerations, faculty members revised the clinical placements; students were assigned to clinical areas across Day and Evening shifts to avoid overcrowding clinical units, in compliance with environmental safety. Clinical preceptors were secured accordingly. Additionally, **community engagement** experiences are available for students via a number of centers serving local communities across Beirut and the suburbs. Given the increasing need for seats, additional primary health care centers and psychiatric mental health placements were recently sought and contracts were made accordingly.

In the Masters programs, students rotate at various clinical sites at AUBMC and in affiliate institutions in the U.S. (as per agreements) including Johns Hopkins University, University of Michigan, University of Maryland, and others (**Appendix II-B-3**). Given COVID-19 restrictions and economic conditions, most students have had to complete their clinical residencies at AUBMC.

The Administrative Committee of the School, formed of the two conveners and the Dean, meets monthly to discuss academic issues including resources in terms of availability, accessibility, and adequacy. Moreover, special Committee meetings are done before the beginning of each semester to make sure all resources are made available before commencing the term. The conveners solicit feedback from faculty members and students to determine the needs for resources. The feedback is deliberated during the Administrative Committee meeting and needed resources are made available accordingly.

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

Elaboration: Academic support services, which may include library, technology, distance education support, research support, and admission and advising services, foster achievement of program outcomes. A defined process is used for regular review of academic support services, and improvements are made as appropriate.

Program Response:

The academic support services at HSON are sufficient to meet program and students' needs. Those services are available to all student and faculty bodies at the university including that of HSON. The School has representation on committees of those services to make sure HSON needs are met.

Libraries are essential support for educational, clinical, and research endeavors. Students have electronic access to a rich collection of resources via AUB libraries. The **Saab Medical Library** (SML), a focal point for the region, provides up-to-date resources for nursing students including journal articles, books, clinical and research tools, and others [[Link](#)]. There is a vast array of major databases (around 400) catering for multiple disciplines including nursing science. The head of the SML provides sessions on basic and advanced literature reviews, in collaboration with HSON faculty. During the pandemic, the Coronavirus Resource Centers have been established at the Saab Medical Library, providing

essential literature and resources on the topic [\[Link\]](#). For material that may not be traced at our libraries, the SML provides interlibrary loan services as an efficient method of documenting delivery. Furthermore, **the Jafet Library and the Science and Agriculture Library** support the student learning experience, including material relevant to General Education, such as literature relevant to bio-behavioral and social science courses. Librarians are easily accessible (including via virtual chat option) and library services may be requested online. Finally, the HSON has a faculty representative on the University Library Committee; the latter representation ensures HSON engagement in updates relevant to library issues at the university.

Technology: A dedicated **system administrator**, designated by the Office of Information Technology at AUB, helps maintain hardware and software, and supports HSON students and faculty as needed. In the HSON computer lab dedicated to students there are basic **software** (Word, Excel, ...), and learning and research support software such as EPIC healthcare software, Statistical Package for the Social Sciences (SPSS), and the EndNote reference manager. Security and Windows software updates are implemented automatically as soon as they are released and approved. The system administrator periodically updates all kinds of software. Finally, faculty have access to specific software as per individual teaching and research needs, such as specific statistical software.

AUB uses **Moodle** as the Learning Management System. Moodle allows HSON faculty to post course documents, lecture recordings, grades, and other material for easy student access. In addition, discussion forums and online exams are run through Moodle.

Distance Education Support: All faculty members received training (by personnel from IT Academic Services unit at AUB) on designing blended coursework few years ago, which came in handy when the pandemic started and online teaching became the norm. At that time, additional workshops were provided to faculty and support to students was intensified to facilitate online learning. Specifically at HSON, the Academic Computing and Processes Systems provided additional training on blended learning in preparation for starting the blended Nursing Administration and Management track, in the Master's program. In addition to the availability of instructional technology at the HSON, AUB essential services are provided by the IT Academic Services unit such as instructional design/planning, course media production, course and platform management, and technical support for faculty and students. Importantly, in COVID-19 times, both faculty and students received continuous support and training from the Office of Information Technology on various aspects of online coursework delivery, such as setting up additional hardware or installing software, delivering synchronous/asynchronous sessions, and administering online exams via software like Respondus.

In promoting a learner-centered education at AUB, resources and training are also provided by the **Center for Teaching and Learning (CTL)** that has always been instrumental for faculty development through providing seminars on teaching excellence for new faculty members, among other activities [\[Link\]](#). In COVID-19 times, the CTL consistently provided resources through email, as well as webinar series on online teaching and on assessment of online learning. These efforts facilitated a smooth transition from in-person to online course format, in creating safe environments for student and faculty interaction. Importantly, an HSON faculty representative serves on the advisory board of the CTL, bringing suggestions for workshops and seminars based on HSON needs.

Research Support is vital given AUB is a teaching-centered research university. The **Office of Grants and Contracts (OGC)** at AUB facilitates external grant applications and agreements, grant administration, and technology transfer and patenting processes [\[Link\]](#). Internal research funding mechanisms are available to nurse researchers at AUB including the **University Research Board (URB)** and the **Medical Practice Plan (MPP)** funding. The HSON has faculty representatives on the URB. The **CTL** also provides grant funding for education research. Moreover, the HSON provides seed funding to incoming faculty on tenure track.

The Clinical Research Institute (CRI) provides for solid research infrastructure in promoting clinical research at AUB [\[Link\]](#). The CRI consists of 4 units: Biostatistics Unit, Clinical Epidemiology Unit, Research Education Unit, and Clinical Research Unit. The **Clinical Research Unit (CRU)** is

hosted at AUBMC. At the CRU, faculty (including nursing faculty) may conduct clinical research, and students are exposed to clinical research work. Moreover, 5 research education programs are offered at the CRI: the Faculty Advancement Program in Clinical Research (FAP), the Fellowship and Residency Research Program (FRRP), the Nursing Advancement Program (NAP), and the Research Personnel program (RPP). These units provide training and experiences in research. Recently, a university wide initiative to promote research training for undergraduate students, Undergraduate Research Volunteering Program (URVP) was established.

Additionally, AUB is home for the **Scholars in Health Research Program (SHARP)** that provides a summer diploma, 2-semester online diploma, and a Master's degree in clinical research to graduates who aim to pursue research-focused careers [[Link](#)]. SHARP is funded by a training grant from the NIH (D43 Fogarty International Research Training Award (NCD-LIFESPAN)); the grant was renewed for a 5-year period starting 2020. Five HSON faculty have been involved in the D43 NIH grant; 3 contributed to the D43 NIH grant write-up, 1 was designated as co-principal investigator, and the others have held co-mentor or instructor roles. Three HSON faculty have obtained SHARP certification.

The **Institutional Review Board (IRB)** oversees the ethical conduct of all studies at AUB [[Link](#)]. All personnel involved in research have to obtain Collaborative Institutional Training Initiative (**CITI certification**) on research ethics and compliance training.

At the HSON, the **Research Committee** promotes research functions at the school. The committee has been inviting guest speakers, updating the research webpages, recommending to the dean the allocation of research funds, and evaluating and recommending research proposals for URB grant funding. Undergraduate students are provided with opportunities to engage in research activities through the **Undergraduate Research Volunteer Program (URVP)**, where they are identified and matched with faculty members.

Finally, the **Writing Center** at AUB supports students in their writing endeavors, including skills development for research manuscript/proposal writing. Writing space is provided at the Center on designated Writing Days; individual tutoring is available as well. This type of support is especially valuable for graduate students working on dissertations, theses, and projects. Workshops are also offered through the Writing in the Disciplines program. See [link](#).

Admission and Advising Services: Undergraduate admissions are handled by the AUB centralized Admissions committee that has an HSON faculty representative. The Graduate Studies Committee, with representatives from the Admissions office and Registrar handles graduate admissions. The Admissions office is responsible for student orientation that includes general sessions as well as faculty specific sessions. During the pandemic, these activities were held virtually. The Admissions office organizes yearly recruitment and career fairs in coordination with all the faculties to promote students' recruitment. The Graduate Council conducts a yearly open house to attract applicants to graduate programs, with representatives from all faculties invited to speak about their programs.

The HSON website provides ample information for prospective students [[Link](#)]. At HSON, student affairs personnel and faculty are actively engaged in **career guidance and student recruitment** efforts (on campus and in the community). Moreover, HSON depicts updated information on **social media** (e.g. Facebook page on "AUB School of Nursing") such as university application processes, timelines, and scholarship information on a regular basis. AUB application forms are available online at this [link](#). Once students enroll in the programs, they are assigned to faculty advisors who would be overseeing their progress in the programs, from admission to graduation. The **AUB-SIS portal and the ARGOS dashboard** facilitate the advising process. The AUB **catalogue**, published annually, includes HSON undergraduate and graduate program details: Undergraduate [link](#) and Graduate [link](#).

Other Student Support Services: The **Accessible Education Office** at the Office of Student Affairs helps provide equal access, via services and accommodations, to university life for students with disabilities. The **AUB Counseling Center** provides wellness support, mental health council and crisis services.

The Charles Hostler Student Center promotes a healthy lifestyle; it includes a variety of facilities and instructional sport classes. Quality **student housing** facilities are available for promotion of personal comfort in support of a successful academic life.

Student life at AUB is very enriching. An array of student activities is available on the AUB campus, through which students may network and collaborate on creative ideas and projects and gain various experiences. Students may join clubs, societies, publication teams or student government. These engagements help them develop important skills such as management, public speaking, negotiation and other.

The respective committees or heads of services review these services regularly following University policies and standards. Feedback is sought from the various faculties about their needs.

II-D. The chief nurse administrator of the nursing unit:

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

Elaboration: The administrative authority of the chief nurse administrator is comparable to that of chief administrators of similar units in the institution. He or she consults, as appropriate, with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit.

Program Response:

The Interim Dean of HSON, Dr. Laila Farhood RN, PhD, has been in this position since September 2019. Dean Farhood is a professor and Psychiatry-Mental Health Nursing specialist. She started teaching at the school since 1975 and grew in the ranks. She is a nurse and an accomplished researcher, educator, and administrator (**Exhibit II.02**). She was the first nurse with PhD in nursing in Lebanon, the first to have a joint appointment (clinical associate) with medicine, specifically the department of psychiatry until date, and the first to conduct research and publish in nursing from Lebanon, including multidisciplinary research teams. In addition to teaching nursing students psychiatry and mental health, she taught the medical students at AUB.

Interim Dean Farhood has been instrumental in planning and conducting the feasibility study to support establishing masters in nursing science at the School. She also contributed substantially to the development of the MSN program, and recently the PhD program at HSON. She served as the coordinator of the MSN program since its inception in 2003, and later as the convener of the graduate division between from 2011 to 2018, after which she served as associate dean in 2018-2019 before she was appointed as interim dean. Dr. Farhood expediently participated in revising the BSN and MSN programs, and in writing the self-study the first 2 cycles in 2007 and 2012 for CCNE accreditation. It is worth noting that HSON became the first school of nursing outside the USA to receive unconditional CCNE accreditation initially in 2007 and became a member of AACN.

Dr. Farhood played a significant role in establishing the Order of Nurses in Lebanon while serving as a council member of the Federation of Nursing Associations in Lebanon. The Order is the sole regulator of the nursing profession in the country. Dr. Farhood presided the AUB Alumni Nurses' Chapter for over 20 years, during which she lead the writing of a resolution statement to the International Council of Nurses about nursing during wartimes; the resolution was adopted as is in 1999 and presented during the ICN congress.

Dr. Farhood served as the WHO consultant on mental health in Lebanon, coordinator of mental health services in the country, and led a project sponsored by WHO in 2009-2011. She was granted funding for a PTSD research study among the Lebanese population that survived the war in 2007-2009. Her research studies were funded by AUB, WHO, the Department of Defense, among other entities. She is considered a major expert in PTSD as a result of war incidents and as such invited to several national and international conferences and meetings as an expert in addition to being consulted on similar matters. Moreover, she is invited by mass media such as TV and radios to address mental health issues in general and PTSD in specific.

Interim Dean Farhood currently sits on the Board of Deans meetings at AUB and reports to the Board of Trustees during their regular meetings on issues and developments pertaining to HSON. She has budgetary, decision-making, and evaluation authority that is comparable to that of chief administrators of similar schools of nursing in the USA. She consults, as appropriate, with the Advisory committee, the Associate Dean for Academic Affairs, the Conveners of the Undergraduate and Graduate Divisions, Track Coordinators, faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected student and faculty outcomes. Examples of initiatives by the I/D include negotiating with the administration and improving salaries of most faculty members, meeting with the new nursing administrator to strategize on clinical teaching and having students volunteer in the hospital during demonstrations and providing housing for them. The Interim Dean is perceived by the communities of interest to be a leader and a qualified mentor to faculty and staff. To halt faculty shortage, she launched hiring part time faculty; 2 were hired (a clinical instructor and a senior lecturer) and launched an international search for professorial rank faculty; one applicant is being processed.

Dr. Farhood is the recipient of several awards such as Distinguished Nursing Research Award by the Scientific Society of Arab Nursing Faculties (October 2017); Souad Sabbah Award for distinguished research, AUB Alumni Association (April 19, 2007); Distinguished Service Award, Order of Nurses in Lebanon (2003); WHO's WHO among Students in American Universities and Colleges (1993); and Sigma Theta Tau International (Pi Chapter) Graduate Student Outstanding Research Award, University of Maryland (May 1993), to name a few.

II-E. Faculty are:

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

Elaboration: The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) for each degree and post-graduate APRN certificate program are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes. The program defines faculty workloads. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines.

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

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

Program Response:

HSON had 24 full time faculty members in 2018 (17 Doctoral prepared including 1 DNP and 1 EdD; and 7 Masters prepared faculty), 2 part-timers, 20 adjunct faculty, 8 academic associates, in addition to 6 research associates and assistants. One faculty member retired AY 2019-2020, while four HSON faculty members are on joint appointments with FM and serve as follows: Vice-Chair for IRB, Managing Director of the Abu Haidar Neuroscience Institute, Clinical Associate at the Psychiatry Department, and cardiology Clinical Nurse Specialist.

The professorial rank faculty members are on 9-month contract, and the masters prepared faculty members are on 11-month contract. The teaching workload averages 12-20 credits per academic year. Overall, in the past 5 years, the faculty student ratios at HSON are 1:11 for the undergraduate and 1:10.5 for the graduates. The ratio is 1:5 for all the clinical courses except the leadership and management clinical course and the intensive practicum in area of interest, where the ratio is 1:10 on average (**Exhibits II.03 and II.04**). Tables II-E.1 and II-E.2 show student enrollment data for 2018 through 2020 for the BSN and MSN students, respectively.

Table II-E.1. BSN Student Enrollment Data (2018-2020)

Student Enrollment	BSN		
	2017-18	2018-19	2019-20
Total Applied	490	417	610
Accepted	165	168	255
New Enrolled	61	66	84
Total Enrolled	160	171	197

Table II-E.2. MSN Student Enrollment Data (2018-2020)

Student Enrollment	MSN		
	2017-18	2018-19	2019-20
Total Applied	32	38	32
Accepted	26	26	26
New Enrolled	9	17	16
Total Enrolled	44	52	56

In 2018, recruitment for new active faculty members including an endowed chair for the center for nursing research was revived as HSON gained its independence. However, due to the financial crisis in the country associated with October 2019 uprising followed by COVID 19 pandemic, recruitment efforts were paused.

Current HSON faculty expertise spans over different fields of nursing such as adult-gerontology nursing, maternal-child nursing, psychiatry mental health nursing, community nursing, nursing informatics, nursing education, and nursing administration and management; some through certification. The majority of the faculty members teach at the BSN program, with fewer faculty members teaching in both undergraduate and graduate programs, and some teaching only at the graduate levels (MSN & PhD). Preceptors and adjunct faculty assist in the clinical supervision of undergraduate and graduate students (**Exhibit II.04**). All faculty members are nurses and hold current RN licensure except one faculty member who holds a PhD in biostatistics.

The ratio of PhD to MSN prepared faculty at HSON is 70:30. Masters prepared faculty continue to be important for HSON as they contribute to the development of clinical competence of students in

the undergraduate programs and are essential for strengthening the collaboration with AUBMC Nursing Services and in particular the creation of joint appointments.

The HSON has been investing in developing its own cadre of PhD-prepared faculty by providing funding for PhD study. Since 2012, 4 faculty members were fully supported by HSON, and one instructor joined the HSON PhD program in 2020. HSON keeps on encouraging instructors to pursue the PhD studies at our program. Table II-E.3 below summarizes the faculty members' credentials, ranks, and teaching assignments with rationale for assignment.

Table II-E.3 Faculty Credentials and Teaching

Faculty name, credentials and rank	Teaching Contribution	Rationale
Huda Abu-Saad Huijer, RN, PhD, FEANS, FAAN, Professor and dean till September 2018	Guest lectures on palliative care	Director then founding Dean. Expert in palliative care
Michael Clinton, RN, PhD, Professor and Vice Chair of Social and Behavioral Institutional Research Board (retired in 2020; currently adjunct professor)	Teaches in the MSN and PhD programs nursing theories and leadership	Expertise in nursing philosophy and ethics
Leila Farhood, Ph.D, CNS Psychiatry Mental Health, Professor and clinical associate in the psychiatry department Faculty of Medicine, and Interim Dean	Psychiatric mental health nursing	CNS and researcher in psychiatric mental health nursing
Samar Nouredine PhD, RN, FAHA, FAAN Professor	Advanced assessment, advanced pathophysiology, quantitative research and advanced practice in adult gerontology	Clinical experience in adult gerontology, specialization and research in cardiopulmonary nursing
Nuhad Yazbik Dumit RN, PhD, Associate Professor and co-director of continuing medical education	Nursing leadership and management, qualitative research and health services development and evaluation	Clinical experience in adult intensive care, expertise in nursing education and management
Hala Darwish, PhD, RN, FAAN Associate Professor and clinical associate in psychiatry	Advanced assessment, advanced pathophysiology, quantitative research and advanced practice in adult gerontology	Clinical experience and research in emergency care and neurologic nursing
Mary Arevian, BSN, MPH; Clinical Associate Professor (retired in 2019)	Community and public health nursing both graduate and undergraduate	Expertise in community and public health nursing
Marina Adra, PhD, MS Physiology, RN Clinical Associate Professor with focus on older adults.	Care of the adult and older adult and pathophysiology, and qualitative research in the undergraduate program	Clinical experience in adult care, research in gerontological nursing

Lina Abi Fakhr Kantar RN, EdD, MN Education, Clinical Associate Professor	Care of the adult and older adult in the undergraduate program and role development in nursing education in the graduate program	Clinical experience in cardiac surgery, expertise in nursing education
Lina Younan Sabbagh RN, MSN, DNP, Clinical Associate Professor	Nursing leadership and management, informatics and budgeting; graduate and undergraduate	Clinical experience in operating room and nursing management.
Dina Madi, RN, PhD, Clinical Associate Professor	Maternal and child nursing with focus on pediatric pain	Clinical experience in OB/GYN
Nour Alayan, PhD, RN, Assistant Professor and clinical associate in family medicine	Adult care undergraduate and nursing theory graduate	Clinical experience in adult care. Research focus on health behaviors
Suzanne Dhaini RN, PhD, Assistant Professor (resigned in 2020)	Maternal and child care nursing and nursing research	Clinical experience in pediatrics Research focus on nursing care outcomes
Souha Fares, BA Mathematics, PhD Statistics, Assistant Professor	Statistics and research, undergraduate and graduate	Expertise in mathematics and biostatistics
Gladys Honein RN, MPH, PhD, Assistant Professor	Community and public health nursing graduate and undergraduate; research focus on health service planning and evaluation in primary healthcare	Clinical experience in medical-surgical, neonate, preventive medicine, primary healthcare and community health.
Angela Massouh PhD, MSN, FHFA Assistant Professor	Critical care nursing and advanced health assessment	Clinical specialist in critical care and cardiology with focus on heart failure self-management
Houry Puzantian RN, PhD, FAHA Assistant Professor	Advanced pathophysiology, research and measurement. Guest lecturer in pharmacology	Clinical experience in cardiology. Education in pharmacology and translational research
Ghada Najjar Assaf RN, PhD; Clinical Assistant Professor	Introduction to nursing, fundamentals of nursing practice and psychiatric mental health nursing	Obstetrics and gynecology, clinical educator, breast cancer screening, mental health
May Naifeh Khoury RN, MSN, Clinical Assistant Professor	Introduction to nursing, fundamentals of nursing practice, maternal and child health	Child healthcare
Tamar Avedissian BSN, MSN, PhD student Clinical Instructor	Maternal child and community and public health nursing	Clinical experience in pediatric nursing and school nursing. Certificate in community nursing

Talin Gulgolian, BSN, MSN in community health nursing Clinical Instructor	Introduction to nursing, assessment, maternal and child nursing, and community health	Clinical experience in pediatric intensive care. Clinical educator
Danielle Damianos BSN, MSN, Clinical Instructor	Maternal child nursing; leadership and management in nursing	Clinical experience in pediatric oncology. Clinical educator
Silvia Dakessian, BSN, MPH, PhD candidate, Clinical Instructor	Fundamentals of nursing practice, adult gerontology and critical care nursing-undergraduate	Clinical experience in coronary care. Certificate in palliative care
Hera Tashjian, RN, MSN in critical care, PhD student, Clinical Instructor	Adult gerontology and critical care nursing undergraduate	Clinical specialty in critical care cardiology

As noted in the above table, faculty members teach in their area of clinical and academic expertise, either through their academic degrees coupled with post graduate education in specific areas for those whose masters degrees were not in clinical specialty areas, or through their graduate level specialty preparation.

II-F. Preceptors (e.g., mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.

This key element is not applicable to a degree or certificate program that does not use preceptors.

Elaboration: The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:

- *clearly defined and communicated to preceptors;*
- *congruent with the mission, goals, and expected student outcomes;*
- *congruent with relevant professional nursing standards and guidelines; and*
- *reviewed periodically and revised as appropriate.*

Preceptors have the expertise to support student achievement of expected outcomes. The program ensures that preceptor performance meets expectations.

Program Response:

The HSON program aims at assuring high quality clinical experience to its students by maintaining excellence in recruiting qualified preceptors to meet program outcomes. Although HSON faculty members are directly involved in supervising their BSN and MSN students in clinical areas, there is a need for additional preceptors due to the increasing number of students. Thus, HSON continues to collaborate with academically prepared preceptors and academic associates from AUBMC and other service sectors who have adequate clinical experience to meet both the undergraduate and the graduate program requirements. The role and performance expectations of nursing preceptors in relation to teaching, supervision and student performance is well defined in the preceptor orientation handbook document that serves as a reference for all stakeholders (**Appendix II-F-1**).

After being generally oriented to their roles and responsibilities, preceptors are then oriented by each course coordinator to the course learning objectives and the way they align with the program learning outcomes. Assignments, rotations, evaluations, students' clinical performance, and course specific details are also discussed.

The program orients the preceptors to their roles and expectations that reflect HSON mission, goals and standards and abide by the CCNE essentials of Baccalaureate Nursing Education, the ANA standards of professional performance and the Lebanese Nursing Practice Act (LNPA). In the MSN program, preceptors include physician colleagues for the advanced clinical practice courses and clinical nurse specialists for the residency courses. Physicians are oriented to the role of the clinical nurse specialist (CNS), namely the expert clinician aspect of the CNS role at the beginning of the course, competencies are shared and an evaluation sought at the end based on the course learning outcomes. For the CNSs, objectives of the rotation and expected competencies to be achieved are shared at the beginning of the course and follow up maintained by the HSON faculty coordinator. CNS training follows the APRN model.

The preceptor orientation handbook was created in 2004, revised in 2010 and then in 2016. This document is used as a guide for preceptors and course coordinators supervising preceptors. It is reviewed periodically and whenever a need arises based on faculty feedback and student and alumni surveys of the School.

The criteria for selecting preceptors were initially set by HSON and the Nursing Services Department at AUBMC, as the latter is the main source of preceptors. The criteria include: Masters prepared nurses with adequate nursing experience are eligible to supervise BSN students. Recruiting bachelor degree nurses with enough experience within a specialty and excellent clinical performance is exceptionally done if the initial criteria were not met, such as in operating room nursing (Appendix II-F-1). Finally, the recognition of the work of international preceptors who are directly involved in the supervision of the residencies of MSN students at partner institutions in the USA has been formalized through the creation of HSON adjunct positions. (**Exhibit II.04:** HSON Adjunct faculty 2018-2019)

Once selected, the preceptors for the BSN program sign a contract with the HSON administration (**Exhibit II.05**) then attend an orientation program provided by HSON faculty members with expertise in nursing education (**Exhibit I.11**). The course coordinators are responsible to meet with their preceptors and discuss course outcomes, assignments and related forms with continuous follow-up of the preceptor role. Subsequent periodic meetings are conducted bi-weekly including a mid-semester and end of semester evaluation meetings.

Once the course coordinators identify their need for preceptors in their courses, they communicate their need to the program convener who secures approval from the administrative committee. The selection and training of preceptors is the effort of both the school and the medical center through a joint AUBMC & HSON committee. This committee discusses the needs, nominates nurses who meet the selection criteria and interviews them to ensure the qualification of these nurses in meeting the preceptorship role.

Course coordinators follow up very closely on preceptors' work through their clinical rounds and attendance of student case discussions and student conferences. Furthermore, preceptors are also evaluated by students through the Instructor Course Evaluation (ICE) anonymous survey that is launched periodically by AUB at the end of each semester. ICEs are reviewed by course coordinators, conveners, and the preceptors themselves to identify strengths and areas for improvement.

Due to the Lebanese economic crisis faced in 2020, and the budget constraint set by the mother institution, HSON reduced the number of recruited preceptors to the minimum need. The number decreased from 38 to 16 then 7 preceptors consecutively in the years 2018, 2019 and 2020 (**Exhibit II.04**). In order to maintain the same quality of clinical teaching during these difficult circumstances, HSON utilized their MSN and PhD students in the clinical instruction of their undergraduate students based on their clinical expertise as a substitute for preceptors. The graduate students taught in almost all undergraduate courses of the year 2020 and ensured very good outcomes with regards to their personal positive experience, student improvement, and student feedback (**Exhibit II.06**). Accordingly, in year 2020, one faculty member took the role of coordinating the clinical placement of students with the service since the joint School-Service committee was halted until the crises are over.

The work of preceptors is highly valued at HSON. Our vision and efforts will be placed to create and retain a pool of well-trained preceptors who will ensure consistency in clinical teaching across the

years. We also aim to revive the AUBMC and HSON joint committee for further collaboration within the mother institution. In addition, we will continue to create joint appointments with AUBMC Nursing Services and involve of graduate students in undergraduate teaching.

Preceptors in the graduate courses are selected based on their clinical expertise. Selected CNSs have specialty certification in their area. Up until 2017, many MSN students used to travel abroad for their clinical residency where they do that clinical rotation at partner institutions, mostly in the US. However due to the current economic situation and in light of the increasing number of qualified preceptors at AUBMC, all students are opting to do their clinical residency at AUBMC.

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

Elaboration: Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes.

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

Program Response:

The office of the Provost continues offering an orientation program for new faculty members. Each year in February and September, a 2-day program is offered where faculty members are introduced to the university resources, policies and procedures, and their teaching responsibilities [[Link](#)].

AUB and HSON continue to provide a supportive environment for faculty to feel encouraged in all areas of teaching, scholarship, service and practice according to the mission, goals and expected and desired faculty outcomes. New faculty members are assigned mentors from senior faculty members to help integrate them at HSON and AUB. The Dean keeps an open door policy and new faculty are encouraged to meet with her as needed. Faculty members meet on a regular basis with their division conveners to discuss their teaching assignments, current and future research plans, promotion-related requirements, and other issues relevant to their appointment.

All newly hired faculty members are required to attend the teaching excellence seminar offered by the Center for Teaching and Learning (CTL) that provides guidance and updates on effective teaching. Other teaching related seminars are offered that address specific topics to support faculty members.

In addition to the support services mentioned earlier to enhance teaching effectiveness, HSON faculty members are encouraged and supported to attend international and national scientific meetings. Faculty development grants have been provided by the Office of the Provost to faculty members to present at one international scientific meeting each year. The Office of the Provost has recently reallocated travel funds to Faculties/Schools to be managed at the discretion of the Deans/Directors in support of faculty travel & scholarship. To that effect, the same policy still holds and faculty members need to apply in due time to HSON in order to qualify. Faculty are also encouraged to seek outside funding if they wish to attend and present their research findings at other scientific conferences. University funds are also available to faculty for sabbaticals and research leaves, which are aimed at strengthening scholarly productivity and research collaboration. Post-doctoral fellowships are also encouraged. See [link](#) for the new policy on faculty grants. The HSON annual reports provide detailed

information on faculty scholarly presentations at national and international scientific meetings (**Exhibit I.20**).

Research support continues to be provided at different levels at AUB and HSON. HSON provides seed money for new faculty members to support their research. The HSON Research Committee reviews all proposals prepared by faculty members before submission for funding and approval by the Institutional Review Board (IRB). In addition to URB funding, faculty members at HSON can apply for funding from the Medical Practice Plan through the Research Committee of the Faculty of Medicine; one HSON faculty member represents the School on this committee. Research mentorship takes place through the creation of support and research groups for new researchers and junior faculty. The IRB ascertains, among other things, whether proposed research is acceptable related to the humane treatment of human subjects, and whether it follows institutional regulations, laws and standards of professional conduct. The IRB used to be manned by the Faculty of Medicine and restricted to health-related research. In January 2010, the Human Research Protection Program was established. Its three components are the Institutional Review Boards (one for the social and behavioral sciences and the other for the biomedical sciences), the Research Education Unit and the Research Compliance Unit [[Link](#)]. Its mission is to safeguard and foster awareness of and respect for the rights and welfare of human subjects participating in biomedical and social and behavioral research activities under the auspices of AUB. A number of workshops are provided on research-related topics and attended by faculty. Two HSON faculty members, one as co-chair, represent HSON on the IRB social and behavioral sciences committee.

Finally, the AUB Office of Grants and Contracts (OGC) provides services to the AUB community by keeping faculty members aware of available national and international grants and deadlines for proposal submission, supporting them in budget preparations, and managing contracts post award [[link](#)].

Nursing faculty service at AUB is an expectation of faculty members, and is defined as service to HSON, AUB, the nursing profession, and the community at large. In addition to serving on committees of the Ministry of Health, Order of Nurses in Lebanon, community and health centers, faculty members are supported by the administration to provide lectures and workshops on current issues impinging on health care in Lebanon and the region. In addition to HSON committees, faculty members serve on university committees such as the Senate, Admissions, Commencement, FM Research, IRB, Teaching Excellence, General Education, Board of Graduate Studies, University Research Board, and all other senate committees in addition to Strategic Planning. A percentage of faculty workload is allotted for service and is evaluated during faculty appraisal meetings on an annual basis. International service: Member on the international committee of AHA, ICN ethics, fellow at ESC heart failure association, fellows in AHA and AAN, nominating committee of AHA.

HSON has also supported faculty in conducting research and projects with a service focus. Collaborative projects between HSON and the World Health Organization (WHO), the Order of Nurses in Lebanon and the Ministry of Health are some examples. For more information on these and other projects, the reader is referred to the HSON Annual Reports (**Exhibit I.20**).

Faculty practice, though not required by faculty, is preferred, and is illustrated by joint appointments with AUBMC Nursing Services and Faculty of Medicine. Although the number of faculty engaged in actual practice is small, recruitment efforts are currently targeting faculty with a strong clinical background and in particular as clinical specialists and nurse practitioners. The law that governs nursing practice in Lebanon does not permit nurses to have their own independent practice. Last July the revised law was approved by the Lebanese parliament, which acknowledges the role of the clinical nurse specialist. The majority of faculty members are currently involved in practice-related areas and time is allotted for this purpose in faculty workload.

Strengths

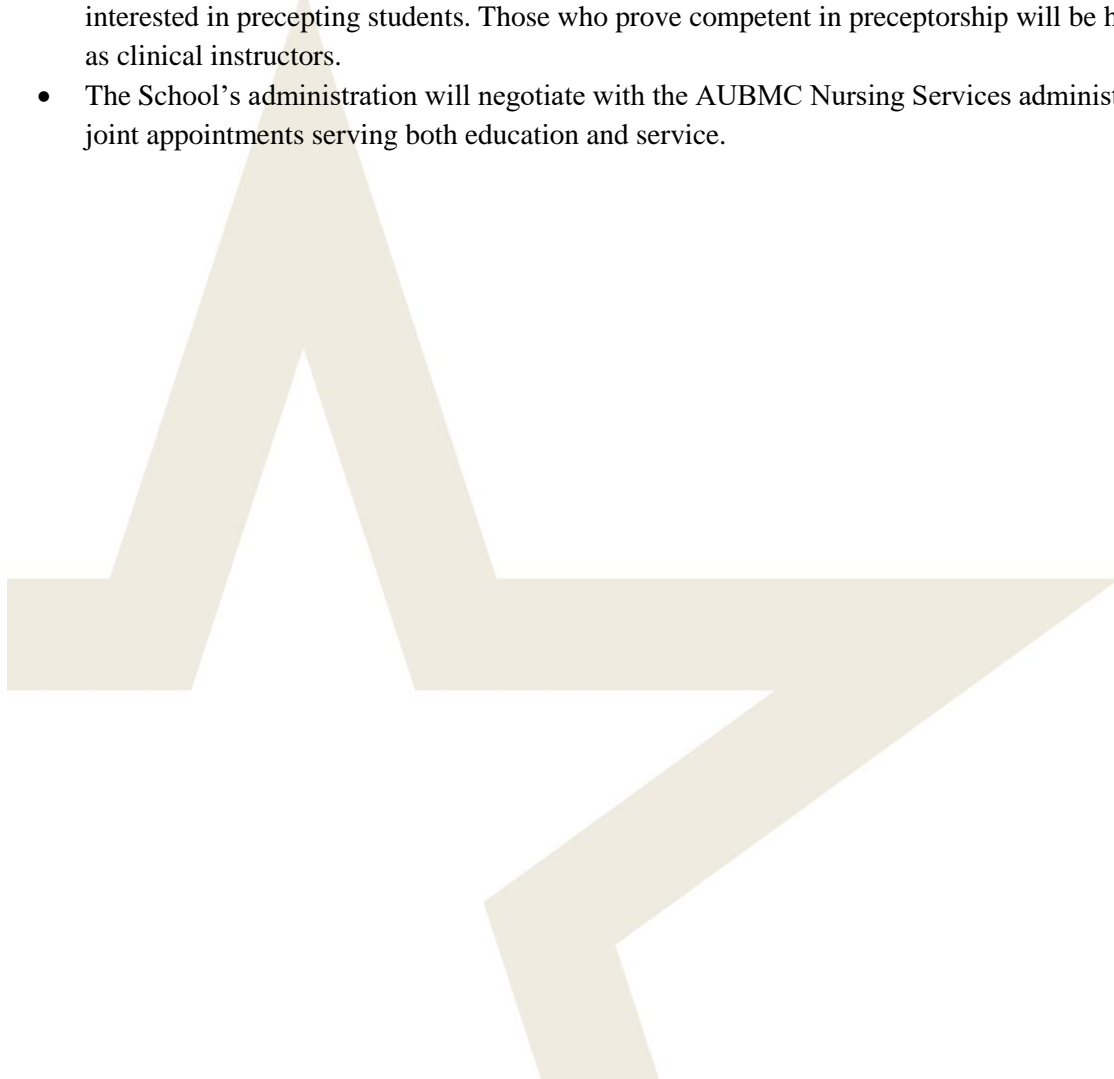
- The fiscal and physical resources are sufficient to enable HSON programs to fulfill their mission, goals and expected outcomes
- HSON is fully autonomous, with authority to manage its own academic affairs and resources.
- There are policies and procedures at the institution that govern all fiscal and operational planning at the university and faculty levels.

Areas for Improvement

- Recruitment of additional seasoned professorial rank faculty members will continue to be a challenge given the current situation.
- There is a need for more student scholarships, given the increased number of undergraduate students.
- A stable pool of trained preceptors and part time instructors are needed to ensure consistent standards of teaching

Action Plan

- Recently the University withheld the freeze on faculty recruitment. Thus a plan is underway to work seasoned professorial rank faculty members based on the needs of the School
- Negotiations will be continued with AUBMC to reinstate student bursaries. Meanwhile, collaboration with the University Office of Advancement for student scholarship fund raising is underway
- The preceptor training program will be opened to all experienced professional nurses who are interested in precepting students. Those who prove competent in preceptorship will be hired as clinical instructors.
- The School's administration will negotiate with the AUBMC Nursing Services administration joint appointments serving both education and service.



Standard III

Program Quality: Curriculum and Teaching-Learning Practices

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

III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that:

- are congruent with the program's mission and goals;
- are congruent with the roles for which the program is preparing its graduates; and
- consider the needs of the program-identified community of interest.

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

Program Response:

The Hariri School of Nursing [HSON] at the American University of Beirut [AUB] offers four academic programs: two undergraduate programs BSN and RN-to-BSN and two graduate programs MSN and PhD. The RN-to-BSN program and the BSN program share common program outcomes as well as major courses. The MSN program has four tracks including a Nursing Administration and Management track and 3 clinical tracks, namely the Adult Gerontology Clinical Nurse Specialist [CNS], Psychiatric Mental Health CNS, and Community and Public Health Nursing.

AUB stipulates the development of Program Learning Outcomes [PLOs] across its different faculties. HSON's curricula for both undergraduate and graduate programs are developed and revised to reflect clear statements of expected and measurable outcomes. PLOs are consistent with the HSON mission in focusing on research as a basis for practice, consideration of cultural diversity, professional competence, espousing ethical principles, critical thinking, lifelong learning, and the promotion of nursing in Lebanon and the region. PLOs are congruent with the roles for which the program is preparing its graduates and the needs of the program's identified community of interest.

Undergraduate BSN Program

The BSN program curriculum is comprised of 103 credit hours for students entering as sophomores with 12 credits of electives in humanities that meet the general education requirement required for graduation (**Appendix III-A-1**). Undergraduate PLOs address domains reflected in our mission include areas of knowledge, practice, and research, in addition to communication and leadership skills, as well as professionalism, ethics and collaboration. Course Learning Outcomes [CLO] are staggered across three level outcomes set for the sophomore, junior, and senior years. These outcomes progress from simple to complex, culminating in the program outcomes that reflect the skills and competencies acquired by students upon graduation.

PLOs are linked to measurable CLOs that are included in all HSON course syllabi, in accordance with AUB's annual review for Accreditation by the Commission on Higher Education of the Middle States Association of Colleges and Schools (**Appendix III-A-2**). HSON faculty members continue to include specific, measurable CLOs in every syllabus. The CLOs are essential components of each course syllabus. They are highlighted and discussed with the students in every course introduction.

The BSN curriculum incorporates generalist knowledge outlined in the Essentials of Baccalaureate Education for Professional Nursing Practice. PLOs are linked to the 9 Essentials as shown in Standard I Table I-B-1. Formal [through BSN Alumni Surveys reported in Standard IV] and informal feedback is elicited from HSON graduates and employers of program graduates to inform future curricula changes.

The BSN curriculum strives to meet the needs of the program identified communities of interest being the students, alumni, and employers. HSON's curriculum committee includes a representative from the student body. He/she represents the student voice in any curricular change. Feedback from alumni, students, and employers are sought through assessment surveys. Informal feedback is elicited when undergraduate faculty interact with Clinical Educators, Nurse Managers, Clinical Leaders, and alumni on the clinical areas. Many of our clinical preceptors are alumni and we seek their feedback in the courses they precept in. Examples of changes done based on feedback from the communities of interest include shifting NURS 210 Pathophysiology for Nurses from Summer of Sophomore year to Fall of Junior year based on feedback from students and alumni.

Graduate MSN Program

The MSN program curricula are developed and revised to reflect clear statements of expected student learning outcomes that are congruent with the program's mission and goals, congruent with the roles for which the program is preparing its graduates and considers the needs of the program-identified communities of interest (**Appendix III-A-3**).

The MSN curriculum comprises core courses that students from all tracks take, specialty courses and a project or thesis. The MSN curriculum is congruent with HSON's mission statement and goals. For instance, the mission statement states that: "The master's program focuses on preparing nurses for advanced nursing practice roles. It is based on the use and generation of research-based knowledge to guide practice". Congruent with this statement, the core Statistics course [NURS 530] and Advanced Research course [NURS 502] address the use and generation of research-based knowledge.

Moreover, the curriculum prepares students for advanced practice roles. In fact, the core course NURS 501 [Advanced Practice Scope and Roles] and the specialty courses in the curricula of all 4 tracks include content that prepare students for the advanced practice roles such as NURS 507, NURS 525, MNGT 330 and NURS 520 in the Nursing Administration and Management track that prepare for the nurse manager role. The Advanced Health Assessment [NURS 503], Advanced Pathophysiology [NURS 504], Psychopathology and Human Behavior [NURS 516], and Advanced Pharmacology [PHRM 314] taken by students in the clinical tracks provide the knowledge base for advanced practice (Refer to **Exhibit III-01** for MSN Course Syllabi for NURS 501, NURS 507, NURS 525, NURS 520). Moreover, practical experiences in all clinical specialty courses [NURS 505A and NURS 505B in Adult Gerontology, NURS 512, NURS 517 and NURS 518 in Psychiatric Mental Health Nursing, NURS 522 and NURS 523 in Community and Public Health Nursing] and the residency courses in all 4 tracks [NURS 506, NURS 508, NURS 519 and NURS 524] provide hands on experiences in advanced nursing practice.

The Graduate Division considers the needs of the community of interest in designing and revising its curriculum. In 2013, the Graduate Division started to prepare for a major revision of the MSN program. The revision was driven both by the recent [2011] AACN Essentials of Master's Education at the time, and the expectation of an important stakeholder within our community of interest, namely the nursing administration of our affiliated medical center [AUMBC] that was hiring Clinical Nurse Specialists, knowing that our MSN graduates constitute the main pool of applicants for CNS positions there. A retreat was held for the Graduate Division with the participation of the Chief Clinical Nurse Specialist at AUBMC to discuss the MSN curriculum for the clinical tracks (Refer to **Exhibit I.07**). The curricula of the clinical tracks were revised to be in line with the AACN essentials and the LACE model. **Table III-A.2** below shows the revisions of the PLOs; modifications in the PLOs are shown in *Italic*.

Table III-A.2 Comparison of Old versus Revised MSN Program Learning Outcomes

Old Graduate PLOs	Revised Graduate PLOs
Integrate theory and research in nursing and related disciplines as basis for advanced nursing practice and role development.	Integrate theory and research in nursing and related disciplines as basis for advanced nursing practice and role development.
Initiate, participate in, utilize, and disseminate nursing research.	Participate in <i>conducting research within collaborative teams to improve care outcomes and support policy changes.</i>
Deliver advanced practice nursing based on critical thinking, advanced knowledge, and skills in specialized area of nursing.	Deliver advanced practice nursing based on critical thinking, research evidence, and advanced knowledge and skills in specialized area of nursing.
Demonstrate advanced decision-making across health care settings, using multidisciplinary approach.	Demonstrate advanced <i>clinical and data driven</i> decision-making across health care settings.
Analyze the impact of socio-cultural, ethical, legal, and health care policy issues on nursing practice and health care delivery.	Analyze the impact of socio-cultural, <i>economic</i> , ethical, legal, and <i>political issues</i> on nursing practice, <i>health promotion strategies</i> , and health care delivery.
Assume leadership roles in education and management to promote health care.	Assume leadership roles in education and management, <i>utilizing inter and intra-disciplinary approaches and systems thinking.</i>
	<i>Analyze current and emerging technologies to optimize patient safety, cost-effective care, quality, and health outcomes.</i>

To meet the revised PLOs, the core courses were modified to ensure addressing all the essentials, such as adding a course on systems’ approach to develop and evaluate healthcare services [NURS 527]. Moreover, more gerontology and health promotion content were added to the Adult Gerontology CNS advanced practice courses, and more practical experiences were added to meet the minimum 500 total hours of clinical in the Adult Gerontology CNS track. In addition, a course on informatics [NURS 533] was added to the Nursing Administration and Management track that can be taken also as elective by students in the other tracks.

III-B. Baccalaureate curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

This key element is not applicable if the baccalaureate degree program is not under review for accreditation.

Elaboration: The baccalaureate degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curriculum.

Program Response:

The Baccalaureate curricula at HSON, including the BSN, RN-BSN, and BS/BA-BSN Accelerated programs, are designed to prepare graduates to function as professional generalist Registered Nurses. The RN-BSN degree is designed to enhance the professional role of the practicing

nurse and prepares students for nursing leadership roles and/or graduate study. The Baccalaureate curricula at HSON comply with the general requirements of the ministry of education and higher education, specifically nursing programs. It also follows the ANA standards of practice and professional performance. The BSN curricula have nine PLOs that are consistent with the *Essentials for Undergraduate Education and Practice for Bachelor of Science in Nursing Graduates*. Expected individual student/course learning outcomes are consistent with the PLOs for the baccalaureate programs. The PLOs are designed based on the roles for which a BSN graduate is prepared; these roles are derived from the Lebanese Nursing Practice Act and AUB's academic policies related to program requirements. **Table I-B-1** in Standard I shows the PLOs aligned with each of the AACN Essentials. Moreover, all clinical courses are built around the nursing process and are in line with ANA's scope and standards of practice and professional performance, as shown in Standard I, **Table I-B-2**.

HSON's Undergraduate Academic and Curriculum Committee is responsible for the revision of the PLOs and the curriculum for undergraduate programs. In 2018, the BSN program was revised based on results of the BSN Exit Survey. CLOs were also reviewed to be in alignment with the PLOs and, therefore, with the AACN Essentials. Based on student feedback, the 2-credit Pathophysiology course was moved from the Sophomore to the Junior year. The course was split into two 1-credit courses NURS 210A and NURS 210B offered over two semesters, concurrently with the two Nursing Care of Adults and Older Adults courses, NURS 300 and 302. Additionally, changes to the CLOs of NURS 304 and 306 (Maternal Child Nursing) were done to better match the AACN essentials of baccalaureate nursing education and the clinical experiences were revised accordingly (**Exhibit III.02**). Likewise, CLOs of NURS 307 were revised and updated based on feedback from course instructors (**Exhibit III.03**). The credit load of NURS 408 and NURS 402 were redistributed; credit allocation to the theoretical component was increased to 3 credits instead of 2 and the credit allocation to the clinical component was reduced to 2 credits instead of 3 (**Exhibit III.04**).

A policy for objective structured clinical examination (OSCE) was introduced to align OSCE expectations across all clinical nursing courses. The policy includes terms and conditions that secure the success of the OSCE, such as: (1) station development, (2) OSCE blueprint, (3) setting grade mark for each station, and (4) setting the passing grade [**Exhibit III.03**].

In the Spring of 2020, a review by the HSON Undergraduate Academic and Curriculum Committee revealed broad differences in course syllabi format throughout the program. The committee created a unified syllabus template to be used in all baccalaureate courses. The template provides consistent terminology, flow, and outline (**Appendix III-B-1**).

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

1. Master's program curricula incorporate professional standards and guidelines as appropriate.
 1. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 2. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
1. Graduate-entry master's program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the master's degree program is not under review for accreditation.

Elaboration: The master's degree program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

Master's degree APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

Master's degree programs that have a direct care focus but are not APRN education programs (e.g., nurse educator and clinical nurse leader) incorporate graduate-level content addressing the APRN core. These programs are not required to offer this content as three separate courses.

Program Response:

The MSN program incorporates the 2011 AACN Essentials. Table I-B.1 shows how the PLOs of the MSN program are aligned with each of the AACN Essentials.

The MSN program (**Appendix III-A-3**) is organized around four essential interrelated components: *nursing theory, research, advanced practice, and roles*. All tracks in the MSN program include graduate core content in research, policy, ethics, theory, social issues, and health promotion/disease prevention, in addition to specialty/track specific courses. Some of this content is addressed exclusively in designated courses such as informatics and healthcare technologies in NURS 533 [Advanced Health and Nursing Informatics], and organizational and systems leadership in NURS 527 [Systems' Approach to the Development and Evaluation of Health Care Services]. On the other hand, other content is integrated throughout the curriculum such as Master's Level Nursing Practice in NURS 501 [Advanced Practice Scope and Roles], all courses that have a clinical component, and the residency courses [NURS 506, NURS 508, NURS 519, and NURS 524].

The MSN tracks with a clinical component [Adult Gerontology CNS, Psychiatric and Mental Health CNS, and Community and Public Health Nursing] include separate comprehensive graduate-level courses to address the Advanced Practice Registered Nurse [APRN] core related to: Advanced Physiology/Pathophysiology, Physical Assessment, and Pharmacology. Specialty courses in these clinical tracks focus on concepts of health promotion, interventions and evaluation, and critical thinking. For instance, in NURS 505A [Advanced Practice in Adult Gerontology I], the focus is on health promotion as well as prevention and management of chronic illnesses in adults and older adults; NURS 522 [Principles and Practice of Community Health Nursing] and NURS 523 [Advanced Community Assessment] deal with community health assessment and promotion. Case discussions constitute a principal approach to teaching in most courses both in the classroom and clinical rotations, thus contributing to critical thinking. The clinical track courses also include clinical rotations in diverse areas of clinical specialty, as well as a residency program in the specialty area of the student's choice. Clinical training is coordinated by graduate faculty from HSON and clinical preceptors such as advanced practice nurses and physicians in different specialties. The preparation for the advanced practice nursing role in the MSN program is tailored to the CNS role, in line with the context of advanced practice in Lebanon and the APRN role of the CNS.

The *Adult and Gerontology CNS Track* is in line with the American Nurses Association [ANA] Standards of Advanced Practice and includes specialty courses organized around the nursing process, namely assessment, diagnosis, outcome identification, implementation, and evaluation. Advanced clinical reasoning is addressed in clinical courses, along with advanced health assessment competencies, namely in NURS 503, NURS 505A and NURS 505B. Courses are centered on nursing phenomena, with advanced implementation including case management, evidence-based practice

geared to the promotion, clinical prevention and restoration of health, health teaching for clients, and referral to health resources as needed. See **Exhibit III.05: MSN Course Syllabi for NURS 503, NURS 505A, NURS 505B and NURS 506**. The ANA Standards of Professional Performance are also integrated in the specialty courses, both theory and clinical. For instance, students in the Adult Gerontology CNS track collaborate with the interdisciplinary teams to provide complex care to patients, provide staff teaching, and engage in research utilization projects as part of their clinical residency. The preparation for advanced practice role is reflected in the syllabi of specialty courses in the *Adult and Gerontology Track* (**Exhibit III.05**).

Specialty courses in the *Nursing Administration and Management Track* focus on the unique issues relevant to administration and management of health care settings (**Appendix III-A-3**). Emphasis is placed on the role of the nurse administrator in organizational analysis, strategic planning, performance improvement, quality enhancement, policy making, patient safety, healthcare services evaluation, financial management, human resources management, leadership, and information systems. The elements outlined in the ANA Standards for Nursing Administration, namely the standards for professional performance, are covered, and students are instructed on their use to guide practice. Students are expected to complete projects and residencies that relate to administrative practice (See **Exhibit III.06: MSN Course Syllabi for NURS 508 and NURS 598**). Residencies are coordinated by the Faculty Advisor. An administrative preceptor at the residency site mentors and provides opportunities for the student to participate in administrative projects and meetings, to work with the mentor to analyze leadership and management aspects of the mentor's position or those of other organizational leaders, and to analyze the structure and function of the organization or organizational unit. Recently, the administration track was revised to better capture the administrative roles that graduates are expected to engage in, particularly with respect to project management and quality.

The *Psychiatry and Mental Health Nursing* [PMHN] CNS track prepares students for advanced practice roles in psychiatric and mental health nursing. The structure and outcomes of this track are similar to those of other clinical tracks at HSON (**Appendix III-A-3**). This track provides students with a thorough understanding of the theoretical and clinical basis of psychiatric and mental health nursing practice. The advanced practice program prepares students in advanced assessment both mental and physical, consultation and referral skills, individual and /or group and family psychotherapy, diagnostic reasoning, and ethical decision-making. In their clinical residencies, students are clinically trained to assess and provide psychotherapy to a variety of patient groups in a variety of clinical settings [in-patient and community]. Evidence-based advanced practice is used to explore outcomes of advanced psychiatric mental health nursing [See **Exhibit III.07: MSN Course Syllabi for NURS 512, NURS 516, NURS 517, NURS 518 and NURS 519**].

The *Community and Public Health Nursing* [CPHN] track addresses competencies congruent with the AACN's Essentials as well as the needs of the population of Lebanon and its health care system. The structure and requirements of the program are parallel to those of the other clinical tracks (**Appendix III-A-3**). The program provides students with a thorough understanding of the theoretical and clinical basis of community and public health nursing. The program prepares students in advanced individual and community assessment, consultation, and referral skills; individual, aggregate, family and community interventions, diagnostic reasoning and decision making. Since this track prepares graduates for direct care roles in community settings, students take the advanced Physical Assessment, Pathophysiology, and Pharmacology courses. The CPHN curriculum is similar to the curriculum of the other tracks, with the exception of the specialty courses in practices of public and community health nursing, and a course in Epidemiology [EPHD 300]. The CPHN track focuses on developing skills that allow for flexibility in assessment, diagnosis, and treatment of individuals, groups, and communities in need of health care. The specialty courses also include clinical components in several community settings, as well as a residency program in the specialty area of the students' choice.

As mentioned in element III-A above, the original clinical MSN tracks did not meet all the AACN's 2011 Essentials for Master's Education in Nursing. Thus, the program was revised (**Exhibit III.08**). A summary of the main changes follows:

- **Core Courses:** The core courses remained worth of 12 credits.

- NURS 500 was modified to reflect content beyond nursing theories and with additional ethics content.
- NURS 501 was reduced from 3 to 2 credits.
- NURS 530, a new 2 credit course on *Statistical Reasoning and Application for Nursing Research*, was added based on students' request for more practice in statistics and to better develop the students' research skills.
- NURS 502 was reduced from 4 to 3 credits since the statistics content is now covered in NURS 530.
- NURS 527, a 3-credit course, was changed from *Developing Health Service Programs* to *Systems Approach to the Development and Evaluation of Health Care Services* and is now a core course, whereas it used to be offered only to the Administration Track students. The aim was to provide content on leadership, systems thinking, organizational leadership, change management, informatics, quality improvement, as well as project development and evaluation to all students regardless of the track of study.

- **Nursing Administration and Management Track:** Specialty courses included the revised 2 credits NURS 507 *Essentials of Nursing Administration and Management* and NURS 525, the *Transformational Leadership Course* that was expanded from 2 to 3 credits. Two new courses were added: NURS 531 (1 credit) titled *Practical Applications in Budgeting for Nurse Managers* to replace HMPD 342 *Financial Management and Accounting* and a new 3 credit course in Nursing Informatics [NURS 533]. The remaining courses were not changed.

- **Adult-Gerontology Clinical Nurse Specialist Track:** The Advanced Assessment, Advanced Pathophysiology and Advanced Pharmacology courses [the 3 Ps] remained unchanged. NURS 505 *Advanced Practice in Adult Care I* was expanded from a one 4-credit course to two 4-credit courses; N505A focuses on the management of clients with chronic illnesses and N505B focuses on acute care. These 2 courses include more content in gerontology, health promotion and risk reduction. Moreover, the additional 2 credits of clinical ensure that students complete the 500 clinical hours required for APRN programs. NURS 506 [4 credits], the clinical residency course, was not changed.

- **Community and Public Health Track:** The only change made for this track was the addition of an epidemiology course [EPHD 300].

- **Psychiatric and Mental Health Track:** No changes were made to this track since students were already taking the 3 Ps and getting 500 hours of clinical (**Exhibit III.07**).

In any of the 4 tracks of study, students interested in a career in education may also opt to pursue a 12-credits Minor in Nursing Education. This Minor provides a foundation of knowledge and skills for teaching and learning and enables students to apply instructional theory and research in various educational settings. The content addresses educational theories, instructional methods, testing and measurements, and curriculum development.

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

2. DNP program curricula incorporate professional standards and guidelines as appropriate.

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

- b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).
3. Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.

This key element is not applicable if the DNP program is not under review for accreditation.

Elaboration: The DNP program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

DNP APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

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

Program Response:

There is no DNP program going through accreditation at this time.

- III-E. Post-graduate APRN certificate program curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

This key element is not applicable if the post-graduate APRN certificate program is not under review for accreditation.

Elaboration: The post-graduate APRN certificate program incorporates professional nursing standards and guidelines relevant to that program and each track offered. The program clearly demonstrates where and how content, knowledge, and skills required by identified sets of standards are incorporated into the curricula.

APRN education programs (i.e., clinical nurse specialist, nurse anesthesia, nurse midwife, and nurse practitioner) incorporate separate comprehensive graduate-level courses to address the APRN core, defined as follows:

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

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

Separate courses in advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology are not required for certificate students who have already completed such courses, unless the program deems this necessary.

Program Response:

There is no post-graduate APRN certificate program going through accreditation at this time.

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

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

Elaboration: Baccalaureate degree programs demonstrate that knowledge from courses in the arts, sciences, and humanities is incorporated into nursing practice. Graduate-entry programs in nursing incorporate the generalist knowledge common to baccalaureate nursing education as delineated in The Essentials of Baccalaureate Education for Professional Nursing Practice (AACN, 2008) as well as advanced nursing knowledge.

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

DNP programs, whether post-baccalaureate or post-master's, demonstrate how students acquire the doctoral-level knowledge and competencies delineated in The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006). If the program awards the master's degree as part of the DNP program, the program demonstrates how students acquire the master's-level knowledge and competencies delineated in The Essentials of Master's Education in Nursing (AACN, 2011) and, if applicable, Criteria for Evaluation of Nurse Practitioner Programs (NTF, 2016).

The program provides a rationale for the sequence of the curriculum for each program.

Program Response:

Undergraduate BSN Program

The BSN program builds upon a foundation of the arts, sciences, and humanities as reflected by the general education requirements and nursing required foundational science courses. AUB is committed to offering its students a broad undergraduate liberal arts education that enables them to acquire the analytical skills and habits of life-long learning that they will need to compete successfully in the twenty-first century. Students who enter the sophomore level take 103 credits. In line with AUB graduation requirements, 33 to 36 of these credits must be in General Education [GE]. GE and nursing courses prepare the learner for baccalaureate level nursing practice and provide a foundation for graduate level education. GE distribution requirements, completed throughout the

undergraduate curriculum, are intended to expose students to a range of intellectual experiences during their time at AUB. GE credits are distributed in the following fields:

- 3 to 6 credits in English Communication Skills through ENGL 204
- 3 credits in Arabic Communication Skills (except those formally exempted)
- 12 credits in Humanities
- 6 credits in Social Science
- 6 credits in Natural Science
- 3 credits in Quantitative Thought

Three basic science courses [Biochemistry BIOC 246 and Human Morphology HUMR 244 and 248], one nursing course [Biostatistics NURS 203], and two social science courses [Introduction to Sociology SOAN 201 and Psychology PSYC 201] required in the nursing curriculum have now been designated as GE courses. Required science courses for nursing include Biochemistry, Human Biology, Human Anatomy and Physiology, and Microbiology and Immunology. These science courses establish a foundation for the nursing science courses (Appendix III-A-1). For students who are admitted at the freshman level, the following are the required courses adding up to 30 credits.

- First term: MATH 101 [Calculus and Analytic Geometry I; 3 credits], BIOL 101 [Basic Concepts in Biology; 3 credits], ENGL 102 [Enrichment course in English; 3 credits]; Natural Sciences 1 [3 credits]; and Elective [3 credits].
- Second Term: MATH 102 [Calculus and Analytic Geometry II; 3 credits], CHEM 101 [General Chemistry; 3 credits], ARAB 101 or 102 [Readings in Arabic Heritage I & II; 3 credits], Social Sciences [3 credits], and Humanities [3 credits].
- Undergraduate student learning outcomes are staggered by levels [Sophomore, Junior or Senior] (**Appendix I-A-3**).
- **Sophomore Year.** Students entering in the sophomore year complete three introductory nursing courses [Introduction to Nursing, Introduction to Nursing Practice, and Health Assessment: NURS 200, 201, and 202 respectively] where they are exposed to ethics, searching the nursing literature, completing a basic health assessment, and providing basic nursing care to individuals using the nursing process. The latter and courses from basic and social sciences contribute to the students' understanding of themselves and others and provide a preliminary foundation to the junior year courses that are more complex in nature involving longer hours of clinical practice and critical thinking and analysis.
- **Junior Year.** The junior year provides the major building blocks of general nursing care aiming at developing the students' basic knowledge of common chronic illnesses in adults through courses like Nursing Care of Adults and Older Adults [NURS 300 and 302] and Nursing Care of the Expectant Family [NURS 304] and Children [NURS 306]. Courses such as Pathophysiology [NURS 210 A and B] and Pharmacology and Therapeutics [PHRM 240] support the students' understanding of disease pathophysiology and interventions. Introduction to Study of Society [SOAN 201] and Lifespan Developmental Psychology [PSYC 210] prepare students for their senior year in which they broaden their scope of practice to Community settings and Mental Health care and learn to demonstrate responsibility and accountability to individuals, families, and the society at large.
- In the summer of the junior year, nursing students are enrolled in the Practicum [NURS 307] that is designed to provide students with opportunities to reinforce nursing skills learned in previous nursing courses building on experiences gained in the sophomore and junior years.
- **Senior Year.** In the senior year, students are exposed to the care of clients with critical and life-threatening illness in NURS 400. The clinical part of this course provides opportunities to apply knowledge in various critical care settings. The Psychiatric Nursing [NURS 402] gives students the opportunity to care for patients with Psychiatric and Mental Health problems, and Community Health Nursing [NURS 408] offers

experiences in caring for the community with focus on health promotion, maintenance, and the prevention of illness through field experiences and collaboration with healthcare professionals in the primary care setting. The Leadership and Management course [NURS 410] introduces students to concepts of leadership and management in nursing. Students also complete an intensive clinical rotation [NURS 411] in their area of choice. This final course prepares students for their transition to professional nursing practice. This is a window for students to synthesize knowledge and refine skills acquired in the planning, provision and evaluation of nursing care, communication, and interdisciplinary practice in a clinical area of their interest.

- The final semester is complemented by an interprofessional course between the third-year medical, senior undergraduate nursing and Master of Public Health Students. It aims to demonstrate how population health is best promoted through a collaborative interdisciplinary team approach. Nursing Research [NURS 406] provides students with an understanding of the importance of evidence-based practice and its application. Nursing Informatics [NURS 404] exposes the students to the concepts of telehealth and telemedicine as well as digital healthcare. After completing these courses, the students should demonstrate leadership skills in planning, managing, and evaluating the care of clients in addition to effective communication.

RN-BSN Program

The curriculum is designed to permit the graduates of a technical or diploma program in nursing to pursue the degree of Bachelor of Science in Nursing provided the university entrance requirements are met. It follows the generic BSN program; however, a selected number of nursing courses may be validated if applicable to accomplish the same program learning outcomes at each level.

Courses that may be validated are Pathophysiology [NURS 210 A and NURS 210 B], Nursing Care of Adults and Older Adults I and II [NURS 300 and NURS302], Nursing Care of the Expectant Family [NURS 304], Nursing Care of Children [NURS 306], and Practicum I [NURS 307]. The senior year courses are to be completed like the regular BSN program [Critical Care Nursing, Community Health Nursing, Psychiatric Nursing, Leadership and Management, Practicum II, Nursing Research, and Nursing Informatics] to attain the BSN PLOs.

According to the decree no. 855 dated 01/07/2015, issued by the Ministry of Education and Higher Education, holders of the Technical Baccalaureate [BT] in nursing are only eligible for admission to the same major. Holders of BT applying to the BSN program should complete the following remedial/pre-requisite freshman level courses prior to the BSN II year:

- 3 credits in Mathematics (MATH 101 or 102)
- 3 credits in Chemistry (CHEM-101)
- 3 credits in Biology (BIOL-101)
- 3 credits in Physics (PHYS-101, 103 or 200)

Graduate MSN Program

The MSN program at HSON admits only students with a baccalaureate degree in nursing. Students with a diploma or associate degree in nursing must complete the RN-BSN program before they can enroll into the Master's program. Similarly, students with a non-nursing baccalaureate degree must complete the BA/BS/BSN program before enrolling into the MSN program. **Appendix III-F-1** shows how the learning outcomes of the current MSN courses are aligned with the MSN PLOs.

The MSN program is logically structured (**Appendix III-A-3**) and builds on a foundation comparable to baccalaureate-level nursing knowledge. This foundation is reflected in the core courses that are taken mostly in the first year of the program [NURS 500, 501, 502, and 530], and the 3Ps taken by the students in the clinical tracks. This logical structure allows students to progress from broad to

specialized knowledge, utilizing the core knowledge into their specialty areas. For instance, the theory and advanced practice scope and role courses lay the foundation for the specialty courses that prepare students for advanced practice. The research and statistics courses allow students to use this knowledge in appraising empirical knowledge for implementation in practice. The core course on developing and evaluating health services within a systems approach [NURS 527] is offered the second year in the program for full time students [third year for part time students], so students would have taken enough theory and practice in their area of specialty to be able to develop a related service or program.

Advanced assessment is the first specialty course taken by students in the clinical tracks, followed by pathophysiology and the advanced practice courses where they develop advanced practice skills, and the pharmacology course. Towards the end of the program, the students engage into the various roles of the clinical nurse specialist during their residency training. Projects and theses provide the culmination of the program, whereby students apply their knowledge into either an education, research utilization or administrative project, or an original thesis study.

III-G. Teaching-learning practices:

- support the achievement of expected student outcomes;
- consider the needs and expectations of the identified community of interest; and
- expose students to individuals with diverse life experiences, perspectives, and backgrounds.

Elaboration: Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support achievement of expected student outcomes identified in course, unit, and/or level objectives.

Teaching-learning practices are appropriate to the student population (e.g., adult learners, second-language students, students in a post-graduate APRN certificate program), consider the needs of the program-identified community of interest, and broaden student perspectives.

Program Response:

Undergraduate BSN Program

The Undergraduate program curricula's teaching-learning practices support the achievement of expected student outcomes, consider the needs and expectations of the identified community of interest, and expose students to individuals with diverse life experiences and backgrounds.

Achievement of Expected Student Outcomes. New student enrollment at HSON usually ranges between 60 to 80 students per year. The majority of enrolled students are Lebanese [for example, in the academic year 2018-2019, 74% of the students were Lebanese and the remaining 26% were international]. The student's average age is 18 years with more than half being female. The students are mostly from private schools

Students come from different backgrounds and varying educational preparation (such as French or English education), and as such course coordinators make every effort to use multiple teaching strategies within their courses to successfully meet the diverse learning needs of students. All courses have syllabi that delineate the CLOs that are in line with the PLOs. The syllabi are shared with students at the beginning of each course; these detail the course description, CLOs, required textbook and additional readings, teaching personnel and facilities, teaching methods, learning assessment, course policies, student code of conduct, and a detailed class schedule (**Exhibit III.09**). Teaching and learning practices vary among:

- **Theory Section:** PowerPoint lectures, voice over PowerPoint presentations, oral presentations, group projects, research projects, and poster presentations.

- **Clinical Section:** Simulation Lab skill-based practice, clinical practice in health care settings, case studies, reflective practice writings, on-line discussions on Moodle, care plans and concept maps, the use of the American University of Beirut Medical Center [AUBMC] manuals, Lippincott and/or Clinical Key/Mosby's Nursing skills procedural guides, seminars, use of audiovisual materials, and utilization of experts to demonstrate specialized skills.

The COVID-19 pandemic has affected our teaching and learning methodologies as these had to be amended to ensure the safety of the students, faculty, and patients and continue to meet the expected CLOs and PLOs. For example, students were provided with online classes using WebEx or Zoom replacing onsite didactic classes. Many course coordinators also supported student learning by offering scheduled breakout sessions for practice sessions and online office hours. The clinical rotations were resumed on-site following the AUB and AUB-MC COVID-19 safety policy/procedures.

All nursing courses with a clinical component utilize HSON's Simulation Lab as a teaching-learning strategy to help students develop their nursing skills. Simulation Lab provides students with the opportunity to sharpen skills in a safe and student-centered learning environment. Simulation scenarios are developed and tested by our course coordinators and clinical instructors, are level specific, and designed to help students meet the CLOs. Students are expected to practice and validate their skills in the Simulation Lab then practice the learned skills further on the assigned clinical areas. Students might also be referred to the Simulation Lab by their clinical instructor/preceptor in case they need to independently practice a skill. Simulation Lab sessions are designed to target learning at the cognitive, psychomotor, and affective domains. They increase in complexity throughout courses and levels in the undergraduate program.

Other strategies employed at HSON include the use of case studies. These cases are either developed by the faculty for use in a classroom or in the clinical setting. In structured classroom case studies, students and faculty address complex clinical scenarios and explore different management options. This allows them to develop skillsets to deal with complex cases they may encounter in practice. Students are coupled with trained instructors/ preceptors during their clinical practicums to ensure they get the chance to learn, practice, and refine their patient care skills in a face-to-face supervised clinical environment. The level of dependence between students and instructors/preceptors is expected to decrease as students' progress through the undergraduate program. The performance of each student is evaluated in each clinical course and improvement plans are developed, documented, and discussed among the student, course coordinator, and clinical instructors/ preceptors.

Reflective writing is a qualitative medium where student's personal experiences and theoretical approaches to clinical practice are acknowledged. In these forms of activities, students inform their instructors of information that is not dealt with in other writing assignments such as their attitudes, personal preferences, values, beliefs, and ethics in relation to human problems. It captures the students' unique perspective and helps them understand their personal experiences through writing, which promotes critical thinking. Utilizing the Gibbs Reflective Cycle, reflective practice assignments help students evaluate their ideas and practices (**Exhibit III.10**).

HSON considers students as adult learners and as such, the faculty follow the adult teaching and learning principles. Students are encouraged to set their own clinical learning objectives in the junior year summer practicum course [NURS307] as well as the senior year internship course [NURS411]. Moreover, students are asked to evaluate themselves and their learning experiences through writing reflective diaries as done in the senior Community Health Nursing course [NURS408].

More so, the Nursing Student Society led a student initiative called AMIN [AUB Mentors in Nursing] that aims to ease the transition for new nursing students and foster a sense of community between the different classes. Students are coupled with student mentors that provide different types of support to each other, particularly to the new students. Students also receive support from their

academic advisors who follow up on their academic progress and other matters such as university social life. Albeit all this, some students still need more support.

Students with special needs have different resources at AUB that help them achieve the learning outcomes. All syllabi at AUB have a section that describes resources for students with special needs (**Exhibits III.09**). For example, make-up sessions are arranged when students encounter long-term health issues. Additionally, AUB has a Counseling Center in the Office of Student Affairs that provides free counseling sessions for the students as well as the Accessible Education Office is available for such matters. If students require more advanced health services, they are referred to the university health care services. Given our diverse student body, HSON addresses the needs of students with a second language through adopting practical steps. One example is a student buddy who was assigned to help in the translation during the clinical practice. An instructor was coupled with the student to aid in the translation during class hours and efforts were made to have the student assigned to patients who spoke the same language as the student.

These strategies, provided in a large variety of learning environments, support the achievement of expected student outcomes by providing consistency, support, and guidance, consistent with the needs of adult learners. Teaching-learning practices specific to each course objectives are described in relation to the CLOs, assessment measures, and expected student outcomes (**Appendix III-G-1**).

Community of Interest. There are around 17,000 nurses in Lebanon, about 70% work in Lebanon. The majority of nurses working in Lebanon are employed within hospitals (about 84%) and the rest work in community settings.

HSON ensures that nursing students in the undergraduate program are exposed to the role of the nurse in all areas targeting primary, secondary, and tertiary care. Courses like NURS 408 [Community Health Nursing] expose students to nurses working in primary care in outpatient settings. This experience exposes students to the care of all walks of life, ethnic minorities, and refugees. AUBMC, the biggest tertiary medical center in Lebanon, houses an outpatient department that cares for the underserved communities.

In their final semester, nursing students do their internship [NURS 411] at AUBMC and are expected to do a capstone project on their assigned units. This project is chosen by students based on a unit needs assessment and in collaboration with AUBMC's Nurse Managers and Nurse Leaders. This collaboration with AUBMC fosters student learning and transition to the role of the professional registered nurse. More so, it helps students feel like part of AUBMC and those are usually hired back in the units where they last trained.

Exposure to Diverse Life Experiences. HSON faculty attempt to expose students to a variety of environments that enhance meeting student CLOs. For the undergraduate program, some faculty members invite experts to provide a section of the theory part of the course. This enriches student experience and provides them with a richer content. One example is the lecture on palliative care that is given by the Pain and Palliative Care Clinical Nurse Specialist in NURS 302 [Nursing Care of Adults and Older Adults Course II] or the Neurological Diseases of Childhood lecture given by a pediatric neurologist in NURS306 [Nursing Care of Children course]. Another example from the graduate program is when multidisciplinary experts are invited as guest lecturers in the NURS 503 [Advanced Health Assessment Course] to lecture students on the examination of highly specialized systems like the otolaryngology women's health, etc..

In the clinical courses, students are assigned to different hospitals for their practicum. In NURS 304 [Nursing Care of the Expectant Family] course, students are asked to independently visit a hospital within their own communities to explore the different services available in maternal child-care and compare those services with the latest evidence-based practices. In the NURS 306 [Nursing Care of Children] course, a field trip is arranged to expose the students to a chronic care/rehabilitative pediatric center in the South of Lebanon. In the NURS 408 [Community Health Nursing] course, arrangements are made to have students assigned to different primary health care centers, non-governmental organizations, and/or schools. The faculty provide different opportunities for the students to participate in community volunteering activities, such as screening and raising awareness about sudden cardiac

death with NGOs that provide such services, as well as assisting in the COVID-19 immunization campaign at the AUBMC and many more (**Exhibit III.11**).

Graduate MSN Program

The MSN program has theory courses, clinical courses, and courses that include both theory and practicum. **Appendix III-F-1** shows the alignment of the CLOs in MSN curricula with the PLOs. The teaching practices used in theory courses overall involve lectures, discussions, as well as oral presentations and written assignments that are used both for learning and evaluation of student performance and are aligned with the CLOs (**Appendix III-G-2**).

Another example of a diverse experience is the use of a flipped classroom in NURS 505B [Advanced Practice in Adult Gerontology II] last Spring of 2021, whereby the students were provided with reading materials and a recording of a lecture about the topic of the week. Then the class meeting involved working on a case study related to the topic where students had to solve it and answer questions based on their readings.

For the clinical courses, the teaching includes use of simulation, such as in the advanced health assessment course, whereby students practice history taking through chief complaints presented, and physical assessment on each other. In addition, students train on a mannequin to identify abnormal heart and breath sounds and analyze ECG strips. In the clinical rotations, students take a load of patients, assess them, identify their problems and report to their preceptor. In addition, they submit weekly clinical logs to the course coordinators where they analyze and reflect on the cases they have seen.

In the clinical residency courses, the focus is on hands on experience in the various roles of the CNS. Students develop their behavioral objectives at the beginning of the course (**Appendix III-G-3**). Moreover, students do learning needs assessment and present teaching to the nurses about clinical topics. They also identify clinical issues/problems and develop research utilization projects to solve them.

The teaching/learning experiences respond to the community of interest. For instance, when we first began offering NURS 503, students were doing their hands on training only in the out-patient department with real patients. Then as the program grew more and our student population became more heterogeneous, students who were not well prepared in assessment asked for simulation and so this was introduced starting the academic year 2013-2014. Another example is when the university was encouraging faculties to offer blended courses, where up to 20% could be offered online and the rest on site; this was in 2011. Thus in 2012-2013, the advanced pathophysiology course [NURS 504] was revised into a blended course. The outcomes were positive for all. Students had more flexibility; the teaching methods were varied including group work, and they performed better overall in the course.

In order to expose students to diverse experiences, HSON was offered the opportunity for students to do their residencies abroad with partner institutions, mainly Johns Hopkins University, the University of Michigan, and the University of Maryland. This approach aimed to expose students to other health care systems and compensate for the limited number of CNSs in Lebanon with whom students can train.

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

- **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
- **foster interprofessional collaborative practice; and**
- **are evaluated by faculty.**

Elaboration: To prepare students for a practice profession, each track in each degree program and each track in the post-graduate APRN certificate program affords students the opportunity to develop professional competencies and to integrate new knowledge in

practice settings aligned to the educational preparation. Clinical practice experiences include opportunities for interprofessional collaboration. Clinical practice experiences are provided for students in all programs, including those with distance education offerings. Clinical practice experiences align with student and program outcomes. These experiences are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Programs that have a direct care focus (including, but not limited to, post-licensure baccalaureate and nurse educator tracks) provide direct care experiences designed to advance the knowledge and expertise of students in a clinical area of practice.

Program Response:

Undergraduate BSN Program

Knowledge Integration and Attainment of PLOs. Course planning is done prior to every semester. The course coordinator is responsible for setting the plan for the clinical rotation, selecting the clinical sites, recruiting, and training clinical preceptors, distributing workload, and consistently evaluating the benefits of the selected clinical sites. Prior to the semester, the course coordinator meets with the course faculty [preceptors who are carefully selected based on clinical expertise related to the focus area of the course] to plan for the distribution of the work and shared responsibilities. Each clinical course is integrated with a theory component that serves as the theoretical knowledge foundation for the specific area of nursing practice with the exception of two clinical courses [NURS 307 Practicum I and NURS 411 Intensive Practicum II]. The schedule for the theory part of the course is detailed in the course syllabi in addition to the clinical rotation, which are all shared on Moodle for students to view. The syllabi and clinical rotation (see **Exhibit III.09** and **Exhibit III.12**) detail the dates of the clinical rotation, units/sites, and preceptors. The clinical practice experiences integrate new knowledge and support the attainment of PLOs. In the summer of the junior year, students complete 80 hours of clinical in NURS 307 coupled with a Registered Nurse at AUBMC under the supervision of a clinical instructor from HSON. This course ensures students are progressing in terms of attaining expected learning outcomes. In the senior year NURS 411 Intensive Practicum II course is offered, where students engage in 120 clinical hours coupled with a Registered Nurse but are closely followed up in terms of CLOs by HSON instructors. This final course is intended to ensure students synthesize and integrate all previously learned material.

Simulation lab experiences are designed to meet the CLOs and support the clinical experience of nursing students. Scenarios, which are reviewed annually, are prepared by course faculty with topics, competency, or skill trainings that are congruent with the theory part of the course.

Finally, and in order to ensure that students attain new knowledge, clinical nurse specialists, experienced nurses, or interdisciplinary experts are invited to present during the didactic sessions or they are asked to precept our students in clinical.

Interprofessional Collaboration. In the Undergraduate Program's clinical summative evaluation, students are evaluated on their ability to communicate effectively with members of the health team in terms of reporting and eliciting pertinent information, and their ability to collaborate in planning and evaluating client care (**Exhibit III.13**).

Additionally, and starting 2016, HSON and Faculty of Medicine and Faculty of Health Sciences introduced a course that is designed to promote interprofessional collaboration, the Interprofessional Education and Collaboration [IPEC300] course. The course is led by HSON faculty, but the sessions are provided by faculty from various departments. Moreover, BSN-III students are coupled with the Medicine III students to interview and perform patient assessments. Nursing students attend the cases with the Medical Doctors and then further discuss with their instructors (NURS 304: Nursing Care of the Expectant Family Theory and Practicum and NURS 306: Nursing Care of Children Theory and Practicum). BSN-IV students are encouraged to work in collaboration with the different healthcare departments to meet the needs of their patients such as the residents, pharmacists, or the dietary department (NURS410: Leadership and Management Theory and Practicum and NURS411: Intensive Practicum II). Lastly, interprofessional collaboration is fostered through encouraging nursing students

to work with medical students or other healthcare members in different community volunteering activities (NURS 408: Community Health Nursing Theory and Practicum and CHAMPS Fund, Remy Rebeiz, HEAL, COVID-19 Vaccination Campaign).

Clinical Evaluation. Clinical objectives are aligned with the CLOs and evaluation strategies. The method of evaluations used in the courses are specified in the syllabi. The strategies to evaluate student work come in different forms like, individual clinical assignments, group projects, oral presentations, or online discussions of clinical cases. All assignments have rubrics, and all courses have formative as well as summative evaluation forms. Students who do not achieve weekly clinical objectives are encouraged to meet with the course coordinator to develop remedial plans (**Exhibit III.14**). Another method of evaluating clinical performance is through the Objectively Structured Clinical Examination [OSCE]. These are integrated in all nursing courses that have a clinical component as a method of evaluating the clinical performance of the students. Finally, summative evaluations are written by course providers for each student to describe the overall status of the student in the clinical part of the course (**Exhibit III.13**).

On the other hand, students also evaluate their faculty in the Instructor Course Evaluations [ICES], which are shared with the course providers as well as the convener and the Dean. These evaluations are taken seriously by faculty to improve the course for the future.

Graduate MSN Program

In the MSN program, clinical training is part and parcel in the clinical tracks. In the first part of the health assessment course, students use the simulation lab to learn assessment per body system, as well as interpretation of heart and lung sounds, and ECG interpretation. Interprofessional education is exemplified in the training of students in health assessment, where they train with medical students and residents on history taking and physical assessment of patients, then report a summary to the attending physician and get feedback on their differential diagnoses. The course learning outcomes for clinical courses are tailored to the nursing process and students are provided with experiences whereby they assess and manage patients in collaboration with the multidisciplinary team. In the other clinical/advanced practice courses, students are assigned either with physicians when the focus of the course is mainly the development of the advanced practice skills, or with a clinical nurse specialist when the focus is development of the indirect CNS competencies such as coaching, collaboration, etc.... In any case, students engage in clinical rounds with the multidisciplinary teams, whether to discuss clinical cases, or to develop clinical pathways, programs, or policies. **Table III-H.1** below shows the alignment of the residency in adult gerontology CLOs and the MSN PLOs.

Table III-H.1 Alignment of CLO of a clinical residency course with the MSN PLOs

NURS 506 [Residency in Adult Gerontology Advanced Practice]	PLOs						
	1	2	3	4	5	6	7
Plan, implement and evaluate individual and/or group interventions based on integration of theory and empirical evidence to meet the educational and health care needs of clients and their families.		•	•				
Critically evaluate the needs of the organization and individual health care providers in coordinating multidisciplinary care for specific client populations.		•	•	•		•	•
Demonstrate initial competence in the selected advanced practice nurse role in the clinical specialty.	•	•	•	•	•	•	•
Demonstrate critical thinking skills in clinical problem solving based on theory, research, and clinical knowledge.	•		•	•			
Utilize therapeutic communication techniques that are culturally sensitive with clients, families, and health care providers.			•		•		
Demonstrate professional integrity, accountability, initiative, and autonomy			•		•	•	•

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

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

Program Response:

Undergraduate Program

Evaluation of student performance consists of didactic and clinical evaluations that are consistent with individual student learning outcomes. Faculty communicate individual student performance evaluation methods to students via course syllabi and/or through student learning and evaluation platforms such as Moodle.

Didactic Evaluation. Faculty members use various methods to evaluate student performance including exams, formal papers, presentations, online discussion forums, among others. Course grading criteria and grade distribution are made available in all course syllabi (Refer to **Exhibit III.09**). The Bachelor of Science nursing degrees in standard and accelerated forms use the following grading scale: A+ [93-100], A [87-92], A- [83-86], B+ [79-82], B [75-78], B- [72-74], C+ [69-71], C [66-68], C- [63-65], D+ [61-62], D [60], and F [< 60%]. Grades relative to GPA scores can be found on the university's registrar website under academic information [[Link](#)].

Faculty members grade each assignment according to established grading rubrics, provide written and/or verbal feedback to the student about individual performance on each assignment, and post grades for each assignment in the Moodle gradebook. Assignment grading rubrics are provided for students on Moodle.

Clinical Evaluation. Criteria for evaluation of clinical performance are clearly stated in the course syllabi (**Exhibit III.09**), and clinical evaluation rubrics (**Exhibit III.13**) are provided either in the syllabi or posted on Moodle. Practicum courses are graded as Pass/Fail. Clinical faculty evaluate the students on their clinical preparation, care planning, patient care encounters and psychomotor skills, case presentations and discussion, clinical assignments, and performance in simulation. Graded clinical assignments include care plans, concept maps, and delivery of patient teachings. Whenever clinical preceptors facilitate the students' learning experience, faculty seek input from the preceptors regarding the student performance and may personally re-evaluate students when needed. Ultimately, faculty are responsible for evaluation of individual student outcomes.

Clinical faculty provide verbal and/or written weekly feedback in the form of anecdotes to students regarding their performance, strengths, and areas for improvement (**Exhibit III.15**). These anecdotes are used to provide students with a formative mid-semester evaluation (**Exhibit III.16**). When student performance is less than satisfactory, faculty initiate a Learning/Remediation Contract usually at mid-semester. Remediation contracts for at-risk students include an action plan that is developed in collaboration with the student on the basis of the gaps and weaknesses identified in the student's clinical evaluation (**Exhibit III.14**).

By the end of the course, a summative evaluation is provided to the students compiling feedback from all course rotations and documenting student development throughout the clinical experience. The student's final grade is reflective of their ability to meet the stated course outcomes at a satisfactory level by the end of the practicum experience.

Graduate MSN Program

Evaluation of student performance in theory courses is done through exams, term papers, discussion forums, and oral presentations. Rubrics are used (**Appendices III-I-1**). In the introductory class sessions, the course syllabus is discussed with students and evaluation of their performance is explained. Exam results are discussed either in class or individually with students. Feedback on presentations is given immediately and via email. Feedback on papers and other written assignments is given using the track change method. Depending on the case, students may be asked to correct the paper and resubmit it before moving further. An example is the research course [N502] where the students write a part of the research proposal, get feedback to correct then continue with the remainder (methods section) before doing the final submission. A similar approach is used in NURS 527, where the health service development that the students are working on is divided into parts so that each section is corrected and feedback given before moving forward with the rest of the project. **Exhibit III.17** shows Sample Graded Student Papers.

In the clinical courses, students develop clinical objectives they want to achieve in the course with the course coordinator then this is shared with the clinical preceptor. Evaluation of the student's performance is done jointly by the clinical preceptor and course coordinator. Formative evaluation is done through weekly clinical logs where students summarize the week's experience and send it to the faculty, who will ask questions so they reflect on their experience and/or seek the literature to answer them. Another evaluation is through patient write ups, where students describe in detail a clinical case from assessment through evidence-based intervention to evaluation of the outcomes of care and are evaluated based on a rubric (**Appendix III-I-2**). During the course, the student and faculty meet regularly to discuss their progress. The summative evaluation of the clinical is based on feedback from the student's preceptor and achievement of the objectives. **Appendix III-I-3** shows the competencies that students are evaluated on in their CNS clinical residency in Adult Gerontology. All MSN students sit for a comprehensive exam.

III-J. The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

Elaboration: Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. Such evaluation activities may be formal or informal, formative or summative. The curriculum is regularly evaluated by faculty and revised as appropriate.

Program Response:

Undergraduate Program

Program curricula and teaching and learning activities are consistently evaluated every academic year, and the evaluation data are used to foster ongoing improvement of the teaching-learning practices and evaluation methods. Each course coordinator fills out a detailed evaluation summary of their course including course description, evaluation of student performance, student and instructor course evaluations, comments and suggestions for improvement, and plans to improve the course for next year (Refer to **Appendix III-J-1**).

Students formally evaluate teaching and learning practices at the end of each semester in a university administered Instructor Course Evaluation [ICE]. Additionally, student input into curriculum and teaching-learning practices is actively solicited throughout the semester by the course coordinators and changes are accommodated. Another venue is class meetings with the assigned class advisor where class issues are discussed and solved. Student representatives are also invited to academic and curriculum meetings. The BSN faculty use data from faculty and student evaluations of teaching-learning practices to foster program improvement and achievement of expected individual and aggregate PLOs. Faculty members review evaluation results and make recommendations for changes in course teaching-learning practices using a course evaluation summary form. Recommendations are discussed in course meetings, undergraduate and graduate divisional meetings conducted at least once

per semester, and/or retreats and are documented in the program assessment. When a need is identified based on any of the mentioned evaluation methods, curriculum revisions are made accordingly. One example was revision of the CLOs of the Pediatrics [NURS 306] course and credit load distribution of the Psychiatry and Mental Health and Community Nursing Courses [NURS 404 and 408]. These changes are approved through the academic and curriculum committee. This committee has a vital role in reviewing course syllabi, design and delivery, and follow up with evaluation reports of both faculty and students meeting the course learning outcomes, academic year program level learning outcomes, of course corresponding with program learning outcomes (**Exhibits III.02 and III.04**).

Students from both the undergraduate and graduate divisions fill a Student Exit Survey to evaluate the teaching and learning practices (**Exhibit I.08**). The survey is analyzed by faculty corresponding to the program, then findings are shared with the faculty members in divisional meetings, and faculty members are then expected to make the necessary changes. Moreover, follow up is done by the program convener and divisional meetings are conducted at regular quarterly intervals. One example of a change that was based on exit surveys was the changes done in the Introduction to Human Biology and Human Anatomy/Physiology courses [HUMR 244 and 248].

Graduate MSN Program

Feedback about the curriculum and teaching-learning practices is sought from students in several ways: informally in class, the university wide instructor course evaluation that is administered for each course at the end of the semester, as well as at town hall meetings that are held once per semester. Faculty members fill in for each course a course summary evaluation form (**Appendix III-J-1**) based on student feedback and their own reflection on the course. Decisions about modifying the course are made based on the findings. In 2020 when the teaching was switched at midterm from face-to-face to online because of the COVID19 lockdown, student and faculty surveys were conducted to seek feedback about the online learning experience and the challenges they are facing (**Appendices I-C-2 and I-C-3**).

At the level of the curriculum, student satisfaction, exit surveys and alumni surveys are conducted every year and the findings used to evaluate the curriculum, develop action plans, and make the needed changes.

Strengths

- The BSN and MSN curricula are in line with the AACN essentials
- Thorough evaluation of curricula is done and results are utilized promptly
- Faculty members implement recent trends and evidence based strategies in teaching

Areas for Improvement

- Initiation and utilization of mid semester courses' evaluations for enhanced teaching practices to meet students learning needs.
- Feedback about the curriculum from the community of interest needs be improved
- Comprehensive curriculum evaluation to assure the programs are responsive to the health needs of the country, the region, and global health issues based on community of interest feedback utilizing tailored surveys, interviews and focus groups.

Action Plan

- End of 2021, the School started mid-semester course evaluation by students using a questionnaire that can be modified to accommodate the various courses, yet has similar items. Other means of mid-semester evaluation like class meetings, student email feedback are included.

- A plan will be developed to solicit feedback about the BSN and MSN curricula from alumni, employers and AUB faculty and staff who are directly involved with our students (such as social science and basic science faculty members).
- A task force will be formed to conduct a comprehensive curriculum evaluation based on feedback collected from the community of interest, as surveys and focus groups.



Standard IV

Program Effectiveness: Assessment and Achievement of Program Outcomes

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

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) uses a systematic process to obtain relevant data to determine program effectiveness. The process:

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

Program Response:

The Hariri School of Nursing has a **Comprehensive Evaluation Plan** that is based on its strategic plan and goals, and includes related key performance indicators that are monitored yearly (**Appendix IV-A-1**). The strategic plan is reviewed every five years and the current one (2017-2022) was developed in 2017 in line with the Academic Strategic Plan that the University developed at the time in tandem with a University Master plan, and which addressed 5 priorities: The student learning experience; infrastructure and academic support; collaboration, engagement and outreach; scholarship and service; and enrollment management plan. The HSON strategic plan is available in **Appendix I-A-2**. The school's Comprehensive Evaluation Plan includes data collected yearly that address the following:

- Student and alumni outcomes: enrollment, graduation and employment rates, scholarships/financial aid, competencies and professional achievements;
- Faculty outcomes: Instructor course evaluation scores, number of publications in peer reviewed journals, number of funded research projects, number of scholarly presentations;
- Fiscal outcomes such as revenues from tuition; and
- Collaboration with other institutions (memoranda of understanding).

Expected targets are included and the actual outcomes achieved are compared to those. In addition, the University set up an Academic Assessment Unit in 2013 to oversee the periodic program reviews of all faculties in the University. This unit requires submission of evaluation reports for the program learning outcomes of all undergraduate and graduate programs (**Appendix I-A-5**). The reports are submitted yearly for each of the BSN and MSN programs and this year we submitted one for the recently launched PhD program. At the beginning of each Fall semester, each division evaluates achievements related to its programs, compares them to the expected targets, and puts action plans accordingly (**Exhibit IV.01**). A lot of the data are collected by the Student Services Officer directly, or from Student Satisfaction Surveys, Student Exit Surveys, Alumni Surveys and Employer Surveys. In the past few years, these surveys were administered electronically but the response rates were not always satisfactory. For the Alumni Survey, we are resorting to calling the graduates by phone to confirm their employment status. Otherwise, since the major employer of our BSN and MSN graduates remains the American University of Beirut Medical Center (AUBMC), we get their employment data from the AUBMC administration. These outcomes/key performance indicators as mentioned above are reviewed every year. However, the set targets are reviewed every five years along with the strategic plan that was last updated in 2017.

IV-B. Program completion rates demonstrate program effectiveness.

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

Elaboration: The program (baccalaureate, master's, DNP, and/or post-graduate APRN certificate) demonstrates achievement of required program outcomes regarding completion in any one of the following ways:

- the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher;*
- the completion rate is 70% or higher over the three most recent calendar years;*
- the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; or*
- the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education.*

The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.

Program Response:

The undergraduate academic committee, graduate studies committee and student services officer monitor the academic progress of students. **Table IV-B.1** below shows completion rates of undergraduate students for the years 2018, 2019 and 2020.

Table IV-B.1: Completion Rates for the BSN program in the Past 3 Years: 2018, 2019 and 2020

BSN cohort entry to graduation	2015-2018	2016-2019	2017-2020
Completion rate	82% out of 49	80% out of 55	82% out of 64

Compared to prior years, the numbers are improving since 2016, most probably due to the provision of more scholarships in collaboration with the financial aid office at the university; prior to that time, the completion rates were in the 70s or 60s. Those who do not complete the program either are dropped from the program due to unsatisfactory academic performance or withdraw due to financial or family reasons. In addition, some students enter with deficiency in English and need to take remedial courses, thus will not graduate in 3 years. The formula used for the graduation rate is, for each cohort, the number of students who graduate divided by the number of students committed to the program. Committed students are those who applied, got accepted and enrolled in the program from the cohort being evaluated. Students who transfer out of the program are excluded from the calculation because they enroll and leave the program in the first year. These are students who do not include nursing as a first choice on their application and inform the advisor of their intent to transfer upon enrollment and so they are placed as majorless as of the second semester. Table IV-B.2 below shows completion rates for the MSN students in 2018, 2019 and 2020.

Table IV-B.2: Completion Rates for the MSN Program in the Past 3 Years: 2018, 2019 and 2020

MSN cohort entry to graduation	2015-2018	2016-2019	2017-2020
Completion rate	83% out of 24	85% out of 13	72% out of 18

The formula used for the graduation rate is, for each cohort, the number of students who graduate divided by the number of students committed to the program. Committed students are those who applied, got accepted and enrolled in the program from the cohort being evaluated. No students are excluded from the calculation as no students transfer out of the MSN program; a few may transfer from one track to another within the program. It is worth noting that most of the MSN students are part timers, thus require 3 to 4 years to graduate. The last cohort that included 18 students total had a 72% graduation rate due to the following reasons: one student withdrew from the program, one student who changed tracks was as a result delayed in her graduation, one student changed her work during her enrollment, and 2 students had health problems that interrupted their program of study (**Exhibit II.03**).

IV-C. Licensure pass rates demonstrate program effectiveness.

This key element is not applicable to a program that does not prepare individuals for licensure examinations or does not yet have individuals who have taken licensure examinations.

Elaboration: Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways:

- *the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- *the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; or*
- *the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

For each campus/site and track, identify which of the above options was used to calculate the pass rate.

Program Response:

The BSN graduates are not required to sit for the NCLEX exam. They are required to sit for the National Nursing Exam offered by the Ministry of Higher Education, called ‘colloquium exam’, which is a written computer based exam. In the past 3 years (2018, 2019 and 2020), the pass rate for this exam has been consistently 100%. Results are posted on the bulletin board of the Ministry of Higher Education and the HSON officer gets statements in this regard for the individual students (**Exhibit IV.02**).

IV-D. Certification pass rates demonstrate program effectiveness.

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

Elaboration: The master’s, DNP, and post-graduate APRN certificate programs demonstrate achievement of required program outcomes regarding certification. For programs that prepare students for

certification, certification pass rates are obtained and reported for those completers taking each examination, even when national certification is not required to practice in a particular state.

For programs that prepare students for certification, data are provided regarding the number of completers taking each certification examination and the number that passed. A program is required to provide these data regardless of the number of test takers.

A program that prepares students for certification demonstrates that it meets the certification pass rate of 80%, for each examination, in any one of the following ways:

- the pass rate for each certification examination is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31);*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year;*
- the pass rate for each certification examination is 80% or higher for all first-time takers over the three most recent calendar years; or*
- the pass rate for each certification examination is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years.*

The program identifies which of the above options was used to calculate the pass rate. The program provides certification pass rate data for each examination but, when calculating the pass rate described above, may combine certification pass rate data for multiple examinations relating to the same role and population.

Program Response:

The Hariri School of Nursing revised all tracks of its MSN program in 2015, to be in line with the 2011 standards of AACN. The tracks became the Adult Gerontology Clinical Nurse Specialist, the Psychiatry Mental Health Clinical Nurse Specialist, the Community and Public Health Nursing, and the Nursing Administration and Management tracks. Graduates of the Adult Gerontology CNS and the psychiatry Mental Health CNS tracks are eligible for ANCC certification in their specialty areas. Although some of these graduates get hired as clinical nurse specialists, the clinical nurse specialist role was not yet recognized in the Nursing Practice Act in Lebanon. The revised Act that recognizes CNSs was only approved by the Lebanese Parliament in its general assembly this past June 30, 2021, though it was submitted back in 2009, because of the constant problems in the country. This approval shall still be followed by procedural requirements related to the eligibility for employment as clinical nurse specialist. As a result, so far we did not require our graduates to take the certification exam in these 2 specialties as mandatory. Nevertheless, few of our graduates do apply for ANCC certification in order to advance their careers since the AUB Medical Center does hire CNSs; others seek certification because they plan to travel and work in the US. We keep track of those applicants based on the forms they send us to verify the number of clinical hours they completed in the MSN program for signing. Only two of the graduates of the adult gerontology CNS track (out of a total of 11 graduates) in the three most recent calendar years applied for ANCC certification; one graduate got the certification (**Exhibit IV.03**) and the other one is already working as RN in the US and planning to take his exam in the coming 2 months. The reasons for low certification rate are most probably the economic restrictions on transferring money from Lebanon to pay for the exam fee, a recent decision by ANCC to stop offering the exam outside US territories and of course the fact that the certification exam is not mandatory. However, the Order of Nurses in Lebanon is planning to develop certification policies and procedures for nurse specialists based on the new Nursing Practice Act; HSON faculty members are actively involved in this initiative.

IV-E. Employment rates demonstrate program effectiveness.

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

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

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

Program Response:

HSON tracks the employment rates of the graduates. Data regarding employment rates of undergraduate and graduate students are collected by the Student Services Officer at the time of program completion. Moreover, the Alumni Surveys conducted at 12 months and 3 years from program completion seek employment information.

Students complete an Exit Survey just prior to graduation identifying intent to seek employment after graduation. The nursing faculty also track employment through informal means including personal contact with graduates and feedback from clinical agencies during the first 6-12 months after graduation. Graduates of the Hariri School of Nursing are highly valued and successfully find employment when it is sought, as gathered through informal anecdotes from employers, mostly from the AUB Medical Center. The formal employer survey was not activated in recent years given that most of our graduates are employed at the AUB Medical Center.

Employment rates of the BSN graduates have been close to 100% until 2019, with AUBMC being the major employer. However, the accelerating pace of Lebanon's economic meltdown, placed AUB in harm's way, facing a great crisis. As a result, the BSN graduates were not employed Spring of 2019 by AUBMC. However, following negotiations by the school's administration and as a result of the exodus of nurses from the Medical Center, these graduates were employed later in 2020. Table IV-E.1 below shows employment data for BAN and MSN graduates in the past 3 years.

Table IV-E.1: Employment Rates of the BSN and MSN Graduates of the Years 2018, 2019 and 2020

Program	Year of graduation	Number of Graduates	% Employed
BSN	2018	37	100%
	2019	38	100%
	2020	40	97.5%
MSN	2018	10	90%
	2019	12	91.7%
	2020	11	100%

MSN students often are employed upon enrollment in the program and most of them continue working upon graduation as noted in the above table. However, they may not get promoted immediately when earning their MSN degree due to limited positions.

IV-F. Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.

This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), Key Element IV-D (certification), and Key Element IV-E (employment).

Elaboration: The program uses outcome data (completion, licensure, certification, and employment) for improvement.

1. Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure pass rates 80%, certification pass rates 80%, employment rates 70%) inform areas for improvement.

2. *Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
3. *Faculty are engaged in the program improvement process.*

Program Response:

As noted in elements IV-B, IV-C and IV-E, HSON is meeting CCNE its expected outcomes overall in terms of completion (72% to 85%), licensure (100%) and employment rates (90% to 100%). We keep monitoring these data and developing action plans in case of discrepancies, such as what happened in 2019 with the employment of our BSN graduates, though the low rate was due to circumstances unrelated to our program. The situation in the country keeps presenting with challenges but we continue to manage well regardless.

One example of a strategy we developed to maintain timely completion for the MSN graduates is based on our recognition that a major aspect that delays graduation is the length of time it takes students to complete their thesis or graduation project, especially given the current situation. We negotiated with the Nursing Services department at the AUB Medical Center through one of our faculty members who has a joint appointment as clinical leader at AUBMC to have our MSN students do projects that are needed by the medical center; this will be a win-win situation for the MSN students to complete their degree requirements in a timely manner, and for Nursing Services to get their projects completed.

As for element IV- D (certification), we do encourage the MSN students to apply for certification. Over the years the few students who sat for the certifying exams did pass, which speaks of the rigor of our program.

Program changes: Given the satisfactory rates reported above, no significant changes were made in the program to improve those beyond the examples noted above. However, few changes were made to the BSN curriculum in response to students' feedback in the satisfaction and exit surveys (**Exhibit I.08**). For instance students expressed concern that the content of the pathophysiology course N210 was not synchronized with that of the medical surgical course so the course was divided into 2 (N210A and N210B) and the units are not offered synchronously with the units of the medical surgical course. Thus, the pathophysiology course, NURS 210, was split into two courses: NURS 210A offered in Fall semester concurrently with NURS 300 (Nursing care of adults I), and NURS 210B offered in the Spring semester in parallel with NURS 302 (Nursing care of Adults II).

For the MSN program, students are introduced to the various tracks during the orientation as they enroll into the program (**Appendix IV-F-1**). Few remain hesitant about which track to pursue, which would delay their graduation, but so far all students are completing the program, except for one who withdrew in 2021 because his position changed and he could not manage study and work. Although all students find employment, they do not necessarily get employed in the appropriate position for which the MSN program prepared them, such as clinical nurse specialists and nurse managers, due to the limited vacancies in Lebanon. Many graduates go into academia, especially those who take coursework in education, thus reflecting their preparation for the educator role.

Faculty engagement: The HSON administration and Student Services Officer communicate to the faculty members the completion, licensure, and employment rates on a regular basis. Any program changes to address deficiencies are deliberated and acted upon at the Undergraduate Curriculum and Academic Committee for the BSN program, and the Graduate Studies program for the MSN program. HSON consistently met expected outcomes for completion, employment, and Colloquium pass rates until 2019. However, HSON has been through an incredibly challenging period since academic year 2019-20 because of the COVID19 situation and the financial crisis in the country.

Although eLearning was already a familiar concept at HSON before 2019, the idea of AUB teaching 100% online was new. So the Information Technology (IT) Department provided the software and hardware required and a full support operation of one-to-one training, guides, and video tutorials covering both technology tools and online teaching methodologies. Moreover, four faculty members completed an online teaching course and received certificates offered by Arizona State University. Subsequently the faculty were able to switch to online teaching so that students did not miss on their learning, which resulted in maintaining satisfactory completion and licensure rates. Faculty members used synchronous classes but also made all nursing courses and class recordings available

online via the Learning Management System, Moodle. They became increasingly comfortable and adept at engaging students online with the help of IT.

Clinical teaching was withheld for a few weeks during lockdown but then faculty members offered the nursing courses in a block format because of restrictions in clinical placements, so when those sites became available again students were able to complete their courses, with only a few weeks delay. The senior class was able to graduate as well with no delay.

IV-G. Aggregate faculty outcomes demonstrate program effectiveness.

Elaboration: The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected faculty outcomes:

- 1. are identified for the faculty as a group;*
- 2. specify expected levels of achievement for the faculty as a group; and*
- 1. reflect expectations of faculty in their roles.*

Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.

Program Response:

HSON faculty members are expected to engage in teaching, research and service consistent with achieving program outcomes and ensuring program effectiveness. Means to evaluate faculty outcomes to promote ongoing program improvement are documented on the Faculty Member Information System (FMIS), an electronic platform established in 2018, which houses the faculty's academic profiles to incorporate teaching, publications and scholarly achievement, and service roles. Within the three domains, the faculty's performance is evaluated and planned in line with AUB and HSON's mission and program outcomes every year. FMIS serves as a documentation tool for the faculty's involvement and contribution to teaching, scholarship, and service domains. A systematic evaluation of courses and teaching practices continues to be closely monitored (**Exhibit IV.04**).

Teaching Outcomes

Faculty teaching assignments are planned according to the AUB workload policy (teaching 12 to 18 credits per year) and based on faculty expertise (**Exhibit IV.05**). Tenure track faculty are expected to teach an average of 12 credits per academic year whereas clinical track faculty may teach up to 18 credits and instructors up to 24 credits per year [[Link](#)]. The contribution of the faculty teaching to program effectiveness is reflected partly through the instructor course evaluations and partly through the students' achievements at the course level (pass rate) and program level (licensure rates, graduation rates and employability). HSON faculty seeks to integrate innovative teaching and assessment strategies, especially the shift to online teaching during the COVID-19 pandemic and lockdown period at AUB. The instructor course evaluation (ICE) scores are used to evaluate teaching effectiveness. In the aggregate, HSON compares favorably to other faculties at AUB.

Figure IV-G.1 below shows the average ICE scores in the past 5 years per semester for the MSN program. As noted in the graph below, the ICE scores consistently exceed those of the school and university overall, with the mean always above 4 out of 5. The lowest number is in the spring of 2020 when teaching was shifted from face to face to online in the middle of that semester due to COVID-19 lock down. In fact, the University decided not to include the ICE scores of that semester in the performance evaluation of faculty members for promotion. The MSN program at HSON is ranked 144 out of 190 schools of nursing in TFE times in 2021 [[Link](#)].

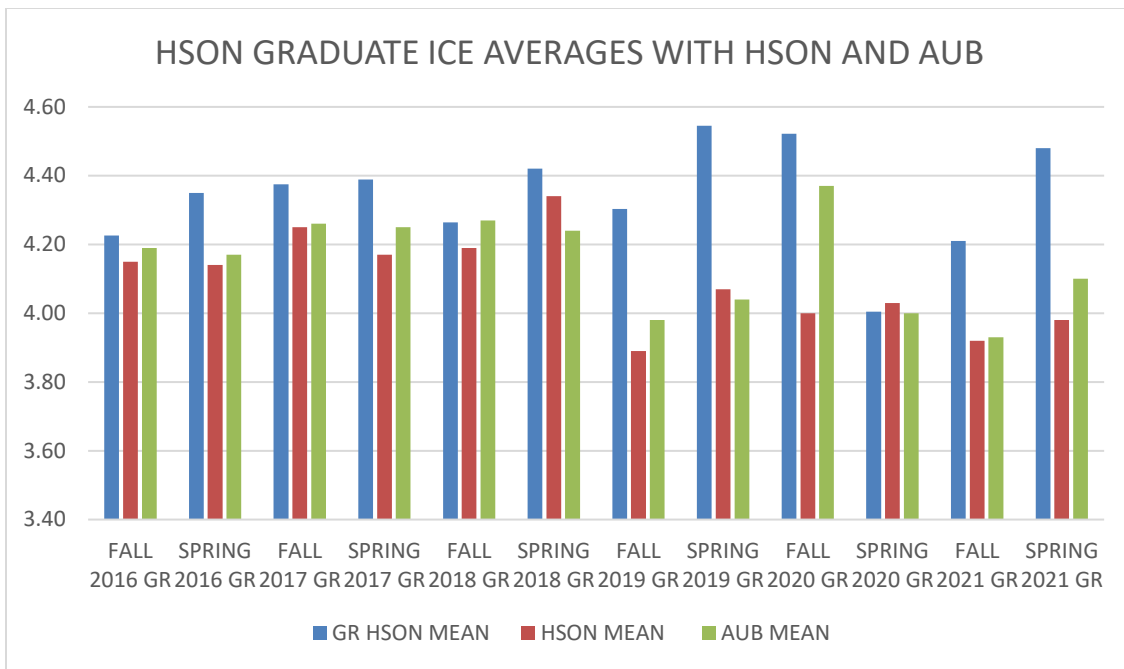


Figure IV-G. 1: Mean Scores on the Fall and Spring Semester Instructor Course Evaluation (ICE) for MSN Courses in the Past 5 Years Compared the School and University Means

When it comes to the BSN faculty as shown Figure IV-G.2 below, the ICE average scores range between 3.8 and 4.3. The undergraduate ICE scores are somewhat lower than the school’s overall and the university average. This can be explained by the fact that the BSN students are young and more demanding in general. The decrease in numbers noted starting spring of 2020 is accounted for by the COVID-19 pandemic and the switch from face to face to online teaching in the middle of that semester. Still the school did not stop on site clinical teaching, which was stressful to all faculty and students. Add to this the unrest and economic crisis in the country that caused electricity cuts and unreliable internet connections, which was frustrating to students. In 2020 due to austerity measures taken by the University, we had fewer preceptors, so each clinical faculty was assigned 2 units instead of one, which could explain the lower ICE scores in that year compared to 2019 where the scores were higher than the school and university averages. Finally, coming to clinical was also a challenge when the roads were blocked during demonstrations. Although arrangements were made to find lodging for students, still their satisfaction with teaching suffered, as reflected below in the year 2020.

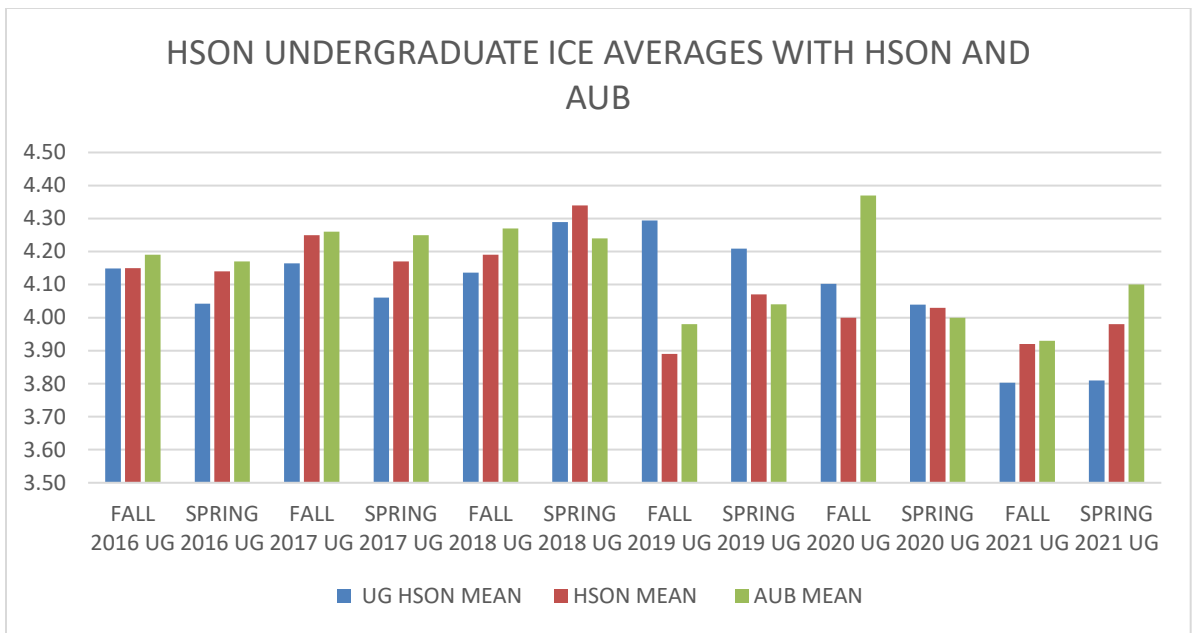


Figure IV-G. 2: Mean Scores on the Fall and Spring Semester Instructor Course Evaluation (ICE) for BSN Courses in the Past 5 Years Compared to the School and University Means

HSON contributes to teaching excellence as stipulated in AUB and HSON’s mission statements and by acting as a resource for the country and region, respectively. HSON has a long standing history in nursing education with national, regional, and international reputation by being the first school of nursing in the region, established in 1905. HSON supports nurse training and education in Lebanon and the region. The majority of nursing faculty engage in consultancies and offering continuing education courses in the region, achieved in collaboration with the AUB Office of Regional External Program (REP). Table IV-G.1 below shows continuing education offerings by HSON faculty members in the past 5 years in the region.

Table IV-G.1: Regional educational offerings by HSON.

Educational Activities	Offering Sites	Nature of Activities	Title of Activities
2018	United Arab Emirates	Five courses of 3-day durations to train & educate registered nurses in clinical-related topics	- Advanced physical Assessment - Suctioning and catheterization - Sedation Course - EKG Course - Neonatal Course
	KSA – Mohamad Al Mana’ College of Health Sciences	Preparation for program accreditation	Analysis of existing curriculum Course syllabi review Program assessment - site visits
2019	United Arab Emirates	Nine courses of 3 to 4-day duration to train & educate registered nurses to advance nursing practice	Best Practices in Critical Care Nursing Advanced physical Assessment (offered 3 times) Palliative care course High risk & emergency pregnancies (offered twice) Patient Educator Training Self-Care in Non Communicable Diseases
2020	None	No courses or activities were conducted due to the situation in the country.	

Research Outcomes

Research productivity of the faculty reflects congruence with AUB and the school’s mission in terms of emphasis on research. An important strategic goal of HSON is to foster excellence in research. Programs of research have been established focusing on: Clinical and Translational Research, Health Systems and Outcomes Research, and Nursing Education Research. Five parameters are used to measure scholarship activities as enclosed in the below illustration with expected outcomes taken from the HSON’s Strategic Plan 2017-2022 (Appendix I-A-2). There is an increasing trend in research productivity with still room for improvement. The year 2020 is an exception because of COVID19 and the economic crisis that Lebanon is going through. Aggregate faculty research data are analyzed for the whole school and not by program for the following reasons:

- Most of our faculty members teach in both the undergraduate and graduate programs.
- Many faculty members collaborate in research, so dividing publications per program will lead to counting publications or projects more than once.
- A number of faculty members are in the clinical track, where expectations for research productivity are lower than those of the tenure track faculty. Most of the clinical track faculty teach in the undergraduate program.

Table IV-G.2 below shows the faculty research outcomes in the past 3 years with targets.

Table IV-G-2: Scholarly Outcomes for HSON in 2018, 2019 and 2020: Targets and Actual

Scholarship Outcomes	HSON targets per year	Actual Achievement		
		2018	2019	2020
PhD prepared faculty *	22	16	17	17
Number of inter-disciplinary research activities	40	46	40	16
Number of Scholarly Publications in Peer-Reviewed Journals**	40	36	39	27
Number of Scholarly Presentations at Scientific Conferences***	40	40	42	5 [↓]
Number of Funded Projects	40	37	31	5 [↓]

*Four faculty members are pursuing their PhD degrees; three are currently sponsored by HSON and one is not sponsored and is now on leave of absence; all are expected to finish between 2022 and 2023.

**HSON research is largely published in nursing journals, with a significant proportion published in top nursing, biomedical, clinical medicine, health sciences and psychology journals as shown in the Annual Reports

***HSON faculty members are encouraged and supported to present at international and national scientific meetings. The number of lectures delivered, along with virtual participation during the COVID-19 pandemic and services provided by the faculty are found in the HSON Annual Reports (Exhibit I.23).

↓The number of presentations and funded projects decreased in 2020 due to the financial crisis in the country

HSON accounts for 85% of Lebanon’s and nearly 14% of the Arab world’s nursing research output. Moreover, faculty members are the most productive and publish the most impactful nursing research in the Arab world, as shown in **Figure IV-G.3** that compares total articles and those in Q1 journals between HSON and the most research productive schools of nursing in the region for the period 2012-2021. It is also worth noting that the proportion of articles published in Q1 journals is 53% for HSON.

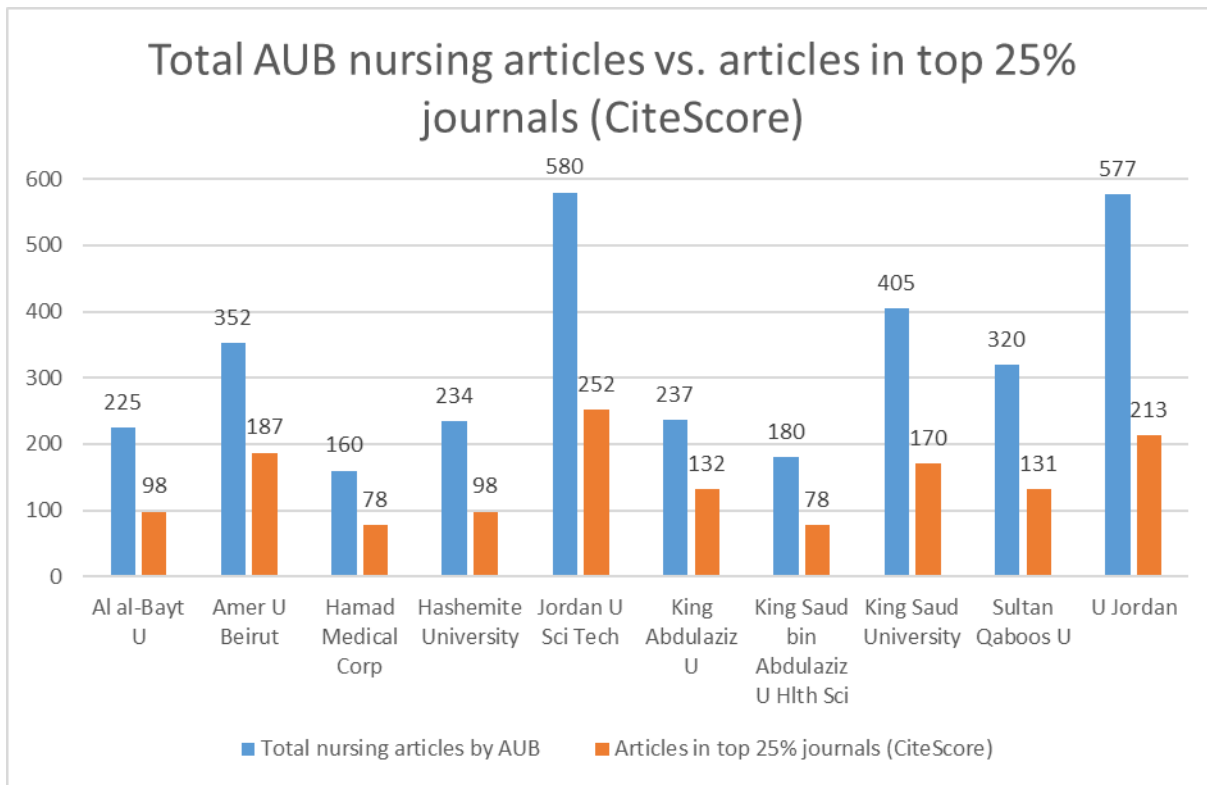


Figure IV – G. 3: Total number of Articles Published by HSON and Percent in First Quartile Compared to Research Active Schools in the Region since 2012

Since 2018 when it became an independent faculty, HSON has a representative on the University Research Board that provides funding for all AUB faculty members. In addition, HSON faculty members secure funding from internal and external sources including AUBMC; Lebanese National Center for Scientific Research; Collaborative Stimulus Research; Center for Teaching & Learning; Evidence-based Health Care Management AUB; Global Health Institute; Global Compact Network Lebanon; Medical Practice plan; Office of Naval Research, USA dept. of Defense; Order of Nurses in Lebanon; Pfizer; and the World Health Organization (WHO). Moreover, HSON provides seed grants for newly appointed faculty.

Faculty members involve students in their research through the University Research Volunteer program for undergraduate students and through graduate research assistantships for graduate students. This involvement contributes to the development of research skills among students.

Service Domain: Faculty Outreach & Societal Impact: Service is an important part of the HSON and AUB missions, which faculty members take very seriously. A percentage of faculty workload (20%) is allotted to service. Since gaining its independence, HSON faculty became represented on all of the university senate committees (Board of Graduate Studies, Academic Advancement Committee, Admissions Committee, among others). These representations complement the involvement of faculty members in HSON committees. HSON has been for a number of years actively involved in organizing national conferences of relevance to nursing and health care, which attest to the community and outreach mission of the school in Lebanon and the region. Examples are provided below:

- Faculty presentations in the annual MEMA (Middle East Medical Assembly) conferences; detailed conference years can be found in the individual faculty CVs (**Exhibit IV.06**).
- Faculty involvement in the development of the profession in Lebanon is on-going, through serving on committees at the Ministry of Public Health, the Order of Nurses in Lebanon (ONL), as well as

leading community health initiatives. Faculty members provide continuing education offerings on current issues impinging on health care in Lebanon and the region. More details specific to faculty Outreach and Societal Impact can be found in individual faculty CVs (**Exhibit IV.06**).

- HSON faculty members participate in the operation of the Order of Nurses in Lebanon (ONL) and the Ministry of Education and Higher Education by designing colloquium questions and reviewing test items, and conducting nursing capacity building initiatives. In 2018, HSON faculty actively participated in the ONL's 2nd international conference titled "Nurses Leading the Vision for Global Health" in the scientific and organizing Committees, moderation of sessions, and nine paper presentations (**Exhibit IV.07**). It is worth mentioning that since its inception in December 2002, 4 out of the 7 presidents of the Order of Nurses in Lebanon are alumni of HSON.
- HSON has worked with governmental and private organizations to develop academic and vocational nursing programs for the region, in addition to offering workshops and consultancies. Specific details can be found in individual faculty CVs (**Exhibit IV.06**).
- Other professional service outcomes include membership in professional organizations and serving as reviewers and editorial members of peer reviewed journals. As shown in faculty CVs, professional memberships abound, including fellowships in the American Heart Association, the American Academy of Nursing, and the Heart Failure Association of the European Society of Cardiology.

IV-H. Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Elaboration: The program uses faculty outcome data for improvement.

2. Faculty outcome data are used to promote ongoing program improvement.

3. Discrepancies between actual and expected outcomes inform areas for improvement.

4. Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.

5. Faculty are engaged in the program improvement process.

Program Response:

Ongoing Initiatives to Improve Teaching practice

At the aggregate level, one way to evaluate teaching is by comparing ICE scores of HSON to those of the university at large, keeping in mind that HSON is the smallest faculty at AUB. As shown in IV-G above, comparing the red bars (HSON means) to the green bars (the University means), HSON seems close, with means hovering around 4 out of 5. The reduction in means noted for both the undergraduate and graduate ICE scores starting Fall 2019 reflects the problems occurring in the country. Nevertheless, regardless of the situation, quality teaching is highly valued at HSON and efforts to improve teaching practices are continuous. The faculty is encouraged to attend and participate in sessions/initiatives conducted by the Center for Teaching and Learning (CTL). Teaching excellence is a semester long seminar series that all new faculty members attend. Then other seminars by CTL are attended, as well as webinars series held by the IT academic services at AUB that were provided in the Spring of 2020 to improve teaching and learning with technology.

Students' comments in the ICE reports are analyzed during faculty appraisal with individual faculty members. In town hall meetings students express their concerns related to teaching. The outcome of these deliberations are action plans to promote teaching effectiveness. As an example, in the graduate program, students complained about the difficulty of the pathophysiology course, which was reflected in its ICE scores. At that time exams and class attendance were the only assessment methods. As a result the course was revised to include individual online quizzes as well as case studies that students work on in groups then discuss with the whole class. This method allowed catering teaching and assessment to the diverse students' learning styles, and so the ICE scores improved following this change.

One aspect that is constantly monitored is ensuring a fair teaching workload of the faculty when deciding faculty assignment, whereby it is consistent with the AUB policy and the peculiarities of clinical teaching in nursing (**Exhibit II.05**).

Concerns raised by undergraduate and graduate students in the satisfaction and exit surveys are discussed on yearly basis and acted upon as needed either through division meetings, retreats or town Hall meetings. Based on the 2018 and 2019 survey data, a 2-day retreat took place October 2019 to discuss issues and matters arising from the surveys as well as faculty affairs. Deliberated topics were: clinical instruction and evaluation of learners; advising, follow up, and documentation; enhancing collegiality and teamwork; research collaboration; mental Health issues in college students; faculty wellness and stress management; and promotion concerns; recommendations are presented in the retreat report (**Exhibit IV.08**)

Promoting research at HSON: As shown in element **IV-G**, the school did not reach its set target for research despite the increasing trends over the years. When the school got its independent faculty status in 2018, the targets that were set in its previous strategic plan were changed. The research targets were doubled as the plan was to recruit more midcareer tenure track faculty members and launching a research center. What happened in the country as of end of 2019 delayed this development.

Strengthening HSON's Research Environment is an ongoing endeavor through a number of initiatives and activities that have been put in place. Research seminars are conducted face to face or virtually by HSON, AUB faculty, and by international researchers every year by the Research Committee. For example, one seminar was offered by the Office of Grants and Contracts to guide faculty members in locating funding for their research. These seminars provide opportunities for faculty members to collaborate with other investigators on research projects.

In addition, a number of junior faculty members were sponsored to attend the Scholars in HeALTH Research Program (SHARP) at AUB. SHARP is a 12-credit diploma program that provides theory and skills to conduct research, and involves hands-on training in the analysis and reporting of large health-related data in non-communicable diseases. Moreover as discussed above, HSON is sponsoring 3 faculty members for their PhD studies as a capacity building initiative. Moreover, junior faculty members are participating in the Faculty Advancement Program by the Clinical Research unit of the Faculty of Medicine that provides a workshop every year whereby the faculty member is mentored into developing a research proposal. Two graduates of this program ended up getting grants and are collecting data.

In 2019, a research initiative was put in place based on the HSON faculty research lines. Two research groups were formed: Health Systems Management, and Biobehavioral Health. The aims are to generate new research ideas, develop collaborative research projects, increase publication productivity, access to funds, and to mentor junior faculty at HSON for more research involvement.

Service domain initiatives: For advancing service, junior and senior faculty members are encouraged to enroll in committees at the HSON, AUB, and at professional national and international ones. At present, an electronic election format is applied, encouraging membership of junior faculty in committees chaired by senior faculty; those who do not get elected may be appointed by the Dean. More attempts are underway to increase service engagement of both faculty and students at the undergraduate and graduate levels in professional, governmental, and non-governmental organizations.

Finally, as tenure was implemented and HSON achieved independent status in 2018, a task force was charged to revise the promotion criteria for the clinical and tenure track faculty as noted in element IV-A. Then the criteria were explained to the faculty. Between 2018 and 2019, 4 faculty members in the clinical track were promoted from clinical assistant to clinical associate professors and one full professor was granted tenure.

IV-I. Program outcomes demonstrate program effectiveness.

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

Program outcomes are defined by the program and incorporate expected levels of achievement. The program describes how outcomes are measured. Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. Program outcomes are appropriate and relevant to the degree and certificate programs offered.

Program Response:

A yearly assessment of the program learning outcomes (PLOs) for the undergraduate and graduate programs is performed. It is used to be done by the programs’ coordinators and divisions’ conveners. In 2018, AUB established a university academic assessment unit to oversee the PLOs assessment of all faculties. They asked each faculty to have its own assessment committee and thus involve faculty members in the PLOs assessment process. Accordingly, in December 2018, HSON established two Program Assessment Committees, one for graduate PLOs (GPAC), and one for undergraduate PLOs (UGPAC). The mission of those committees was to set yearly assessment plan for each program outcomes, including direct and indirect assessment tools and related data sources.

Program outcomes other than those related to ICE scores, program completion rates, licensure pass rate, employment rates, and faculty are listed in **table IV-I.1** for the undergraduate program and **IV-I.2** for the graduate program.

Data for **other types of program outcomes** are collected from the exit survey, the alumni survey, the employment survey, and the school’s Alumni data base. The items listed in those surveys (**Exhibit I.08**) are linked to one or more PLOs of the related program.

For the **Undergraduate Program Outcomes**, the data in Table IV-I.1 address the following:

- Skills developed in the BSN program as a measure of the program’s achievement of its outcomes. These data are collected from the BSN Exit Survey.
- Satisfaction with clinical experiences as a measure of the adequacy of clinical training. These data are collected from the BSN Exit survey.

Table IV-I-1 Other Undergraduate Program Outcomes: Targets and Actual in the Past 3 Years.

Program Outcomes	Expected Levels	Actual Levels				Supporting Documents
		2018	2019	2020	3-yr average	
How much you agree that your major area of study contributed in developing the following skills:	80%	Agree & Strongly Agree				BSN Exit Surveys 2018-2019-2020
A. Oral communication		94	97	41	77%	
B. Written communication.		81	83	83	82%	
C. Problem solving		90	100	95	95%	
D. Creative thinking		81	90	85	85%	
E. Critical thinking		87	100	95	94%	
F. Research skills		94	83	85	87%	
G. Competence with computers		84	59	78	74%	
H. Leadership skills		90	100	90	93%	
I. Capacity to learn new skills		94	97	95	95%	
J. Ability to apply new knowledge		94	97	90	94%	
Clinical Experience (% Agree & Strongly Agree):	80%					BSN Exit Survey 2018-2019-2020
A. The clinical sites were adequate for training		84	90	95	90%	
B. I was exposed to enough hands-on experience		81	72	71	75%	
C. I was able to perform a complete patient assessment		97	90	98	95%	
D. I was able to work well independently		90	86	95	90%	
E. I was able to work well within a team		87	93	98	93%	
F. I was able to deal effectively with ethical issues		84	83	90	86%	
G. Care plans were of benefit to me		68	66	66	67%	
H. I received adequate and necessary instructions		87	83	93	88%	
I. The overall clinical experience was adequate		84	93	90	89%	

As seen in the above table, results of the 3-year average (2018-2019-2020) BSN exit surveys show that students perceive the program to help develop their problem solving, critical thinking, knowledge, leadership, and research skills as reflected by scores ranging between 85% to 95% of students' agreement, which is above target. Yet, oral communication skills and competence with computers were reported as being not well addressed by the program. Students' agreement with acquired oral communication skills dropped from 94% and 97 % in 2018 and 2019 to 41% in 2020. This was due to the crises in Lebanon. All that had disrupted the teaching-learning process for students and faculty. The scores went up to 95.6% in our most recent survey Fall 2021. Items evaluating student clinical experiences had good ratings (between 86 and 95%) except for two items: one relating to care plans and the other relating to the amount of hands-on experience during clinical training.

Other Graduate Program Outcomes are shown in the below table for the MSN program and include:

- Skills developed in the major area of study as a measure of the program achievement of its outcomes. These data are collected from the MSN Exit survey.
- Scholarly activities after graduation as a measure of the extent to which the program prepared them as scholars. These data are collected from Alumni survey.
- MSN students' placement after graduation as a measure of the extent to which the program prepared them for their careers. These data are collected through alumni surveys as well as through the HSON alumni data base.

Table IV-I.2 Other Graduate Program Outcomes: Targets and Actual Levels in the Past 3 Years.

Program Outcomes	Expected Levels	Actual Levels			3-vr average	Supporting Documents	
		2018	2019	2020			
To what extent did your graduate program help you develop:	Greatly 80%					MSN Exit surveys 2018-2019-2020	
A. Advanced knowledge		100	93	100	97%		
B. Personal growth		100	100	83	94%		
C. Professional growth		100	100	67	89%		
D. Oral presentation skills?		100	93	67	86%		
E. Writing skills?		100	100	67	89%		
F. Leadership skills?		100	100	83	94%		
G. Administrative skills?		100	93	67	86%		
H. Research skills?		100	100	83	94%		
I. Education/ teaching skills?		100	100	67	89%		
J. Cultural competency in both knowledge and practice?		100	100	83	94%		
K. Conceptual skills?		100	100	83	94%		
L. Abilities to assess and manage health issues in individuals?		90	80	83	83%		
M. Abilities to assess and manage health issues in families		90	80	67	79%		
N. Abilities to assess and manage health issues in communities		90	73	50	71%		
O. Abilities to assess and manage health issues in organizations		90	93	67	83%		
P. Ethical reasoning skills?		100	100	83	94%		
Q. Ability to use research evidence in practice?		100	100	100	100%		
Scholarly activities after graduation:	25%			%			
Published an article.				25			Alumni Survey 2020
Participated in a research study.				50			GPAC meeting minutes

Attended international conferences.				12.5		GPAC yearly report
Presented at international conferences.				25		Alumni Survey 2020
Job placement after graduation:	N/A	90%	91.7%	100%		Alumni Data Base
RN				52.4%		
IN-Charge				4.8%		
Case Manager				4.8%		
Senior trainer				9.5%		
Program coordinator				4.8%		
NGO				4.8%		
Enrolled in a PhD program				14.3%		

Legend: N/A not applicable GPAC: Graduate Program Assessment Committee

Results of the 3-year average (2018-2019-2020) of the MSN exit surveys show that students perceive that the program has greatly helped develop their communication, problem solving, critical thinking, knowledge, leadership, and research skills. However, we did not reach the target for developing students' abilities to assess and manage health issues in families, communities and organizations, mostly in 2020 when clinical experiences were challenged due to the COVID-19 pandemic.

There was a very limited response rate for alumni surveys in 2018 and 2019. Results of the 2020 Alumni survey showed that 50% of MSN graduates participated in a research study, 25% have published an article, and 37.5% have either attended or presented at international conferences.

Students who graduated the last three years (n=37) were sent emails in summer asking them about their work placement since graduation. Only those working in Lebanon (n=21) responded. Half of them are still working as RNs, three are pursuing a PhD degree, and the others are working as in-charge nurse, case manager, Senior trainer, university instructor, and coordinator of nursing program in a technical school. It is worth noting that nurses in Lebanon do not get promoted right away following graduation because of the limited opportunities/positions available, especially within the last two years with the economic crisis; yet these graduates are given additional responsibilities and have a positive impact on patient care. Those who left the country to the Gulf got advanced practice positions. Working status (i.e. whether working or not) data were supplemented through searches of LinkedIn and alumni networks.

IV-J. Program outcome data are used, as appropriate, to foster ongoing program improvement.

Elaboration: For program outcomes defined by the program:

- 6. Actual program outcomes are used to promote program improvement.*
- 7. Discrepancies between actual and expected outcomes inform areas for improvement.*
- 8. Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.*
- 9. Faculty are engaged in the program improvement process.*

Program Response:

Course coordinators, in their Course Evaluation Summary Form, set their yearly course improvement plan based on students' comments [mid-semester evaluation and instructor course evaluation], as well as objective assessment of student performance, obstacles encountered, and comments gathered from instructors involved in the course. Moreover, program conveners discuss courses evaluations with faculty during the performance appraisal meeting and set course improvement plans accordingly.

Results of Exit surveys are discussed by the Undergraduate Curriculum and Graduate Studies, committees that recommend targets and action plans for improvement.

Results of PLO assessment are analyzed by the related Program Assessment Committee members and recommendations for improvement are made and communicated to the program conveners. Conveners share the recommendations during Division and Faculty meetings to solicit feedback and get approval for the recommended action plans.

Students are informed of the assessment findings during town hall meetings that are held twice per year. Any major changes are advertised on the HSON website.

Examples of changes made to foster undergraduate program improvement: Based on the above results, and in order to address low satisfaction with competence with computers, a learning activity was added to the informatics course (NURS 404) where students were asked to assess their learning needs related to informatics technical competencies via a self-administered survey. The instructor posted a list of tutorials that students can choose from to access and learn the chosen competency. The satisfaction scores increased from 59% in 2019 to 78% in spring 2020.

To address the low satisfaction with the use of care plans in clinical rotations, concept maps were introduced to replace some of the care plan assignments in some of the courses. The Program Learning Outcomes Assessment 3-year summary report (2019-21) shows that in addition to care plans, mind maps and reflective practice assignments are included in courses' assignments.

To address low satisfaction with hands-on experience during clinical rotations, the issue was addressed during a faculty retreat in October 2019. One of the recommendations was to make use of simulation hours to teach clinical skills and track student development of these skills. Students were asked to keep a log of all their weekly objectives, whether they were met, and how they were met (whether they read the related policies, observed other nurses doing the skill, and how many time they did themselves the skill).

Finally, to address students' low satisfaction with the program in helping them develop abilities to assess and manage health issues in communities and organizations, the Advanced community Assessment and Interventions (NURS 523) course was updated in 2019 to include a part related to Frameworks and models guiding a community assessment. The scores are still below target because most of our students are part-timers, so those who took the updated course in fall 2019 will be filling the MSN exit survey in spring 2022 [**Exhibit I.08**].

Changes made to foster graduate program improvement: Graduate students get the opportunity to work on the faculty members' research but most of them choose to do their projects or thesis in other areas. In addition, up until 2019, most students opted for a graduation project rather than thesis due to the demanding nature of the MSN program and to save time till graduation. Between 2014 and 2019, there were 18 publications co-authored by faculty and students from the students' research work. The following strategies were used to promote students' research skills and increase their contribution to research at the school:

- Engaging students in the faculty members' research program: In the past 2 years, graduate faculty members were invited to the advanced research course where they gave a briefing about their research.
- Encouraging more students to go for thesis
- Encouraging students to publish their research: An email was sent to the MSN graduates of the last 3 years inviting them to contact their thesis/project advisors, so they can work with them on publishing their work.

The time to graduation reported for MSN students was 3.65 years, based on results from 2016-17 to 2017-18. According to the AUB catalogue, full time students can complete their degree in 2 years, whereas part time students can take up to a maximum of 4 years to graduate. This reported time (3.65 years) is accounted for by the fact that most MSN students are part timers. In addition, the MSN program has higher number of credits than other master's programs at AUB, ranging between 37 and 40 for the 4 areas of concentrations/tracks, needed to meet CCNE accreditation requirements. Even full-time students in some of the tracks of study may require 2 and a half years to graduate. Recently, more students are opting to do thesis rather than graduation projects, which results in longer time to graduation from the MSN program. In conclusion, 3 to 3 and a half years is a reasonable time to

graduation from the MSN program. Unless we get many more full-time students, such as through the Master Card Foundation Scholarship program; this trend is expected to continue.

To address courses' under-enrolled courses with less than 6 students, and based on the HSON assessment report for the years 2017-18 and 2018-19 that was requested by the Provost office, several courses had fewer than 6 students enrolled. This 'under-enrollment' applies mostly in specialty courses. One strategy that was implemented was limiting admission to the MSN program to the Fall semester only 2 years ago. Another decision was not to launch a track if there were less than 6 students enrolled. Additional strategies that are in the planning include to intensify marketing efforts, such as via online sessions and videos sent to targeted audiences, including prior MSN applicants who did not complete their MSN applications last year, our BSN alumni, etc. The marketing is also addressing the blended MSN in Nursing Administration and Management in the region that was approved but not started yet due to the COVID19 situation. It is expected that this program will increase enrollment in the Nursing and Administration track. In addition, we are preparing an online graduate academic diploma program in nursing administration. This program could attract potential applicants because of the convenience of delivery and short duration. Moreover, interested graduates can continue into the MSN if they choose to after completing their diploma. Intensifying the marketing and recruitment for the PhD program also may translate into higher enrollment into the MSN degree.

Strengths

- A structured evaluation process is in place to monitor program, faculty and student outcomes.
- Evaluation is conducted by assessment committees, thus enhancing faculty engagement in the process
- Faculty members are involved in assessment activities and development of action plans for improvement of program effectiveness
- Despite current challenges, the program and faculty outcome targets were attained

Areas for improvement

- Revision of the comprehensive evaluation plan indicators for better alignment with CCNE outcomes, by modifying some indicators
- Reviving of the employer survey to AUBMC and elsewhere as more and more graduates are being employed elsewhere in Lebanon and abroad.
- Conduct more consistent tracking of alumni
- In line with the revised Nursing Practice Act (Decree # 221 legislated in July 2021), ensure that MSN graduates of the clinical tracks get specialty certification

Action Plan

- Revision of the comprehensive plan indicators will be done in tandem with the new 2022-2027 strategic plan development
- A database of all employers of our graduates will be created
- The employer survey will be revised and communicated to all employers in the database
- For employers in Lebanon, focus groups shall be used to solicit feedback about HSON programs and graduates
- Revise the communication strategies utilized by HSON to make sure alumni database is continuously updated, using permanent emails and social media
- As of September 2021, the School is closely working with the Order of Nurses in Lebanon to develop MSN certification policies and procedures

AMERICAN UNIVERSITY OF BEIRUT

HARIRI SCHOOL OF NURSING



Self-Study Appendices

Prepared for

Commission on Collegiate Nursing Education

(CCNE)

January 24, 2022

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APPENDIX I-A-1. Mission and Vision Statements of the AUB Hariri School of Nursing

Mission

The mission of the Rafic Hariri School of Nursing is to promote and maintain the highest educational standards of excellence, integrity, and professionalism in nursing, following the American model of nursing education and practice. The school aims to provide learning opportunities that will enable students to develop into competent nurses who respect cultural diversity while coordinating and delivering high-quality, compassionate nursing care in Lebanon and beyond, guided by ethical principles. The faculty believes education is an interactive process between faculty and students with both taking responsibility for active learning. The baccalaureate program, drawn primarily from the humanities, sciences, and caring disciplines, focuses on the use of nursing theory and research as a basis for practice. The master's program focuses on preparing nurses for advanced nursing practice roles. It is based on the use and generation of research-based knowledge to guide practice. The PhD program in Nursing Science aims to provide rigorous training for research careers in nursing and healthcare. The program is intended to produce research scientists who will make significant and original contributions to nursing practice, health promotion, health maintenance, population health and health care delivery. Nursing students at AUB learn to think critically, develop professional attitudes and leadership skills, and appreciate the value of life-long learning and freedom of speech.

Vision

The Rafic Hariri School of Nursing aspires to become the leading school of nursing in Lebanon and the region; nationally and internationally recognized for excellence in education, research, and service. The school is committed to offering cutting-edge culturally relevant and internationally recognized graduate and undergraduate education, fostering lifelong learning and scholarship, developing the leaders in nursing and health care, and attracting a competent and culturally-diverse student body.



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Appendix I-A-2



Hariri School of Nursing
American University of Beirut

Strategic Plan
2017 – 2022



**HARIRI SCHOOL
OF NURSING**
AMERICAN UNIVERSITY
OF BEIRUT

Report Prepared by

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Report Approved by

HSOON Full Faculty on May 15, 2017

Presented by

Dr. Huda Huijer, HSOON Director



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Mission

The mission of the Rafic Hariri School of Nursing is to promote and maintain the highest educational standards of excellence, integrity, and professionalism in nursing, following the American model of nursing education and practice. The School aims to provide learning opportunities that will enable students to develop into competent nurses who respect cultural diversity while coordinating and delivering high quality, compassionate nursing care in Lebanon and beyond, guided by ethical principles. The faculty believes education is an interactive process between faculty and students with both taking responsibility for active learning. The baccalaureate program, drawn primarily from the humanities, sciences, and caring disciplines, focuses on the use of nursing theory and research as a basis for practice. The master's program focuses on preparing nurses for advanced nursing practice roles, and is based on the use and generation of research based knowledge to guide practice. Nursing students at AUB learn to think critically, develop professional attitudes and leadership skills, and appreciate the value of life-long learning and freedom of speech.



Major Achievements and Challenges

Since its strategic planning cycle of 2011, the Hariri School of Nursing (HSON) accomplished a number of milestones in a number of areas.

1. Achievements/Progress:

The major achievement was the reaccreditation of the BSN and MSN programs by the Commission on Collegiate Nursing Education (CCNE) in 2012 for a period of 10 years, which is the first for a school outside US territory. In addition HSON established an External Advisory Board (EAB) in 2014 chaired by Dr. Martha Hill, immediate past dean of Johns Hopkins University School of Nursing

Other accomplishments are:

In Education:

- HSON undergraduate student enrollment is on the increase. Majority of targets were met.
- A variety of teaching methodologies were introduced:
 - Simulation: Simulation became a requirement in all nursing courses, and is allotted one credit. Integrated in the courses are low and high interactive mannequins, task trainers, and virtual simulators.
 - Blended/Hybrid Learning: An active learning strategy that is integrated in a number of graduate and undergraduate courses at HSON. Online forum and group work are major features of this strategy.
 - Case-Based Learning: This teaching learning strategy is used in a number of undergraduate nursing courses. This approach uses real life clinical situations as the means to achieve the learning outcomes of a course and capitalizes on team work and self-directed learning.
- New evaluation tool was introduced: Objective Structured Clinical Exam (OSCE) – A versatile multipurpose evaluative tool that uses clinical situations to assess clinical performance of students. OSCE is integrated in all nursing courses as a formative and summative strategy to assess competence of students in different learning domains (knowledge, psychomotor, and attitude).
- Extensive revision of the graduate program core and specialty courses was done in 2016 to meet the CCNE standards for accreditation and certification requirements.
- IPEC-300 – Is a 1-credit-course that has been integrated in the senior year of the undergraduate program effective academic year 2016-2017. Students from nursing, public health, and medicine are convened in groups to discuss health-related case studies and answer questions related to interprofessional collaboration and practice.

In administration:



- HSON Director was appointed ex-officio member to the Board of Deans.
- A new organizational structure for HSON was developed.
- Partnership with clinical facilities has been established at the national and international levels:
 - MOUs with Johns Hopkins University SON, University of Michigan SON, Villanova University College of Nursing, University of Maryland SON, & University of Science & Technology Sydney; to facilitate faculty & student exchange and research collaboration.
 - Partnership with AUBMC, Rafic Hariri University hospital, Bellevue Medical Center, Deir El Salib, Dar Al Ajaza, Armenian Relief Cross & other healthcare organizations.
- HSON marketing activities and recruitment campaigns intensified, including visits to high schools and distribution of brochures to hospitals, schools of nursing, and alumni locally and abroad. Fairs and open houses for potential students, parents, and high school counselors were held. Live scenarios at the simulation lab were organized for potential and interested candidates. Marketing and promotion of HSON programs is done through Facebook, Keystone Academic Solutions portal (Student recruitment for graduate studies), Nursing CAS portal (Student recruitment targeting North America) and Big choice portal (Student recruitment targeting Asia, Africa, and South America).
- An honor society for nursing was established and an introductory meeting held June 2010. The Chi Iota Chapter of Sigma Theta Tau International, the first in the region, was launched in 2014.
- In 2015, HSON celebrated its 110th anniversary under the motto '*Expanding Boundaries and Enhancing Partnerships*'. HSON held a meeting on January 30th with directors of hospitals and nursing services in Lebanon. A panel of HSON MSN graduates gave presentations of how their education had allowed them to develop their specialized nursing roles in the country. This was followed by two meetings: the first with all deans and directors of schools of nursing in Lebanon and the second with all deans of SON in the Middle East to discuss research collaboration based on the WHO regional research priorities. To celebrate the 110th anniversary a 5' promotional film was produced along with a history booklet on AUB School of Nursing.
- In May 2016, A symposium in celebration of International Nurses Day '*Celebrating Nursing Developments; Past and Present Achievements*' took place on May 11, 2016 and hosted a number of local and international speakers. The symposium was followed by a nursing attire fashion show organized by HSON students.
- In October 2016, HSON organized the international nursing research conference '*Development of Evidence-Based Nursing in an Interdisciplinary Era: Achievements & Prospects*'; more than 400 participants attended. HSON also hosted a meeting of the Association of Arab Nursing Faculties (AANF); more than 60 directors and deans of schools of nursing in the Middle East attended.



Faculty matters:

- Active recruitment of faculty continues, with significant increase in PhD holder faculty.
- Two faculty members were promoted to the rank of Associate Professor.
- Two faculty members completed their PhDs; 2 will finish in 2017.
- Visiting faculty during the Summer Nursing Institute (SNI).
- Two Joint appointments with AUBMC, two with the Faculty of Medicine (FM) and one clinical associate appointment with the Department of Psychiatry.
- HSON currently has 23 full time faculty, 3 part-time faculty, 28 part-time clinical preceptors, and 24 adjunct faculty appointments

REP/Gulf activities:

- Regional External Program Continuing Education Center (REP CEC): 12 credits Post basic Certificates were developed in Leadership & Management; Nursing Informatics; Critical Care Nursing; and Community Nursing.
- REP CEC Workshops/courses: In 2015-2016, HSON offered seven intensive workshops to the Ministry of Health nurses in Dubai and a one-week workshop on the use of simulation in nursing education to nursing faculty from the West Bank, Palestine. Two courses on Foundations of Oncology Nursing were offered to nurses from Iraq.
- A number of proposals for consultancy work by HSON were prepared and submitted.

In Research

An important strategic goal of HSON is to foster excellence in research. Programs of research have been established focusing on: Clinical Research, Health Systems & Outcomes Research; and Nursing Education Research. A proposal has been prepared to establish a Center for Nursing Research.

- HSON has the highest number of research projects and highest publication rate in nursing in Lebanon and to a large extent in the region. HSON does not only account for 85% of Lebanon's and nearly 14% of the Arab world's nursing research output, but its faculty members are the most productive, and publish the most impactful nursing research in the Arab world.
- HSON research is largely published in nursing journals, but a significant percent of its research is published in top biomedical, clinical medicine, health sciences and psychology journals. HSON ranks above the world average in citation rate based on US rankings.
- HSON ranked 147 out of 503 schools of nursing offering graduate programs based on U.S. News & World Report Ranking.
- HSON continues to provide seed grants for newly appointed (junior) faculty.
- In 2013, HSON faculty moved from 11 to 9-month contracts, to allow more time for research.
- 6 faculty members were sponsored by HSON to complete their PHDs. 4 completed their PhDs and 2 are expected to finish in 2017.

- HSON was approved to have a representative on the University Research Board (URB); all submitted proposals to the URB were funded.
- Research productivity of the faculty continues to grow.
 - In 2011, number of funded projects 16 (4 externally); 23 publications.
 - In 2012, number of funded research projects 14 (6 externally); 26 publications.
 - In 2013, 15 funded research projects (7 externally); 36 publications.
 - In 2014, 17 funded research projects (8 externally); 23 publications.
 - In 2015, 16 funded research projects (7 externally); 18 publications
 - In 2016, 28 funded research projects (11 externally); 28 publications
 - Funding sources include NIH/Fogarty \$1,001,082 (Co-PI SHARP), Pfizer, MPP, URB, CNRS, UNFPA, NOVARTIS, MENACTRIMS (total \$220,000).
- A proposal to establish a WHO Collaborating Center for Nursing Research is under discussion.

In Community & Professional Service

- HSON faculty and students have a major contribution to the professional activities of the Order of Nurses in Lebanon: one faculty member was elected as president of the Order and at least 4 or 5 are active committee members. Students were heavily involved in 2016 in the health awareness campaigns done by the Order throughout the country. Also the newly established Lebanese Nursing Student Society is led by a graduate of AUB.
- A number of community projects were conducted in collaboration with Armenian Relief Cross, UNICEF, UNFPA, MoPH, WHO, among others.
- Nursing Student Society activities including community service projects were numerous.

2. Challenges:

- Achieving independent Faculty status remains a major strategic goal for HSON. .
- The accelerated program (BA/BS-BSN) has not been launched yet, because less than 6 applicants are enrolling in the program. Students are currently enrolled as second degree students in the regular BSN program.
- A market survey was done in fall 2016 to identify the feasibility of launching an MSN/MBA program and the findings revealed that there are not enough potential students able to pay their own fees and the likely support from employers is less than needed.
- The endowed chair for research is not yet appointed.
- There is a decrease in MSN enrollment mainly due to market demand.
- Extramural funding for research remains a challenge.
- More academic space for research and faculty offices dedicated to the school in the HSON building is needed. Currently 40% of the space is used by AUBMC
- HSON satisfaction score is still below target though it remains higher than that of AUB.
- Difficulty in recruiting research-active faculty



External Trends and Influences

The following are key external influences that we believe are bearing on HSON's strategic planning. The list is not complete as we may not be able to account for all external factors impacting HSON strategic planning processes.

Demographics: A variety of majors competing with nursing are available for the predominantly youthful (age below 25 years) generation of the region.

Social: The societal perspective of nursing as a profession is still not favorable. This is true of some societies in Lebanon and the region.

Economic: More job vacancies in nursing in the region and world-wide will be available due to expanding healthcare centers, high nurses' turnover, as well as nurse migration and rapid nurse mobility internationally. This impacts graduate student enrollment.

Political: Instability in the region may impact student enrollment and faculty appointments.

Technological: Despite technology integration into higher education (delivery platforms and curriculum and assessment methods) not all nursing courses yield themselves to such approaches due to the nature of the courses and student characteristics.

Educational:

- There is a proliferation of private and considerably less expensive competing schools of nursing in Lebanon with flexible admission criteria compared to AUB.
- The Arab region has become very attractive for US universities to establish partnerships (including nursing) with sister universities in the region

Professional: Regional and international demand for nurses at all levels in practice and education with special regard to the autonomous role of the nurse in a variety of settings, e.g. nurse-led clinics, nurse consultants, etc.

Legal/Regulatory: The Order of Nurses in Lebanon is trying to organize the profession by advocating professional practice based on set standards developed by nursing leaders in the country.

SWOT Analysis Matrix

SWOT represents: Strengths (S), Weaknesses (W), Opportunities (O), and Threats (T).
This SWOT analysis is adapted from a compilation of different SWOT analyses conducted by HSON since 2006.

STRENGTHS

Academic Programs

1. AUB HSON, established in 1905 as the first School of Nursing in the Middle East, has a long standing history in academic nursing education with national, regional, and international reputation.
2. HSON is the first school of nursing outside the USA to be accredited by the Commission on Collegiate Nursing Education (CCNE).
3. HSON is the first school of nursing to become a member of the American Association of Colleges of Nursing (AACN) outside USA; HSON Director attends AACN Deans meetings.
4. Good physical and academic teaching facilities (HSON building, classrooms, an auditorium, computer lab, and state of the art simulation lab).
5. Variety of academic programs offering opportunities for career ladder (RN-BSN, BSN, BA/BS-BSN, MSN with four tracks, PhD—program approved), research based and benchmarked against leading programs in the USA.
6. The programs adhere to CCNE, AACN, International Council of Nurses (ICN), & Lebanese standards for nursing education. Their quality is evidenced by graduates holding key positions in Lebanon, the region and internationally.
7. HSON is the only school in Lebanon that offers a minor in nursing education at graduate level.
8. Availability of post basic certificate programs in nursing.
9. The MSN program enables students to sit for the clinical nurse specialist credentialing examination in the U.S.
10. HSON representation on senate, and many university committees and the Director serving on the Board of Deans.
11. Availability of non-academic staff who can help us with the growth, like the EO/FO, SSO etc.

Leadership

1. Leadership has vision and is supportive of faculty development, research, and new academic programs.
2. HSON faculty contracts changed from 11 months to 9 months to ensure more time for research and scholarship.
3. Leadership reinforces faculty excellence and is supportive of junior faculty working on their PhDs.
4. HSON continues to provide seed grants for newly appointed (junior) faculty.
5. Leadership well-connected as evidenced by MOUs with top universities, which provide opportunities for faculty and students for education and research.

Students/Graduates



1. Availability of a Students Service and Career Planning Office to enhance student recruitment, admission, retention and support.
2. Intensive and varied marketing strategies (high school visits, meeting for high school counselors, newsletters, face book, and website).
3. Availability of scholarships for undergraduate students and graduate assistantships (GAs) for graduate students.
4. Database for tracking Alumni career path.
5. Success rate of undergraduate students in the Colloquium is 100%.
6. Monitoring of BSN & MSN Key Performance Indicators (KPIs) on advising & mentoring, skill development, nursing courses, clinical experience, and student satisfaction with instruction and advising among others is done regularly. Results, presented as trends over a number of years, are discussed by the Graduate Studies Committees and UG Academic and Curriculum committees & compared to targets. Action plans are made to sustain or remedy situations.

Faculty

1. HSON continues to have the highest number of PhD holder faculty in Lebanon.
2. Scholarly achievement of faculty members is on the increase. Faculty members publish the most impactful nursing research in the Arab world.
3. Faculty supportive of students' academic progress and performance, with close follow up.
4. Innovative ways of teaching are used by faculty such as simulation, case-based learning, and hybrid/blended learning.

HSON as a Resource Center

1. Contribution to nursing development at national level
2. Community outreach through conducting projects in collaboration with Armenian Relief Cross, UNICEF, UNFPA, MoPH, WHO, among others.
3. High regional profile as evidenced by increasing number of consultancy and teaching requests from the region.
4. Membership in the Association of Arab Nursing Faculties.
5. Shared resources with AUB (Saab Medical Library, Academic Computing Center, etc)
6. First SON to have a Sigma Theta Tau International Honor Society Chapter in the region. (Chi Iota Chapter)
7. A state of the art simulation lab launched in 2009, and is being utilized by Under Graduate (UG) and Graduate (GR) nursing courses and by FM & AUBMC for competency development and training.
8. Summer Nursing Institute (SNI) was launched by HSON in 2007 and continues to offer a number of one credit courses, which are open to students from AUB, Lebanon, and the region.

Affiliations

1. Joint appointments with FM and AUBMC Nursing Services to support teaching, research, and service endeavors.
2. Collaboration with partner universities in the USA. MOUs with Johns Hopkins University, University of Michigan, Villanova University, University of Maryland, & University of Science & Technology Sydney; faculty & student exchange and research collaboration.
3. Affiliation and collaboration among the Faculties of Medicine, Health Sciences, and Nursing to prepare the health care professionals for the 21st century gives HSON an opportunity to develop innovative programs in education, research, and practice at AUB.
4. Partnerships with AUBMC, through AUBMC nursing services/HSON joint taskforce for



clinical affairs.

5. Development of preceptor education program intended for clinical preceptors who participate in the clinical teaching, and is offered at the beginning of the semester.
6. Close collaboration with the Order of Nurses in Lebanon and the Ministry of Public Health, through capacity building initiatives.

WEAKNESSES

Faculty

1. No clear process for mentoring new faculty by senior faculty.
2. Difficulty of recruiting midcareer and experienced faculty.

Students

1. Low student enrollment in the graduate program due to high tuition fees when compared to other universities in Lebanon and absence of scholarships for MSN students.
2. Baccalaureate students (grade 12) from literature and economics stream with insufficient science background.
3. Students' satisfaction with advising need to improve to meet the school's target.

Resources

1. Unavailable automated system on tracking student academic performance, scholarship and awards
2. Student files are not automated

Leadership

1. Lack of a career ladder for staff.

OPPORTUNITIES

1. Innovative curriculum delivery models in nursing education are in great demand in the Middle East (e.g. online courses and programs).
2. International trend to expand graduate nursing education in innovative and cutting-edge ways.
3. Continuing Nursing Education is and will remain in great demand in the region.
4. Opportunities for extramural funding are available and will be enhanced through the projected Center for Nursing Research to be led by the Hariri Endowed Chair.
5. Regional and international collaboration provide opportunities for HSON to offer Summer Nursing Institute, to offer residency programs for MSN students, and the launching of a collaborative PhD program.
6. Sigma Theta Tau International opportunity for students to participate in conferences.
7. Strong demand for faculty consultation in Lebanon and the region.
8. High demand for nurses locally and regionally.
9. Availability of workshops and webinars for faculty to improve their teaching and research.
10. The regional external program (REP) of AUB is working on several projects in the UAE and KSA that include HSON.
11. The 2020 vision of AUBMC includes a plan for expanding health services, thus a higher demand for nurses is foreseen and thus opportunity to reinstate bursary program for nurses and to work on strategic alliances.
12. Access to a national data base for nurses through the Order of Nurses in Lebanon.

THREATS

1. Lack of clarity on career possibilities affecting graduate student recruitment.



2. Lack of acknowledgement of advanced practice nurses in the Lebanese Law
3. Increase in number of schools of nursing in Lebanon competing for same applicant pool (offering BSN and MSN programs) and using attractive marketing strategies.
4. Lower tuition fees at other SON in Lebanon compared to AUB.
5. Lack of career counseling about nursing in feeder schools.
6. Presence of more financial aid opportunities for students in other universities.
7. Political unrest and turmoil in Lebanon as well as the international shortage of nursing faculty hamper faculty and international student recruitment to AUB.



Vision

The Rafic Hariri School of Nursing aspires to become the leading school of nursing in Lebanon and beyond recognized for excellence in education, research, and service.

The school is committed to offering cutting-edge culturally-relevant and internationally recognized graduate and undergraduate education, fostering life-long learning and scholarship, developing the leaders in nursing and health care, and attracting a qualified and diverse student body.

Goals, Objectives and Initiatives

Goal 1: To achieve status of free standing faculty

Objective 1.1: Develop a long-range financial plan that includes both cost-saving and revenue enhancement strategies needed to sustain independent financial viability

Initiatives:

HSO17 01: Develop a five-year business plan to ensure adequate resources for independent Faculty status.

HSO17 02: Develop a recruitment plan to attract midcareer faculty.

HSO17 03: Develop a career ladder for HSON administrative staff aligned with AUB.

HSO17 04: Ensure that HSON uses full space of HSON building.

Objective 1.2: Refine the organizational structure to empower faculty to respond to AUB expectations.

Initiative:

HSO17 05: New organizational structure implemented.

Objective 1.3: Maintain a balanced faculty workload by linking teaching assignments, research activities and service contributions to promotion and tenure opportunities

Initiative:

OSON 17 06: Recommend a revision of the policy for faculty workload, promotion and tenure.

Goal 2: To position HSON as a national & regional leader in education

Objective 2.1: Launch the PhD program in Nursing Science

Initiatives:

HSO17 07: Continue recruiting PhD holder faculty for the program.

HSO17 08: Advertise for the PhD program.

Objective 2.2: Launch a TS-BSN program

Initiatives:

HSO17 09: Conduct a feasibility study for developing a TS-BSN program.

HSO17 10: Appoint a taskforce to develop the program by September 2017

Objective 2.3: Launch new MSN tracks and Hybrid programs to meet national and regional demands.

Initiatives:



HSO17 11: Conduct a feasibility study for developing a MSN hybrid/blended track in nursing Education

HSO17 12: Appoint a taskforce to develop the program by September 2017

HSO17 13: Conduct a feasibility study for converting the current MSN Nursing administration track into a hybrid/blended format.

HSO17 14: Appoint a taskforce to write a proposal and follow up the conversion of the program

Objective 2.4: Establish off-site locations in the Bekaa (AREC) and in the Gulf region.

Initiatives:

HSO17 15: Prepare a feasibility study for establishing an off-site location in Bekaa

HSO17 16: Appoint a taskforce to develop and submit a proposal for further approvals at HSON and AUB.

HSO17 17: Prepare a feasibility study for establishing an off-site location in the Gulf region

HSO17 18 Appoint a taskforce to prepare and submit a proposal for further approval at HSON and AUB.

Objective 2.5: Improve clinical education.

Initiatives:

HSO17 19: Improve the clinical education of undergraduate students by ensuring all students master the core competencies required for nursing practice.

HSO17 20: Increase the number of graduates who apply for certification.

Goal 3: To model excellence in research

Objective 3.1: Continue efforts to establish a Center for Nursing Research (CNR) that promotes interdisciplinary research.

Initiatives:

HSO17 21: Recruit and appoint a Director/endowed chair for the CNR.

HSO17 22: Support interdisciplinary research activities.

Objective 3.2: Enhance faculty research

Initiatives:

HSO17 23: Increase faculty scientific publications.

HSO17 24: Achieve an overall school ranking of 100 by the US News and World Ranking Report for Best Graduate Schools.

Objective 3.3: Recruit PhD holder faculty in needed research areas.

Initiatives:

HSO17 25: Maintain existing full-time faculty

HSO17 26: Recruit new faculty with top terminal degrees



Goal 4: To achieve planned growth in high quality students

Objective 4.1: Enhance marketing strategies to increase student enrollment.

Initiatives:

HSO17 27: Advertise the programs' CCNE accreditation.

HSO17 28: Enhance program publicity nationally and internationally.

Objective 4.2: Enhance students' satisfaction rates with instructions and advising:

Initiative:

HSO17 29: Provide workshops on student advising through CTL.

Objective 4.3: Increase the number and amount of scholarships for undergraduate and graduate students

Initiatives:

HSO17 30: Coordinate with AUBMC to re-instate the bursary program for potential BSN applicants.

HSO17 31: Establish new scholarships for graduate studies.

Goal 5: Contribute to the enhancement of the health and wellbeing of the community and the environment.

Objective 5.1: Strengthen HSON engagement in community and outreach activities

Initiative:

HSO17 32: Connect and engage in projects that provide community services with high impact on healthcare policy and decision-making.

Objective 5.2: Develop community engagement strategies targeting healthcare needs

Initiative:

HSO17 33: Collaborate with the Order of Nurses in Lebanon (ONL) on conducting healthcare programs and capacity building of nurses and caregivers on health issues that are prevalent in the country.

Objective 5.3: Enhance service learning education and activities in the curriculum.

Initiative:

HSO17 34: Increase the number of service learning courses and make it mandatory in the curriculum.



The table below maps the HSON objectives and initiatives with AUB five Key Initiatives.

AUB Key Initiatives HSOON Objectives & Initiatives	Student Learning Experience	Infrastructure and Academic Support	Collaboration /Engagement /Outreach	Scholarship and Service	Enrollment Management Plan
Objective 1.1 HSON17 01		X			X
HSOON17 02		X			
HSOON17 03		X			
HSOON17 04		X			
Objective 1.2 HSON17 05		X			
Objective 1.3 HSON17 06		X			
Objective 2.1 HSON17 07		X			
HSOON17 08					X
Objective 2.2 HSON17 09	X				X
HSOON17 10	X				X
Objective 2.3 HSON17 11	X				X
HSOON17 12	X				X
HSOON17 13	X				X
HSOON17 14	X				X
Objective 2.4 HSON17 15			X		
HSOON17 16			X		
HSOON17 17			X		
HSOON17 18			X		
Objective 2.5 HSON17 19	X				
HSOON17 20	X				
Objective 3.1 HSON17 21				X	
HSOON17 22				X	
Objective 3.2 HSON17 23				X	
HSOON17 24				X	X
Objective 3.3 HSON17 25		X			
HSOON17 26		X			
Objective 4.1 HSON17 27					X
HSOON17 28					X
Objective 4.2 HSON17 29	X				
Objective 4.3 HSON17 30					X
HSOON17 31					X
Objective 5.1 HSON17 32	X		X		
Objective 5.2 HSON17 33	X		X		
Objective 5.3 HSON 17 34	X		X		

Alignment of HSON Objectives & Initiatives with AUB SP Key Initiatives



**American University of Beirut; Estimates of Students, Faculty and Staff
Strategic Planning Unit: ___ Hariri School of Nursing_____**

Programs	Actual/2016-17	2017-20	2020-22
BSN	163	194	240
TS-BSN	0	20	20
BA/BS-BSN	0	10	10
Total UG students	163	224	270
MSN	51	52	60
MSN Hybrid (MSN/MBA ; Nursing Administration & Management)	0	10	15
MSN Hybrid (Education)	0	10	15
Total GR Students	51	72	90
Total PHD students	0	10	10
Total # of students	214	316	370
FTE Faculty	21	26	30
FTE Staff	8	9	9

HSON Strategic Plan KPIs

Goals and Objectives	KPIs
Goal 1: To achieve status of free standing faculty	
<p>Objective 1.1: Develop a long-range financial plan that includes both cost-saving and revenue enhancement strategies needed to sustain independent financial viability.</p> <p>Objective 1.2: Refine the organizational structure to empower faculty to respond to AUB expectations.</p> <p>Objective 1.3: Maintain a balanced faculty workload by linking teaching assignments, research activities and service contributions to promotion and tenure opportunities.</p>	<ul style="list-style-type: none"> - Percent increase in HSON revenues from new academic programs - Number of HSON Endowments for scholarships - Recruitment plan in place (Yes/No) - New organizational structure in place (Yes/No) - Faculty satisfaction metrics (Faculty survey)
Goal 2: To position HSON as a national & regional leader in education	
<p>Objective 2.1: Launch the PhD program in Nursing Science.</p> <p>Objective 2.2: Launch a TS-BSN program.</p> <p>Objective 2.3: Launch new MSN tracks and Hybrid programs to meet national and regional demands.</p> <p>Objective 2.4: Establish off-site locations in the Bekaa (AREC) and in</p>	<ul style="list-style-type: none"> - Number of students enrolled in the new BSN, MSN & PhD programs - Two off-site locations established (Yes/No) - TS-BSN program launched (Yes/No) - Number of program tracks offered using non-traditional methods of teaching (hybrid, blended) - BSN clinical competencies achieved - Percent increase in number of MSN graduates achieving

the Gulf region. Objective 2.5: Improve clinical education.	certification. (25% increase)
Goal 3: To model excellence in research	
Objective 3.1: Continue efforts to establish a Center for Nursing Research (CNR) that promotes interdisciplinary research. Objective 3.2: Enhance faculty research. Objective 3.3: Recruit PhD holder faculty in needed research areas.	<ul style="list-style-type: none"> – Research center in place (Yes/No) – Endowed chair for nursing research appointed (Yes/No) – Number of inter-disciplinary research activities. – Number of midcareer faculty – Number of faculty with PhD – Number of funded projects – Number of project applications – Number of scholarly publications in peer-reviewed journals – Number of scholarly presentations at scientific conferences – HSON ranking of 100
Goal 4: To achieve planned growth in high quality students	
Objective 4.1: Enhance marketing strategies to increase students' enrollment. Objective 4.2: Enhance students' satisfaction rates with instructions	<ul style="list-style-type: none"> – Number of BSN & MSN Student Enrollment – Number of second degree BS/BSN overseas applicants – Student satisfaction rates with instructions and advising – Number of students benefiting from bursaries per year

<p>and advising.</p> <p>Objective 4.3: Increase the number and amount of scholarships for undergraduate and graduate students.</p>	<ul style="list-style-type: none"> - Number of students benefiting from MasterCard programs out of total number of MSN students enrolled. - Number of students benefiting from other scholarships
<p>Goal 5: Contribute to the enhancement of the health and wellbeing of the community and the environment</p>	
<p>Objective 5.1: Strengthen HSON engagement in community and outreach activities</p> <p>Objective 5.2: Develop community engagement strategies targeting healthcare needs</p> <p>Objective 5.3: Enhance service learning education and activities in the curriculum.</p>	<ul style="list-style-type: none"> - Number of community projects that involve undergraduate students - Number of graduate students' projects having a community focus - Number of initiatives in collaboration with the Order of Nurses in Lebanon (ONL) - Number of designated service learning courses



Mechanisms and Activities to Secure Faculty/Staff Engagement in the Planning Process

“The Hariri School of Nursing Strategic Planning Committee is composed of Dr. Huda Huijer (Chair), Dr. Leila Farhood (MSN convener and Coordinator of the MSN Psychiatry and Mental Health Clinical Nurse Specialist track), Dr. Samar Nouredine (Assistant Director for Academic Affairs, Chair of the GSC committee), Dr. Nuhad Dumit (BSN convener), Dr. Michael Clinton (Coordinator of the MSN Administration and Management track), Mr. Ghassan Afram (Executive/Financial Officer, until October 2016) and Ms. Patricia Assaf (Executive/Financial Officer, effective November 2016).

A taskforce (TF) on Strategic Planning Chaired by Dr. Lina Younan, with members Dr. Lina Kantar and Mrs. Lynn Berbary (SSO) has been established on October 24, 2016, based on the request of the administrative committee. The mandates of the TF were to:

- Review the HSON SP of 2006, 2011-12 and 2016
- Review the KPIs of the Balanced Score Card (BSC) and recommend adding new initiatives and targets as needed.

The TF met on a weekly basis, over 6 weeks, during the months of November and December 2016. The report of the TF was submitted on January 5, 2017 to the Administrative & Advisory Committees for review.

Feedback from reviewers was collected and resubmitted to the TF, on February 14, 2017. The TF met on several occasions to address the comments of the reviewers on the SP report. A revised version using the format of 2011 SP was submitted on March 28, 2017.”

The Academic Assessment Unit provided feedback on the strategic plan. Ms. Dania Salem from AAU met with Dr. Huijer and with Dr. Younan. Ms. Salem provided her feedback on the goals, objectives, initiatives and KPIs on May 1, 2017. A revised version was then sent to the TF for final approval.



Schedule of Strategic Planning Reviews

The HSON Strategic Planning Reviews will take place once per year. The exact date will be determined at a later date and will be aligned with AUB SP reviews.

The purposes of the reviews are as follows:

- To assess the KPIs and strategic initiatives
- To re-examine KPIs and strategic initiatives in view of performance
- To develop new strategic initiatives as needed
- To examine strategic goals and initiatives in light of national and international developments

The five year review will re-examine the performance of HSON on all these measures and develop new plans and measures accordingly.

In order to facilitate the implementation and review process, HSON will appoint a Strategic Planning Committee assisted by the executive officer. The committee will report on their findings on a regular basis.

HSO Goals	KPIs	2014	2015	2016	2017 Current	2020 Target
Goal 1: To achieve status of free standing faculty	HSO revenues from new academic programs	6%	8%	1%	16%	10% increase
	Number of HSON endowments for scholarships	2	2	2	2	4
	Recruitment plan in place	yes	yes	yes	yes	Yes
	New organizational structure in place				In place	yes
	Faculty satisfaction					80%
Goal 2: To position HSON as a national and regional leader in nursing education	Number of students enrolled in BSN, MSN, & & PhD programs	227	245	227	214	370
	Two off-site locations established					Yes
	Number of program tracks offered using non-traditional methods of teaching (hybrid, blended)					4
	TS-BSN program launched					Yes
	BSN clinical competencies achieved				100%	100%
	MSN clinical certifications achieved					25%
Goal 3: To model excellence in research	Research center in place					Yes
	Endowed chair for nursing research appointed					Yes
	Number of faculty with PhD			12	16	22



	Number of faculty	20	20	21	23	30
	Number of inter-disciplinary research activities	31	29	31		40
	Number of Scholarly Publications in Peer-Reviewed Journals	23	18	28		40
	Number of Scholarly Presentations at Scientific Conferences	27	25	32		40
	HSO ranking of 100		157	149	147	100
	Number of Funded Projects	17	16	21		40
	Number of project applications					10
Goal 4: To achieve planned growth in high quality students	Number of BSN & MSN Student Enrollment	227	245	227	214	380
	Number of second degree (BS-BSN) applicants			1	3	20
	BSN Student satisfaction rates with advising	67%	54%	46%	57%	65%
	MSN Student satisfaction rates with advising	70%	93%	61%	68%	70%
	BSN Student satisfaction rates with instruction	73%	70%	66%	64%	75%
	MSN Student satisfaction rates with instruction	84%	81%	77%	62%	80%



	BSN Student Overall satisfaction rates with the UG program	82%	80%	70%	72%	75%
	MSN Student Overall satisfaction rates with the GR program	73%	100%	79%	78%	80%
	Number of students benefiting from bursaries					30
	Number of students benefiting from Master card programs					10
	Number of students benefiting from other scholarships (HSON Scholarship, Darwaza, WAA, Pierre Abou Khater)	28	30	28	36	50
Goal 5: Contribute to the enhancement of the health and wellbeing of the community and the environment	Number of community projects				2	5
	Number of graduate students' projects having a community focus	1	2	1	1	5
	Number of initiatives in collaboration with the ONL			5: 3 research & 2 capacity building)		5
	Number of designated service learning courses					3

Appendix I-A-3. BSN Program Learning Outcomes and Level Learning Outcomes

BSN Program Outcomes

Upon completion of the program, the graduate will be able to:

- I. Integrate knowledge from the arts, humanities, fundamental and basic medical sciences, and nursing theory in professional practice.
- II. Demonstrate competency in clinical skills and critical thinking.
- III. Utilize current research knowledge related to health promotion and maintenance, illness prevention and restoration of health of individuals, families and groups with diverse cultural backgrounds.
- IV. Demonstrate leadership skills in the care management of clients in different health settings based on current health care policy.
- V. Collaborate with other health providers to promote the well-being of individuals.
- VI. Demonstrate responsibility, accountability, and continued professional development.
- VII. Participate in professional and community organizations for the promotion of the nursing profession in Lebanon and the region.
- VIII. Demonstrate effective use of personal, interpersonal and group communication skills in practice.
- IX. Espouse principles of professional ethics and personal integrity in nursing practice.

Level Outcomes

Sophomore Level Outcomes (BSN II)

Upon completion of the sophomore year the student shall be able to:

- A. Demonstrate beginning skills in effective communication

- B. Identify healthcare needs of clients based on assessment of physical, psychological, and social parameters
- C. Identify developmental milestones in relation to the health-illness continuum
- D. Provide basic nursing care based on the nursing process
- E. Demonstrate skills in searching the nursing literature
- F. Identify ethical principles that govern the nursing profession

Junior Level Outcomes (BSN III)

Upon completion of the junior year the student shall be able to:

- A. Utilize the nursing process in planning the care of the clients along the health illness continuum
- B. Provide comprehensive/holistic care to individual clients across the life span
- C. Integrate theoretical knowledge from the social and basic sciences with that of nursing as a basis for practice
- D. Appreciate the use of research in nursing practice (assessment and intervention)
- E. Demonstrate therapeutic communication skills with clients
- F. Demonstrate ability to work in groups
- G. Identify ethical principles that govern nursing practice
- H. Demonstrate responsibility and accountability for personal and professional growth

Senior Level Outcomes (BSN III)

Upon completion of the senior year the student shall be able to:

- A. Utilize appropriate theories and research findings from nursing and related fields in nursing practice
- B. Evaluate systematically the outcomes of care in a variety of settings based on the nursing process
- C. Apply knowledge of group dynamics while working with groups of clients, healthcare professionals and co-workers
- D. Demonstrate leadership skills in planning, managing, and evaluating care of clients
- E. Demonstrate responsibility and accountability to individuals, families, society at large, and personal professional growth and development

F. Determine ethical, social, and political issues affecting the healthcare system in Lebanon

Appendix I-A-4. MSN Program Learning Outcomes

The MSN program will prepare nurses who:

1. Integrate theory and research in nursing and related disciplines as basis for advanced nursing practice and role development.
2. Participate in conducting research within collaborative teams to improve care outcomes and support policy changes
3. Deliver advanced practice nursing based on critical thinking, research evidence, and advanced knowledge and skills in specialized area of nursing.
4. Demonstrate advanced clinical and data driven decision-making across health care settings.
5. Analyze the impact of socio-cultural, economic, ethical, legal and political issues on nursing practice, health promotion strategies and health care delivery.
6. Assume leadership roles in education and management, utilizing inter-and intra-disciplinary approaches and systems thinking.
7. Analyze current and emerging technologies to optimize patient safety, cost-effective care, and quality and health outcomes.



Appendix I-A-5

**Academic Assessment Unit
Annual Program Learning Outcomes Assessment Report**

Program Information		
Faculty/School		
Department		
Academic Program		
Academic Year		
Assessment Cycle for all PLO's (start and end dates)		
Program Mission		
Program Learning Outcomes (PLOs)		
Please list below all of the learning outcomes for this program:		
1. 2. 3. 4. 5. 6. Etc.		
Indicate the link where these PLOs are published, if applicable:		
Assessment Committee (Please indicate the contact person for the PLOs assessment process.)		
Full Name	E-Mail Address	Extension
Date of Assessment Report Submission:		

Abstract/ Summary

(Describe briefly the PLOs assessment approach followed in your department/program, the assessment tools and methods used, and the assessment results. Present required changes based on the findings. This section should not exceed 1 or 2 pages.)

Outcomes Assessed, Means of Assessment, and Improvement Plans

Fall Semester

PLOs Assessed

[Please provide the PLOs assessed for this semester.]

Data Source

[Present source of data: courses, surveys, sampling procedures used (if any), etc. Please report on each PLO separately.]

Assessment Methods (Direct and/or Indirect Assessment)

[Describe in detail the assessment methods used (e.g., capstone project, course-embedded assessment, standardized instrument, focus groups, questionnaires, etc.). Please report on each PLO separately. Include information about the sample size, criteria for success/targets or assessment benchmarks, and who reviewed the results.]

Means of Scoring

[Describe the assessment tools used for scoring. For example, did you use a rubric or answer key, or was it scored by OIRA or a testing company? Please report on each PLO separately.]

Assessment Results

[Please present the PLO assessment results the form of a table (if applicable) patterns or otherwise, and report on each PLO separately.]

Spring Semester

PLOs Assessed

[Please provide the PLOs assessed for this semester.]

Data Source

[Present source of data: courses, surveys, sampling procedures used (if any), etc. Please report on each PLO separately.]

Assessment Methods (Direct and/or Indirect Assessment)

[Describe in detail the assessment methods used (e.g., capstone project, course-embedded assessment, standardized instrument, focus groups, questionnaires, etc.). Please report on each PLO separately. Include information about the sample size, criteria for success/targets or assessment benchmarks, and who reviewed the results.]

Means of Scoring

[Describe the assessment tools used for scoring. For example, did you use a rubric or answer key, or was it scored by OIRA or a testing company? Please report on each PLO separately.]

Assessment Results

[Please present the PLO assessment results in the form of a table (if applicable) or otherwise, and report on each PLO separately.]

Findings Use and Dissemination

Fall Semester

Use of Findings

[Please report on emerging patterns obtained from the results and accordingly the action that will be taken, for example:

Changes to the Assessment Plan

(Modifications of intended learning outcomes; revision of assessment methods; changes in data collection methods; changes in sample...)

Changes to the Curriculum

(Changes in teaching techniques; revision of prerequisites; revision of course sequence; revision of course content; addition of courses; deletion of courses...)

Changes to the Academic Process

(Revision of admission criteria; revision of advising standards or processes; improvements in technology; changes in personnel; changes in frequency or scheduling of course offerings...)

Spring Semester

Use of Findings

[Please report on emerging patterns obtained from the results and accordingly the action that will be taken, for example:

Changes to the Assessment Plan

(Modifications of intended learning outcomes; revision of assessment methods; changes in data collection methods; changes in sample...)

Changes to the Curriculum

(Changes in teaching techniques; revision of prerequisites; revision of course sequence; revision of course content; addition of courses; deletion of courses...)

Changes to the Academic Process

(Revision of admission criteria; revision of advising standards or processes; improvements in technology; changes in personnel; changes in frequency or scheduling of course offerings...)

Suggestions for Disseminating Assessment Feedback and Results

[Describe how data, analysis, and findings are being shared and discussed with faculty and staff involved in the program/department.]

Other Comments

[Provide other comments on the PLO assessment process. Include information about how recommendations from the previous year's report have been addressed and actions taken based on review findings. Include any requests for support to enact program changes.]

Appendix I – PLO Assessment Plan

Appendix II – Other Data

(It can contain curriculum analysis matrix, relevant assignments and outcomes, data collection methods (ex: rubrics), or materials as appropriate)

Appendix I-A-6

Annual Faculty Appraisal Form

Hariri School of Nursing

Period: February 1, XXXX – January 1, XXXX

Name of faculty Member

Date

Hariri School Of Nursing Faculty Annual Appraisal

Activity	Source of Information
A. Teaching- related Activities <ul style="list-style-type: none"> • Teaching Load and advising • Student evaluation (whole year) 	Faculty Member
B. Research activities: <ul style="list-style-type: none"> • Current external MPP and URB grants • List of publications • Research in progress • Presentations and attendance of conferences/ workshops • List of major reports 	Faculty Member Faculty Member Faculty Member Faculty Member Faculty Member
C. Service to SoN and AUB	Faculty Member
D. Professional practice <ul style="list-style-type: none"> • Professional Practice Activities • Membership in Professional associations 	Faculty Member
E. Time Distribution of activities	Faculty Member
F. Forward look: <ul style="list-style-type: none"> • Teaching load AY 2004-2005 • Research Plans • Expected time distribution for AY 2004-2005 	Director's Office Faculty Member Faculty Member

A Teaching- related Activities

- 1 Teaching Load, advising, and information on teaching portfolio such as innovative teaching and course development methods
 - a. Teaching
 - b. Advising
 - c. Supervision of [projects and theses
- 2 Student evaluation (whole year)

B Research activities:

- 1 Current external MPP and URB grants
- 2 Publications: Please List publications for the review period (author(s), year, title, journal, volume/number, pages)
- 3 Papers in Progress: please list papers in progress using the following information: (author(s), title, journal, draft/submitted/being revised after review)
- 4 Ongoing Research Projects: Please list projects using the following information: investigators, title of project, design, and project status/data collection/analysis/writing.
- 5 Attendance & presentation at international/regional/national scientific meetings/conferences/Seminars/Workshops. Please list using the Following information: title of presentation or poster/conference/place/date/funding
- 6 Forward look in Research (please list plans emphasizing research topics and potential funders)

C Service to Son and AUB: Please list all SoN and AUB Committees and other related service activities

D Professional Practice Activities

- 1 Please list professional practice activities using the following information: type of activity, name of agency, date and status/outcome
- 2 Please list memberships in Professional Organizations / associations
- 3 Please list Contribution to scientific and professional journals such as editor, member of advisory board, member of editorial board, reviewer.

4 Other

E Please list Faculty development Activities such as attending professional conferences / seminars / workshops

PLANNING

F Time distribution of Activities

Activity	AY 2017	AY 2018
Teaching		
Advising		
Research		
Administration (Chair/Coordinator)		
Service to SoN/AUB (Committees)		
Professional Practice		
	100%	100%

G Forward look and agreements

Type of agreement	Realization Date
1	
2	
3	
4	

Convener

Faculty Member

Appendix I-A-7

Policy and Procedures for Tenure and Promotion Evaluation of Tenure-Eligible Faculty Members – *General Requirements and Domains of Excellence*

Hariri School of Nursing

Preamble

The AUB School of Nursing, founded in 1905, is the first school of nursing in the Middle East. The BSN and MSN programs were the first to receive unconditional accreditation and reaccreditation from the Commission on Collegiate Nursing Education (CCNE) in the US. The AUB Hariri School of Nursing (HSON) is currently a regular member of the American Association of Colleges of Nursing (AACN) in the US. HSON has the highest number of research projects and highest publication rate in nursing in Lebanon and the region. HSON ranks above the world average in citation rate based on US rankings. HSON ranked 149 out of 503 schools of nursing offering graduate programs based on U.S. News & World Report Ranking. In fall 2018, HSON will introduce the first U.S. approved PhD program in Nursing Science in the region. The program aims to provide rigorous training for research careers in nursing and healthcare. It develops capacity for scholarly and independent inquiry, critical/analytical thinking, and the ability to communicate research findings and transfer evidence-based knowledge into healthcare practice.

HSON Mission

The mission of the Rafic Hariri School of Nursing is to promote and maintain the highest educational standards of excellence, integrity, and professionalism in nursing, following the American model of nursing education and practice. The school aims to provide learning opportunities that will enable students to develop into competent nurses who respect cultural diversity while coordinating and delivering high quality, compassionate nursing care in Lebanon and the region, guided by ethical principles. The faculty believes education is an interactive process between faculty and students, with both taking responsibility for active learning.

The baccalaureate program (BSN), drawn primarily from the humanities, sciences and caring disciplines, focuses on the use of nursing theory and research as a basis for practice. The master's program (MSN) focuses on preparing nurses for advanced nursing practice roles in Nursing Administration and Management, Adult Gerontology, Psychiatry and Mental Health, and Community and Public Health Nursing. The MSN program is based on the use and generation of research-based knowledge to guide practice. The PhD program in Nursing Science provides rigorous training in scholarship and research. Nursing students learn to think critically, develop professional attitudes and leadership skills, and appreciate the value of lifelong learning and freedom of speech.

The mission of HSON guides the criteria for faculty tenure and promotion by placing emphasis on transformative teaching and learning, the use of research to influence practice and service to the community and the nursing profession at large.

HSON is committed to the following:

- Excellence in teaching and mentoring students at the undergraduate and graduate levels
- Relevant programs of research with a transformative impact on practice in Lebanon, the region and globally
- Nurturing a cadre of research-active faculty with national and international reputation
- Interdisciplinary research nationally and internationally
- Inter-professional collaboration in education, research and practice
- Serving our community and the profession at large

HSON Vision

The Rafic Hariri School of Nursing aspires to become the leading school of nursing in Lebanon and the region and nationally and internationally recognized for excellence in education, research, and service. The school is committed to offering cutting-edge, culturally relevant and internationally recognized graduate and undergraduate education, fostering life-long learning and scholarship, developing leaders in nursing and health care, and attracting a competent and culturally diverse student body.

Hariri School of Nursing appointment and promotion tracks; clinical and academic tenure tracks.

The Hariri School of Nursing offers two pathways for promotion of its faculty members: the clinical track, and the academic and tenure track.

HSON Clinical Track

The “clinical track” was approved in 2004 and is aligned with appointment and promotion policies in leading U.S. schools of nursing. Faculty with current clinical expertise, who are productive in scholarship and/or service, and who are not predominantly research oriented but are essential to the clinical education and professional development of undergraduate and graduate students, are eligible for appointment to and promotion in the track. All Clinical Nursing Faculty are required to demonstrate “advanced” clinical competencies and accountability for designing, delivering and evaluating evidence-based clinical nursing education to improve client outcomes. The advanced nursing competencies expected of clinical faculty are those nursing interventions “that influence health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy” (www.aacn.nche.edu/dnp/Essentials.pdf). The clinical track includes Clinical Instructors, Clinical Assistant Professors, Clinical Associate Professors, and Clinical Professors. Clinical track faculty members are not eligible to apply for tenure

HSON Academic Tenure Track

The Academic/Tenure track applies to faculty members who engage substantially in research, teaching and service with a high impact on HSON, AUB, the nursing profession, and healthcare delivery. Appointment to the tenure track shall normally be made at the time of initial appointment as an Assistant Professor or a higher academic rank. To be eligible for the tenure track, a candidate must provide the following: (1) evidence of expert knowledge and commitment to continuing development of competence in the focused area of interest, (2) potential to achieve an outstanding track record in research and scholarship in nursing or a cognate field, demonstrated by a record of research publications, (3) dedication to effective teaching and clinical practice for those teaching the clinical nurse practice specialties, (4) and willingness to assume a fair share of administrative and service tasks. The Academic (Tenure) track includes Assistant Professors, Associate Professors and Full Professors.

Tenure and Promotion Evaluation: Domains of Excellence

Granting tenure is a recognition by one's peers and by the university of achieved distinction in the areas of research, teaching and service, in the advancement of the mission of the university, and ultimately in the career trajectory of faculty members. Therefore, tenure should be granted to faculty members whose high standards of scholarly achievements in serving the university's mission and potential for effective long-term performance warrant the institution's reciprocal long-term commitment. The process of evaluating candidates for tenure and/or promotion is essentially an inquiry, to evaluate whether they are accomplished scholars and significant contributors to their fields, in comparison with peers at similar points in their careers, while taking into account the candidate's discipline and working conditions in terms of available resources for research, teaching load, opportunities for service and mentoring support.

This document describes the domains of excellence in research, teaching and service for the evaluation of tenure-eligible faculty members applying to the ranks of tenured associate professor and tenured professor based on the university policy. In addition, it includes HSON specific indicators, expectations and information that are consistent with its context and discipline. The application process for faculty members and the evaluation stages follow the procedures based on the university policy.

Indicators of accomplishments in each of the categories of research, teaching, and service are presented in the section below. In considering an individual for promotion or tenure, his or her strengths should be the primary consideration in making the case for his/her promotion, though providing evidence of excellence. The indicators may vary from one candidate to another depending on the candidate's area of expertise and contributions. Hence, the list of indicators in each category is neither exhaustive nor required in its totality, unless otherwise stated.

Research Domains of Excellence

In considering a faculty member for tenure and promotion, a comprehensive assessment of contributions, achievements and impact should be conducted based on the below research domains of excellence. The level of excellence should be acknowledged by internal peers and internationally established external experts who can objectively and comprehensively evaluate the candidate's scholarly contributions.

Scholarship in Academic Nursing Sciences

Scholarship is a primary requirement for tenure and academic advancement. All candidates applying for tenure at HSON should have demonstrated significant accomplishment in scholarly endeavors.

Scholarship is the communication of knowledge generated through rigorous inquiry using a range of activities that advance research, teaching, and practice, both within and across the discipline boundaries. The formal types of scholarship are: discovery scholarship, application scholarship, integration scholarship, and teaching scholarship. The scholarship of discovery refers to the development of new knowledge and theories. The scholarship of application is the interaction between knowledge and its practical use; translation of evidence into practice and evidence-based practice are some examples in the clinical sciences. The scholarship of integration refers to activities using interdisciplinary approaches where theories generally used in one discipline are applied to objects of study that are typically part of a different field. The scholarship of teaching refers to activities for the design and implementation of teaching strategies that promote student learning.

Demonstration of scholarship requires all of the following: 1) A systematic approach of inquiry or development; 2) Public availability or transmission (not necessarily through only publication in a journal); and 3) Being subject to peer review. In general, faculty members seeking tenure must demonstrate cumulative achievements in scholarship.

I. Research Domains of Excellence

In considering a faculty member for tenure and promotion, a comprehensive assessment of contributions, achievements and impact is conducted based on the below research domains of excellence. The expected level of achievement in any of the below domains is commensurate with the professorial rank.

I. A High-Quality Scholarship: The candidate demonstrates excellence via a record of original research output work published in high quality peer reviewed journals, as judged by experts in the discipline. The produced body of scholarship should advance knowledge in the candidate's area of specialty. In addition, seeking and/or securing external research funding to undertake and expand scholarly contributions is desirable.

Indicators include:

- Publications in refereed journals in the upper quartiles in nursing and/or health related field with high impact factor. Journals are evaluated using impact factor, citation index,

rank in the discipline, and quartile status. Authorship will have a proportional value based on the sequence of authors i.e. first, second or last, or level of contribution such as corresponding author. Original articles are a requirement.

- Presentations of research at local / regional and international scientific meetings.
- Ability to secure research funding.
- Evidence of addressing nursing or related phenomena using rigorous methods.
- Receipt of research fellowships and awards.

I.B Independent Scholarly Identity: The candidate demonstrates excellence via independent contributions reflecting research identity. In many fields of research, establishing effective and relevant collaborations with colleagues and international partners, within the discipline or across multiple disciplines, is necessary and highly valued. Nonetheless, it is essential that the candidate's individual intellectual contributions be clearly identifiable and highlighted as part of the assessment process.

Indicators include:

- Research work that is independent from the PhD dissertation work is considered for research productivity.
- Publication in collaboration with students or other faculty members that show the level of expertise of the candidate through his/her contribution to the work
- Effectiveness in mentoring /directing the research of graduate students

I.C Focus and Coherence: The candidate demonstrates excellence via a clear agenda of research with one or more themes directed towards achieving major objectives and goals. The produced body of scholarship should reflect a level of coherence and purposefulness, as well as the candidate's level of expertise.

Indicators include:

- A clear and sustained research focus
- Establishing a focused research area in a well-defined specialty/theme through publications in a specific area of specialty.

I.D Trajectory of Growth: The candidate demonstrates excellence via continuous development in research, sustained scholarly output, and potential for effective long-term performance. This should be evidenced via a record showing an increasing level of quality and value over the years in rank, while taking into consideration transitions in the candidate's program of research, in addition to undertaking any major academic appointments or responsibilities. The trajectory of growth should also constitute a clear basis for projecting sustained excellence into the future.

Indicators include:

- Evidence of growth and development of a sustainable program of research
- Research output is similar to that of peers in the rank applied to, with clear contributions to research.

I.E Scholarship of Application: Nursing research is more oriented to address real world problems and health issues, and aims to contribute to policy, practice, and/or society. Excellence in this direction can be demonstrated via the following indicators:

- Knowledge translation, which includes contributions that translate research findings to the public and stakeholders to inform and/or influence policy, practice, and/or society.
 - Demonstrating development of research programs that have direct impact on society
 - Producing national research with impact on policy and nursing practice
- Entrepreneurship, which includes contributions that lead to inventions, intellectual property, and/or development of products or prototypes that can be commercialized.
 - Original intervention research that brings new dimensions to nursing and health practice
- Scholarship of teaching, which includes scholarly contributions that can advance practices, methodologies, and skills related to teaching and learning in the candidate's area of specialty.
 - Development of innovative pedagogical methods such as simulations.
 - Publications related to teaching
 - Educational grants and funding.

I.F Leadership/Recognition: Leadership can be demonstrated via recognition by international peers as a prominent scholar at the national, regional and/or international level, based on a body of research that is well established, respected, authoritative and/or impactful. It can also be demonstrated by launching and leading major initiatives that include securing funding and other needed resources, mobilizing research teams, and collaborating effectively with local, regional and/or international partners.

Indicators include:

- Leading a research team
- Mentoring junior and new faculty in research
- Unsolicited invitations to speak at local and/or regional events.
- Editorship of journals and/or service on editorial boards of journals
- Serving as referee for journals in a candidate's specialty area
- Invitation as external reviewer by regional and international organizations to evaluate research projects
- Election to offices or leadership positions in professional organizations
- Organizing or chairing major scientific or professional conferences.
- Invitation to serve as a consultant, member of external advisory board to scientific, Professional, or educational entities.
- International collaborations resulting in research funding of joint projects.
- External letters of from acknowledged national and international referees
- National and international research awards and fellowships.
- Bibliometric data and citation analysis of research output when relevant and as compared to peers in the field.
- Faculty member has been the principal investigator, co-investigator, or coordinator of peer reviewed external and competitive research grants across multiple years, or has secured competitive contracts that support the faculty member's scholarship across multiple years.

As the work of the Senate's Committee on Teaching Effectiveness is still in progress, specific indicators will be added after the report of the Senate Committee on Teaching Effectiveness has been approved.

II. Teaching Domains of Excellence

In considering a faculty member for tenure and promotion, a comprehensive assessment of the candidate's teaching quality, contributions and impact should be conducted based on the below teaching domains of excellence. These should be described by the candidate in a well-articulated teaching philosophy. The level of achievement should be acknowledged by peers as well as by students and advisees.

II.A Teaching and Assessment: The candidate demonstrates level of achievement via:

- A record of teaching strategies that are learner-centered, aligned and appropriate to achieve clear learning outcomes, tailored to provide an environment conducive to learning, and suitable to deliver the knowledge effectively.
- Evidence of developing a new or revised course, module, or program
- Proficiency in directing a program, major, or specialty and managing its resources
- Evidence of utilization of effective student assessment practices (theoretical and clinical) that are aligned with the learning outcomes and that provide timely feedback and evaluation to students.
- A record of quality teaching that clearly reveals the candidate's capability to sustain effective teaching, with evidence of students' learning based on appropriate measurable indicators.
- Self-evaluation and improvement of teaching methodology and practices.
- The use of emerging teaching methodologies based on, for example, technology, evidence-based teaching, experiential learning and service/community-based learning, when applicable.

Indicators include:

- Recognized competence in theoretical and clinical teaching reflected in Student Learning Outcomes, Instructor Course Evaluations (ICE) by students and Peer Evaluations.
- Use of innovative teaching methods such as Moodle or other online learning platforms, simulation, blended, case based or problem based learning.
- Supportive clinical teaching and coaching reflected in course evaluations and unsolicited student anecdotal comments.
- Consistent achievement of very good ICE scores.
- Capacity for continuing growth as a teacher through sustained excellent student and/or peer evaluation.
- Has continuously assessed, improved and developed courses to ensure meeting student learning outcomes
- Integration of latest research findings and advances in the field in classroom instruction, online learning resources, and/or clinical education.
- Self-evaluation and improvement of teaching methodology and practice
- Recognition, honors or awards received for teaching excellence
- Serving as a role model in a nursing clinical area of expertise

II.B Course and Curriculum Development: The candidate demonstrates the expected level of achievement via:

- Evidence of substantial revisions of existing courses or development of new courses in the candidate's areas of expertise, with clear student learning outcomes, well-supported rationale, and contemporary content. The revised and/or newly introduced courses should be recognized to have an added value to the academic program.
- Evidence of contributions to the revision of existing programs or participation in the development of new programs, degrees, and/or academic units.

Indicators include:

- Course development, design and revision to ensure meeting student learning outcomes, as evidenced by course syllabi.
- Evidence of systematic continuous improvement in course design and delivery.
- Contribution to curriculum development.
- Provision of consistently challenging and contemporary course content with regular revision and updating to international standards, and the development of new courses and programs that strive to remain up to date with advances in the field.
- Leading the establishment/revision of a new/existing degree program at the faculty or department level.
- Keeping up to date with national and international nursing certification requirements
- Supervision of graduate students' theses/projects/dissertations

II.C Mentoring and Advising: The candidate demonstrates the expected level of achievement via effective mentoring and advising approaches, supported by accounts of successful advising that promoted students' academic development as well as their career and professional paths.

Evidence can be reflected through the following indicators:

- Regularly seeking to interact with students as learners, attending to their needs and supporting them to develop their educational and career pathways.
- Being available, accessible, and proactive in supporting students who seek academic or career advice.
- Supervising, guiding and coaching graduate students and/or post-graduate trainees towards successful completion of their theses, projects, and/or professional clerkships.
- Serving as a role model to students in terms of ethics, values and professionalism.
- Showing commitment to student advising at all levels including career advising of senior students.
- Supervision and mentoring of PhD and graduate students, including membership in thesis committees; guiding and evaluating senior and graduate research projects and theses.
- Students supervised by the faculty receiving creative achievement awards
- Arranging workshops, seminars, and other community activities that help students learn outside the classroom

II.D Leadership/Recognition: Leadership can be demonstrated via recognition as an effective, impactful and prominent educator, both in theory and clinical, in addition to being a role model for peers and students. Evidence can be reflected through leading initiatives that advance innovations and address problems of practice, coordination and enhancement of academic programs, contributions to the development of educational policy and programs at the national level, and/or establishing professional networks within the university and/or beyond that aim at improving teaching and learning.

Indicators include:

- Special recognition received for teaching accomplishments and teaching awards, as well as awards earned by mentored students.
- Leading the establishment/revision of a new/existing degree programs at the faculty or department level
- Continuing education, speaking engagements and professional training

III. Service Domains of Excellence

Faculty members are expected to be engaged in service to the University, Profession and Society, in line with AUB's mission and context. This can be expressed in differing ways through various venues, as well as varied forms and levels of engagement that ultimately reflect positively on the University, and address needs that are specific to Lebanon and the region. Service provides an opportunity to model the profile of the AUB scholar committed to the ethics of care towards HSON, the university, profession and/or society. Faculty members are encouraged to develop a service trajectory that reflects their own interests and passion, with potential for positive impact.

Service to the university can be manifested through participation in shared governance at the level of the department, HSON and the University as a whole.

Service to the profession includes contributions to advancing the nursing profession, practice and/or discipline at the national and international levels.

Service to society extends beyond service to the University and the profession to encompass proactive citizenship that is responsive to prevailing and emerging needs of the community, society and beyond.

In considering a faculty member for tenure and promotion, a comprehensive assessment of service activities, contributions and impact should be conducted based on the below service domains of excellence. Internal/external peers and/or experts who can objectively and comprehensively evaluate the candidate's service contributions at multiple levels should acknowledge the level of contribution. The service domains of excellence are:

III.A Active and Effective Participation: The candidate demonstrates the expected level of achievement via evidence of active and effective engagement in various service activities, including academic governance venues and initiatives within the University. This

can also be demonstrated by showing responsiveness to emerging concerns faced by the University, profession and/or society.

Indicators include:

- Participation in (or leadership of) school/faculty committees and/or task forces
- Participation in the organization of HSON workshops and/or conferences.
- Serving as a mentor to faculty who have recently joined the university, including reviewing course materials, manuscripts, research proposals, and evaluations of instruction and research.
- Service on graduate student thesis committees
- Service on promotion and tenure committees
- Contribution to high quality patient care such as through evidence based practice projects.
- Development and delivery of continuing education programs
- Reviewer of regional or international journals.
- Reviewer of abstracts for professional conferences.
- Participation in professional organizations.
- Service to health related or governmental bodies to the extent that such services contribute to the candidate's effectiveness as a scholar and teacher.
- Presentations at conferences, seminars, and symposia related to professional practice

III.B Trajectory of Service: The candidate demonstrates the expected level of achievement via evidence of service engagement for the University, profession, and/or society with a clear purpose and a consistent trajectory over time. This should be directed towards achieving service goals to make a positive difference and advance the collective good aiming at producing tangible and valuable outcomes.

Indicators include:

- Participation in interfaculty AUB initiatives in area of interest and expertise.
- Contribution to the success and growth of an important University/Faculty Initiative
- Participation in community outreach activities.
- Consultancy activities in area of expertise.
- Contribution to improvement of standards of professional practice through service on professional committees including, for example those of the Order of Nurses in Lebanon or international professional nursing/health organizations.
- Participation in civic activities and working with community partners to promote a positive impact through solving problems of the community and preparing students for citizenship, work, and life.
- Participation in regional and national networks for service, research, and continuing education
- Review of applications for competitive research funds.

III.C Leadership/Recognition: Leadership can be demonstrated via launching initiatives, mentoring, inspiring and galvanizing others, and/or leading efforts of teams, towards an aim of service to the University, profession, and/or society, with the value recognized by internal/external peers and/or experts. This may also be reflected by developing independent service engagement strategies and advocating for their rationale and implementation, and/or by demonstrating innovation through evidence of utilizing available expertise and resources to offer solutions and engage in novel opportunities that show originality in the way they serve the needs of the University, profession and/or society.

Indicators include:

- Administrative service as serving as department/program chair/coordinator.
- Chairing major University level committees or task forces.
- Advising of a professional student society helping and supporting students to organize professional activities, conferences, competitions, and field trips
- Development of a major faculty level initiatives or facilities that contribute to research and teaching activities in HSON or the University
- Holding office in alumni and other organizations
- Delivering keynote or invited speeches at other universities or professional meetings.
- Leadership or organizing role in significant professional and scientific committees, conferences, councils, boards, and review panels
- Provision of services to national, regional, and international agencies, task forces, boards, and commissions.
- Serving as a consultant in areas of research and/or clinical expertise, member of external advisory board to scientific, or professional entities.
- Service on the editorial boards of international refereed journals
- Launching new professional initiatives, such as establishing a professional society within own area of expertise

Clinical service is an expectation of faculty members engaged in clinical teaching at the Masters level (APN) and can be evaluated using the following indicators:

- Participation in joint appointments that involve direct or indirect nursing care;
- Participation in community development projects.
- Leadership of quality improvement processes.
- Integration of research in practice
- Mentoring of future practitioners.

These indicators are to be used at all levels. However, the expectations vary depending on the professorial rank to which the candidate is applying.

IV. General Requirements for the Evaluation of Tenure and Promotion

Evaluation for tenure and/or promotion addresses the three domains of excellence as stipulated by AUB: research, teaching and service. According to the University statement, their weight should reflect more emphasis on quality research, and excellent/very good performance in the other two areas. Tenure will be granted to faculty members whose high

standards of scholarly achievements in serving the university and HSON's mission and potential for effective long-term performance warrant the institution's reciprocal long-term commitment.

General Provisions

In Research Publications

1. All publications should be evaluated according to their originality, novelty, quality of scientific content, and contribution to existing knowledge.

1. An original paper is a full-length manuscript that describes a significant advancement in a particular field of research. Originality implies evidence-based innovation and achievement of new findings based on experimentation, clinical studies, simulations, or other forms of investigative methods. An original paper typically includes an abstract summary, introduction, methods, results, and discussion sections. The work should not have been previously reported except in abstract form. Narrative reviews, case reports, brief letters to the editor, conference reports, and technical reports or communications do not count as original papers. In exceptional cases, those types of publications can qualify as original papers, but that have to be considered on a case-by-case basis as assessed by their content.
2. The productivity of original articles should be evaluated as a sustained record of publication for successful promotion with tenure. Indicators of high quality include, for example, publication in the higher ranked journals in the Nursing/health discipline, high number of citations over time, as well as excellent evaluation of the work in letters of external referees.
3. In assessing publications, articles published between the final submission of an application for promotion and the appointment to a higher rank count as published in the higher rank, unless they were included in the application for promotion as “in press” or “accepted for publication”.

In Research Grants

A competitive research grant refers to a grant awarded by a reputable funding source following a merit-based review process.

In Teaching

The process of evaluating teaching is guided by the relevant indicators as described in broad and detailed indicators, and criteria used to evaluate the quality and scholarly approach of each teaching domain of excellence in terms of: clear goals, adequate preparation, appropriate methods, significant results, effective presentation, and reflective critique (see indicators listed above).

In Clinical Service

Nursing has a clinical in addition to its theoretical component. Faculty members carry out the academic, clinical and administrative missions using professional knowledge, attitudes, and

skills to provide direct care or advance clinical and organizational systems. In addition to the guidelines on service presented above, all faculty members are expected to demonstrate a valued record and respected recognition in clinical service in their area of specialty. This is quantitatively evident by including their clinical workload and time and effort analysis, especially those teaching in the Advanced Practice Nursing specialties (APN). Qualitative advances in patient care and/or clinical service are evident by a growing reputation in the area of Nursing using satisfaction surveys, peer evaluation forms, or other quality indicators if applicable in their area of specialty.

The section below details the appointment and promotion procedures across professorial ranks.

II.A Assistant Professor Applying for Tenure with Promotion to Tenured Associate Professor

Promotion to, or appointment of, an associate professor along with the granting of tenure should be in accordance with the following general requirements:

A successful candidate must have a record of excellent achievement and recognition in scholarly research, in addition to an excellent record in either teaching or service, and at least a very good record in the other one.

In considering the application of an assistant professor for promotion with tenure, the following should be conducted:

- A comprehensive assessment of the candidate's research contributions, achievements and impact with supporting evidence based on the research domains of excellence, in addition to *leadership if applicable*. Demonstrating elements of leadership and potential of recognition is desirable and will be considered favorably in support of the evaluation of the candidate.
- A comprehensive assessment of the candidate's teaching contributions, achievements and impact with supporting evidence based on the teaching domains of excellence, with special emphasis on *teaching assessment*. Demonstrating elements of leadership is desirable and will be considered favorably in support of the evaluation of the candidate.
- A comprehensive assessment of the candidate's service activities, contributions and impact with supporting evidence based on the service domains of excellence *noted above*. Demonstrating elements of leadership in service is desirable and will be considered favorably in support of the evaluation of the candidate.

1. *Demonstration of excellence in research evidenced by:*

- a. A successful record of excellent achievement and recognition in scholarly research evidenced by original articles/publications as major contributor. The quality of publications and their scientific value shall receive considerable emphasis.
- b. Successful funding as principal investigator or co-principal investigator on competitive intramural and preferably extramural research grants.
- c. National or regional reputation for excellence in research/scholarly activity and national, regional, or international invitations to present scholarly findings.

2. *Demonstration of excellence in teaching evidenced by:*

- a. Proficiency in instructing and guiding learners in the development of knowledge, skills, or attitudes and in providing them with measures of progress and well-documented learning methods (see section on indicators above) by any two of the following proficiency indicators:
 - 1. Developing a new or revised course, module, rotation, or program ; or by
 - 2. Providing counsel and support to mentees/advisees over years and in many contexts or by
 - 3. Coordinating a course, major, or specialty and managing its resources.

OR *Demonstration of very good teaching evidenced by:*

- a. Proficiency in instructing and guiding learners in the development of knowledge, skills, or attitudes and proficiency in providing them with measures of progress and well-documented learning methods by any one of the following proficiency indicators:
 - 1. Developing a new or revised course, module, rotation, or program ; or by
 - 2. Providing counsel and support to mentees/advisees over years and in many contexts or by
 - 3. Coordinating a course, major, or specialty and managing its resources.

3. *Demonstration of excellence in service evidenced by (see service indicators above):*

- a. Chairing a committee, department, faculty, and/or university committee/taskforce and by any two of the following indicators:
 - 1. Leading/Chairing a committee, taskforce, or study group in professional organizations/societies or participating in their governance/operations regionally or internationally ; or by
 - 2. Serving as a reviewer or editorial board member for credible scientific journals or books ; or by
 - 3. Establishing /Leading outreach and community service activities

OR *Demonstration of very good in service evidenced by:*

- a. Actively serving on division, department, hospital, faculty, and/or university committees/taskforces and participating in their administrative assignments ; and by any one of the following indicators:
 - 1. Actively participating as a committee, taskforce, or study group member of professional organizations/societies regionally or internationally; or by
 - 2. Reviewing articles for journals and other publications or proposals for extramural funding or by
 - 3. Participating in outreach service activities

II.B Associate Professor Applying for Tenure Only to Tenured Associate Professor

Granting of tenure to associate professors should be in accordance with the following general requirements:

A successful candidate must have a sustained record of excellent achievement and recognition in scholarly research combined with international recognition, which is commensurate with the number of years in the professorial ranks, in addition to an excellent record in either teaching or service, and at least a very good record in the other one.

The level of achievement should be in line with tenure and promotion guidelines to the rank of tenured associate professor as per Section II.A, with emphasis on demonstrating a sustained record, while taking into consideration the number of years in the professorial ranks.

1. *Demonstration of excellence in scholarly achievement in research evidenced by:*
 - a. A successful record of excellent achievement and recognition in scholarly research evidenced by original articles/publications as major contributor since appointment to the rank of Associate Professor. The publications as major contributor should be original articles. The quality of publications and their scientific value should receive considerable emphasis.
 - b. Successful funding as principal investigator or co-principal investigator on competitive intramural and extramural research grants (where applicable), since appointment as Associate Professor.
 - c. National, regional, and typically international reputation for excellence in research/scholarly activity, with recognition as being an authority in one's area(s) of expertise and national, regional, or international invitations to present scholarly findings.
2. *Evaluation of the level of achievement in teaching will follow the same guidelines as for assistant professors applying for tenured associate professor rank, however, with higher expectations in terms of quality and impact commensurate with the number of years in rank.*
3. *Evaluation of the level of achievement in service will follow the same guidelines as for assistant professors applying for tenured associate professor rank, however, with higher expectations in terms of quality and impact commensurate with the number of years in rank.*

II.C Tenured Associate Professor Applying for Promotion to Tenured Professor or Associate Professor Applying for Tenure with Promotion to Tenured Professor

Promotion to the rank of professor with tenure requires that the faculty member has clearly met the criteria for tenure and demonstrated outstanding scholarly achievement combined with international recognition in a particular discipline. Promotion to the rank of professor with tenure should be in accordance with the following general requirements:

A successful candidate must have demonstrated outstanding scholarly achievement in research combined with international recognition, and at least an excellent record in either teaching or service, and a very good record in the other one.

In considering promotion to the rank of professor, a comprehensive assessment of the candidate's overall contributions, achievements and impact should be conducted and supporting evidence provided, based on the research domains of excellence, including leadership, teaching domains of excellence, and service domains of excellence. Promotion to the rank of professor necessitates higher expectations compared to promotion to the rank of associate professor for all domains of excellence, in addition to a sustained trajectory of growth combined with leadership and international recognition especially in the research domain of excellence. Although research, teaching, and service are normally evaluated separately, demonstrating an appropriate level of integration and/or inter-relatedness among these areas of activity is desirable at this rank and will be considered favorably in support of the evaluation of the candidate.

1. *Demonstration of outstanding scholarly achievement in research evidenced by:*
 - b. *An outstanding record of excellent achievement and recognition in scholarly research evidenced by original articles/publications as major contributor since appointment to the rank of Associate Professor; the majority of the publications as major contributor should be original articles. The quality of publications and their scientific value should receive considerable emphasis.*
 - c. *Successful funding as principal investigator or co-principal investigator on competitive intramural and extramural research grants, since appointment as Associate Professor (where applicable)*
 - d. *National, regional, and typically international reputation for excellence in research/scholarly activity with recognition as being an authority in one's area(s) of expertise and national, regional, or international invitations to present scholarly findings.*
2. *Evaluation of the level of achievement in teaching will follow the same guidelines as for assistant professors applying to tenured associate professor rank, however, with higher expectations in terms of breadth of contributions and achievements (spanning multiple attributes of teaching excellence) combined with quality and impact, commensurate with the number of years in rank.*
3. *Evaluation of the level of achievement in service will follow the same guidelines as for assistant professors applying to tenured associate professor rank, however, with higher expectations in terms of breadth of contributions and achievements (spanning multiple attributes of service excellence) combined with quality and impact, commensurate with the number of years in rank.*

It is expected that the above domains of excellence are required for promotion from associate professor rank to tenured professor rank.

Although the domains of excellence for professors are similar to promotion to the associate professor rank, HSON emphasizes the need for higher expectations and international recognition for the latter, e.g.: Promotion to professor with tenure builds on the scholarly record in the associate professor rank evidenced by sustained research output. At the full professor rank, the same indicators of research success are used, but with higher expectation in quality, quantity, and impact, while emphasizing international recognition.

Successful funding as principal investigator or co-principal investigator on competitive intramural and extramural research grants is expected at these levels.

Moreover, leadership and international recognition is a required attribute at the level of tenured professor.

II.D Professor Applying for Tenure Only to Tenured Professor

Granting of tenure to professors should be in accordance with the following general requirements:

A successful candidate: 1) must have a cumulative record of excellent achievement and recognition in scholarly research 2) should have also maintained an excellent record, in the previous five years or longer, of either effective teaching and/or professional service, in a balanced combination of these two activities; and 3) must demonstrate the potential sustainability of continued activity in scholarship, teaching and professional service over the course of the faculty member's career.

The level of achievement in scholarly research should be in line with tenure evaluation as per Section II.B, while taking into consideration the overall trajectory of the candidate and the potential sustainability of continued activity in terms of research, teaching and service, in addition to any major recent academic or administrative appointments and responsibilities. The faculty member should demonstrate an excellent record of scholarship accomplishment evidenced by original articles in refereed journals and judged by expert reviewers to have advanced the field, while taking into account the number of years in the professorial ranks. The candidate should also provide evidence of a deliberate and forward-looking research agenda and intellectual leadership in collaborative work. The candidate should have attracted funding.

1. *Demonstration of a cumulative record of excellent achievement and recognition in research evidenced by:*
 - a. A growing number of publications as a major contributor commensurate with the number of years in rank. The majority of these publications as major contributor should be original articles. The quality of publications and their scientific value should receive considerable emphasis.
 - b. Successful funding as principal investigator or co-principal investigator on competitive intramural and extramural research grants, commensurate with the number of years in rank.
 - c. National, regional, and international reputation for excellence in research/scholarly activity with recognition as being an authority in one's area(s) of expertise and national, regional, or international invitations to present scholarly findings..
 - d.

2. *Evaluation of the level of achievement in teaching will follow the same guidelines as for assistant professors applying to tenured associate professor rank, however, with higher expectations in terms of breadth of contributions and achievements (spanning multiple attributes of teaching excellence) combined with quality and impact, commensurate with the number of years in rank.*
3. *Evaluation of the level of achievement in service will follow the same guidelines as for assistant professors applying to tenured associate professor rank, however, with higher expectations in terms of breadth of contributions and achievements (spanning multiple attributes of service excellence) combined with quality and impact, commensurate with the number of years in rank.*

May 17, 2018

Appendix I-A-8

AMERICAN UNIVERSITY OF BEIRUT FACULTY OF MEDICINE
HARIRI SCHOOL OF NURSING
**APPOINTMENT AND PROMOTION CRITERIA FOR MEMBERS OF THE CLINICAL
PROFESSORiate AND CLINICAL INSTRUCTORS**

TASK FORCE ON PROMOTION MEMBERSHIP:

Dr. Laila Farhood (Chair)

Dr. Michael Clinton

Dr. Samar Noureddine

Mrs. Mary Arevian

Preamble

The “clinical track” was approved in 2004 as an integral part of HSON Appointment, Promotion, Merit Criteria and Procedures and continues to align with appointment and promotion policies in leading U.S. schools of nursing. Faculty with current clinical expertise, who are productive in scholarship and/or service, and who are not predominantly research oriented but are essential to the clinical education and professional development of undergraduate and graduate students, are eligible for appointment to and promotion in the track. The clinical track includes Clinical Instructors, Clinical Assistant Professors, Clinical Associate Professors, and Clinical Professors. All clinical nursing faculty are required to demonstrate “advanced” clinical competencies and accountability for designing, delivering and evaluating evidence-based clinical nursing education to improve patient outcomes. The advanced nursing competencies expected of clinical faculty are those nursing interventions “that influence health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy”

(<http://www.aacnursing.org/Portals/42/Publications/MastersEssentials11.pdf>)

. The competencies maintained and continuously developed by clinical faculty encompasses autonomous and collaborative **care** of individuals of all ages, families, groups and communities, sick or well and in all settings and extends to promotion of health, prevention of illness, and care of ill, disabled, and dying people. Members of the clinical professoriate and Clinical Instructors are ineligible for tenure.

APPOINTMENT CRITERIA

A. Appointment as Clinical Instructor

For initial appointment as Clinical Instructor, the candidate must have:

1. A Master’s Degree in Nursing.
2. Clinical experience in an advanced practice role, including nursing administration, and preferably international certification.
3. Demonstrated potential for clinical and academic growth.
4. Prior teaching experience is preferred.

B. Appointment as Clinical Assistant Professor

Assistant Clinical Professors in Nursing are normally appointed for an initial term of four years and, if subsequently reappointed for a term or terms not to exceed a total of seven years in rank, they will be notified not later than June 30th of the sixth year of cumulative service in rank at the University that unless promoted by the end of the seventh year to the rank of Associate Professor, then the eighth year of appointment as Assistant Professor shall be terminal. However, at the discretion of the Director/Dean and upon recommendation of the Undergraduate Division Convener, the individual concerned may be reappointed as Assistant Professor on yearly basis, or for a longer period consistent with the needs of HSON. Nevertheless, an Assistant Clinical Professor of Nursing can apply for promotion earlier. Each faculty member has two chances, within each rank, to apply for promotion unless it is his/her last chance. All Clinical Assistant Professors are eligible to apply for promotion on not more than two occasions.

For initial appointment as Clinical Assistant Professor, the candidate must:

1. Fulfill all the requirements for appointment as a Clinical Instructor.
2. Have an earned doctoral degree (PhD, DNP) in nursing from a recognized university.
3. Have shown promise for excellent performance in teaching, clinical nursing education, service, and clinical practice, including performance in advancing nursing administration.
4. Demonstrated potential and or/a beginning track record in clinical nursing research and/or research on teaching and learning, or service development/quality improvement.

C. Appointment as Clinical Associate Professor

Associate Clinical Professors in Nursing are normally appointed for a period of seven years renewable for a term or terms not to exceed a total of ten years in rank. They will be notified not later than June 30th of the ninth year in this rank that, unless promoted to full Professor by the end of the tenth year, the eleventh year of appointment as Associate Professor shall be terminal. However, at the discretion of the Provost and upon recommendation of the Director/Dean on the advice of the Division Convener, an Associate Clinical Professor in Nursing may be appointed for a further term or terms of up to three years consistent with the requirements of HSON. Nevertheless, an Associate Clinical Professor of Nursing may apply for promotion earlier. All Clinical Associate Professors of Nursing are eligible to apply for promotion on not more than two occasions.

For initial appointment as Clinical Associate Professor, the candidate must:

1. Meet the requirements for appointment as a Clinical Assistant Professor.
2. Normally have spent at least 5 years in the rank of Clinical Assistant Professor.
3. Have demonstrated excellent performance in teaching, clinical nursing education, service, and clinical practice, including performance in advancing nursing administration.
4. Have achieved national recognition in area of specialty, including nursing administration.

5. Demonstrated excellence in clinical nursing research and/or research on teaching and learning, or service development/quality improvement.

D. Appointment as Clinical Professor

For initial appointment as Clinical Professor, the candidate must:

1. Meet the requirements for appointment as a Clinical Associate Professor.
2. Normally have spent at least five years in the rank of Clinical Associate Professor.
3. Have an outstanding track record in scholarly achievement related to nursing practice, clinical nursing education, or nursing administration.
4. Have achieved national and regional/international recognition in area of expertise.
5. Demonstrated outstanding achievement in clinical nursing research and/or research on teaching and learning, or service development/quality improvement.

PROMOTION CRITERIA

A. Promotion from Clinical Instructor to Clinical Assistant Professor:

Promotion to the rank of Clinical Assistant Professor is accorded to the person who has met the requirements for Clinical Instructor and who has demonstrated the following:

1. Fulfillment of all the requirements for appointment as a Clinical Instructor.
2. An earned doctoral degree (PhD, DNP) in nursing.
3. Excellent performance in Practice, teaching and service.
4. Participation in clinical or education focused nursing research.
5. Beginning record of publication in international refereed journals.

B. Promotion from Clinical Assistant Professor to Clinical Associate Professor:

Promotion to the rank of Clinical Associate Professor is based on convincing evidence that the faculty member has achieved excellence as a teacher and clinician, and as one who provides effective service. Evidence must indicate that the clinical faculty member conducts clinical research/projects in area of specialty. The requirements for promotion are:

1. The candidate must have met the minimum requirements for appointment as a Clinical Assistant Professor.
2. Normally the candidate must have spent at least five in the rank of Clinical Assistant Professor.
3. The candidate should have demonstrated excellent performance in teaching, service, and clinical practice or nursing administration.
4. Demonstrated excellence in the conduct and dissemination of clinical, education, or administration research projects through presentations and publications
5. Contribution to HSON, AUB and National professional committees.
6. Evidence of funding of community and clinically relevant projects to improve practice, subject to availability of competitive funds.

B. Promotion from Clinical Associate Professor to Clinical Professor

Promotion to the rank of Clinical Professor must be based on convincing evidence that the faculty member had a sustained record of outstanding clinical teaching, clinical nursing research, expertise in clinical practice, and/or contributions to service. To be promoted to Clinical Professor, the candidate must be engaged directly in clinical practice, been appointed to a joint appointment with a clinical service, provided intensive clinical instruction in a clinical area and/or in the simulation laboratory, and/or led significant innovations in nursing practice in a clinical specialty area or in nursing administration. The requirements for promotion are:

1. Met the requirements for appointment as a Clinical Associate Professor.
2. Normally have spent at least five years in the rank of Clinical Associate Professor.
3. An excellent track record in scholarly achievement related to nursing practice, clinical nursing education, or nursing administration.
4. Contributions to the editorial boards of peer reviewed international journals.
5. Participation/leadership of multidisciplinary teams.
6. Demonstrated evidence of leadership in service to the profession and academic community
7. Demonstrated evidence of leadership contributions to HSON and/or AUB.
8. Evidence of professional service and /or leadership to national/international professional nursing organizations.
9. Evidence of excellence in teaching and curriculum development, and program implementation and evaluation.
10. Demonstrated outstanding achievements in clinically-focused research, clinical education research, or the advancement of nursing administration.
11. Sustained evidence of receiving funds for community and clinically relevant projects, subject to availability

MOVEMENT BETWEEN TRACKS

A faculty member in the Academic Track may transfer to the Clinical Track when applying for promotion to Associate Professor, subject to meeting the criteria for appointment as Clinical Associate Professor.

Evaluation Criteria for Promotion.

The promotion criteria are proposed based on the recommendations of the AUB promotion criteria, as well as consultation with peer and aspirant institutions.

1. Criteria for Evaluation of Teaching

It is expected that faculty members will strive for excellence in teaching. The quality of teaching is an explicit factor in the evaluation of faculty performance. Teaching includes undergraduate and graduate classroom and clinical instruction in formal courses and simulation labs, seminars and

independent studies. Supervising student research is both a research and teaching activity. Advising students and academic and career counseling (graduate and undergraduate) is also a teaching activity.

Many faculty responsibilities related to teaching are consistent across all faculty ranks. Some of these relate to communication and interpersonal relationship such as respecting and communicating effectively with students and colleagues and maintaining satisfactory working relationships with colleagues within the Hariri School of Nursing; maintaining ethical standards of the profession of nursing and the University. Other responsibilities relate to specific teaching responsibilities including maintaining current knowledge of the subject matter, preparing in advance for classroom and clinical and simulation laboratory content; demonstrating enthusiasm for teaching and nursing; assisting students in learning skills and transferring prior knowledge; providing an environment conducive to effective teaching and learning; being available to students as appropriate; using various teaching methods and assignments to encourage students' growth toward course goals; evaluating student's work in a timely fashion and providing appropriate, actionable and prompt feedback; evaluating appropriateness of clinical agencies used for teaching; evaluating data from students and colleagues regarding own strengths and weaknesses for improvement of teaching to refine techniques and course materials and seeking consultation as needed. Using and evaluating innovative strategies and technologically-driven teaching strategies to improve evidence-based student learning outcomes is an expectation.

Multiple data sources are necessary to evaluate the scope of activity inherent to teaching.

Relevant dimensions of teaching to be evaluated include, but are not limited to:

- a) Well articulated teaching philosophy
- b) Classroom instruction, use of learning delivery platforms including Moodle/blended
- c) Course/curriculum development and design (course syllabi)
- d) Clinical laboratory instruction/supervision (anecdotes and evaluation forms) in addition to simulation laboratory and competency training instruction
- e) Course coordination/coordination of clinical preceptors
- f) Creation, production and publication of instructional materials
- g) Project supervision
- h) Guiding graduate assistants
- i) Instruction in clinical units, healthcare facilities and community settings
- j) Academic student advising.
- k) Compilation of a teaching and practice portfolio (optional)

Teaching/Practice Portfolios may include, in addition to a teaching philosophy:

1. Student evaluations
2. Unsolicited letters of support
3. Peer evaluation
4. Evidence of original and creative work which reflects:
 - a. Excellence in teaching and learning, clinical or administrative competencies, and, when appropriate, international certification.
 - b. Innovation in teaching modalities including the use of technology.
 - c. Creativity in course and curriculum design, development and evaluation
 - d. Mentoring of junior faculty and students.

- e. Excellence in evidence-based instruction
 - f. Contributions to clinical practice, including community and public health practice.
5. Honors, awards or other recognition for excellence in teaching, clinical education, and/or nursing administration.

2. Criteria for Evaluation of Research/clinical scholarship

Research is considered a form of scholarship for clinical track faculty. Indicators that a faculty member is growing professionally include:

- a) Publications in peer reviewed/professional journals
- b) Presentations at professional conferences
- c) Research grants for clinically focused research
- d) Participation in collaborative research projects with members of other health professions.
- e) Recognition by colleagues at national/community levels in an area of expertise.
- f) Leadership of quality improvement initiatives

Research and scholarship may take the form of evidence-based practice protocols, “critical pathways”, published case studies and/or clinical reviews, presentations to education and/or clinical peers, development and/or evaluations of innovative practice, organization and conduct of professional meetings.

Excellence in research area is judged by the impact of conducted clinical Nursing research as assessed by peers and international referees.

A. Publications

Attention will be given to manuscripts in press if adequate evidence is present. Journals will be evaluated according to their rank in the discipline.

Authorship will have a proportional value based on sequence of authors i.e. first, second or last. It is essential that the candidate describes his or her contribution to a publication with multiple authors.

B. Mentorship

Mentorship in research will be measured through:

1. Supervision of student projects and related publications (only Ph.D. faculty can Chair student Thesis committee)
2. Mentorship of junior faculty and facilitating expertise of colleagues.
3. Mentorship of students, clinical nurses and/or nurse managers and/or nurse educators and/or nurse administrators.

C. Research Grants & Scholarly productivity

Among other indicators of the quality of a research and scholarship program are:

1. Attracting funds for clinically relevant studies or projects from internal and/or external sources subject to availability.

2. Consultation in areas of research expertise and/or clinical expertise, serving on expert panels
3. Giving invited lectures at scientific meetings
4. Receiving recognition and awards for scholarly contributions

3. Criteria for Evaluating Service

The provision of professional service is an expectation of all faculty members within the Hariri School of Nursing. There are three areas of service: university, community and professional. The nature and extent of service activity however will vary for individual faculty members depending on teaching responsibilities and areas of clinical or other specialization.

1) School and University Services

- a) Serves on/provides leadership for school, and university committees (standing committees and task forces).
- b) Facilitates the ongoing function of school operations, including regular attendance and active participation in faculty meetings and forums.
- c) Serves on school and AUB standing and ad hoc committees

2) Community Services

- a) Participates in local and regional continuing educational programs.
- b) Advises professional and service organizations.
- c) Provides consultation and contributes to policymaking boards of community, government, and health care agencies, at local, national and international levels.

3) Professional Services

- a) Provides leadership to national and/or international nursing organizations including the Order of Nurses in Lebanon, e.g. holding office and/or membership of committees, task forces, advisory committees,.
- b) Participates in regional and national networks for service, research, and continuing education.
- c) Provides professional services to peers, including reviewing course materials, manuscripts, research proposals, and evaluations of instruction and research.

Excellence in service will be evaluated through:

1. Evidence provided by the faculty member regarding his/her contribution in services provided.
2. Letters of support related to the services provided by the candidate.

4. Practice

Excellent clinical practice is expected of clinical faculty as appropriate to their positions and functions within HSON. Faculty members will be evaluated on:

- a) Continuous growth in clinical areas of expertise, namely advanced clinical nurse specialist
- b) Ability to model excellence in clinical areas of practice and may include joint appointments, consultation on clinical issues and serving on clinical-multidisciplinary task forces
- c) Contributions to the development of advanced nursing practice, including international certification when appropriate.
- d) Integration of clinical nursing research in practice
- e) Mentoring of future practitioners.

Demonstration of Excellence in Practice

Evidence for excellence in practice includes:

- a) Amount, type and quality of the candidate's involvement in clinical practice.
- b) Letters of support related to the expertise of the candidate
- c) Presentation of a clinical practice portfolio that may be in any format that demonstrates clinical leadership and excellence in clinical practice.

April 3, 2018

AMERICAN UNIVERSITY OF BEIRUT
HARIRI SCHOOL OF NURSING

APPENDIX I-C-1: Community of Interest of HSON

The community of interest of the Hariri School of Nursing includes the following entities:

1. Internal stakeholders:
 - a. Faculty and students
 - b. The university administration including the Registrar, admission and financial aid offices;
 - c. Departments involved in teaching the students such as the basic science department at the faculty of medicine and the epidemiology department at the Faculty of Health sciences; Faculty of Arts and Sciences; General Education Program
 - d. The following institutional units: information technology, the Center for Teaching and Learning and the Institutional Effectiveness and Decision Support, Writing center, libraries
2. External constituencies:
 - a. Alumni, prospective students and the community at large
 - b. Clinical preceptors, academic associates and adjunct faculty involved in teaching
 - c. Employment and clinical placement sites: nursing and hospital directors of affiliated hospitals; Directorate of Primary Health Care at the Ministry of Public Health
 - d. Regulatory bodies: The President of the Order of Nurses in Lebanon; the Ministry of Public Health; and the Ministry of Education and Higher Education
 - e. Sigma Theta Tau International

Appendix I-C-2

AMERICAN UNIVERSITY OF BEIRUT

HARIRI SCHOOL OF NURSING

Faculty Online Teaching Survey – Fall 2020-21

Dear colleagues,

This is our second semester teaching online because of the COVID-19 pandemic. This survey aims to identify your experience and needs related to online teaching in order to better plan for the future.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
1. I feel comfortable teaching online					
2. I have proper internet connectivity to deliver my online teaching from home					
3. I am satisfied with the quality of the class discussion.					
4. I am satisfied with the students' involvement					
5. I am satisfied with the IT support in relation to online teaching					
6. I am satisfied with the tools (software and hardware) that are available to conduct my online teaching					
7. I need more time to prepare for online classes compared to face-to-face classes					

8. Which assessment technique you are using to evaluate your students? Select all that apply.

- Moodle exams/quizzes
- Take home exams
- Written assignments
- Online presentations
- Self-recordings
- Discussion forums
- Others (please specify): _____

9. How can we help you to make your online teaching experience more comfortable and effective?

Thank you for your Time Answering the Survey

Appendix I-C-3

AMERICAN UNIVERSITY OF BEIRUT

HARIRI SCHOOL OF NURSING

Student Online Learning Survey-Fall 2020

Dear student,

We aim in this survey to identify your experiences and needs related to online learning. The results will help us plan for ways to facilitate your online learning experience.

1. Name: _____

NB: We are asking about your name to identify those who have specific problems and whom we may be able to help

2. AUB ID number

3. Class: Choose one of the following answers

N2 (Sophomore-1st Year)

N3 (Junior)

N4 (Senior)

4. Area of Residence: _____

5. Did you have previous exposure to online learning?

Yes

No

6. Number of courses taken online: _____

7. What were the different online technology tools that you were exposed to? Check all that apply

- WebEx for live sessions
- Zoom for live sessions
- Teams for live sessions
- Voiceover Powerpoint for recorded lectures
- Interactive recorded lectures on Moodle
- Virtual Labs
- Submitting assignments on Moodle
- Quizzes on Moodle
- Discussion forums on Moodle
- Whatsapp Meetings
- Other, please specify: _____

8. Please rate your satisfaction using the following technology tools in the scale below by selecting the corresponding cell for each item

	Very Satisfied	Satisfied	Unsatisfied	Very Unsatisfied	Did not use it
WebEx for live sessions					
Zoom for live sessions					
Teams for live sessions					
Voiceover Powerpoint for recorded lectures					
Interactive recorded lectures on Moodle					
Virtual labs					
Submitting assignment on Moodle					
Quizzes on Moodle					
Discussion forums on Moodle					

9. How many hours of electricity supply do you get in total per day (from both electricity and generator)? _____

10. What do you use for internet access at home? Check all that apply

WiFi

3G/4G

Both

11. Please rate your internet connectivity using the below scale. Please choose the appropriate response for each item:

Very Good Good Poor Very Poor Do not have internet connection

Internet Connectivity

12. To what extent is the internet is affordable? Please choose only one of the following:

Not Affordable

Somehow Affordable

Affordable

Very affordable

13. If you can access online sessions at home, is there a room available at home where you can attend a 2 or 3-hour online session alone?

Yes

No

14. Are you able to access online synchronous sessions at home?

Yes

No

15. Do you have a personal computer or laptop?

Yes

No

a. If no, do you share a computer/laptop that is used by others at home?

Yes

No

16. Do you have a camera for your computer/laptop?

Yes

No

17. Do you have a personal ipad?

Yes

No

18. Do you have a personal mobile phone?

Yes

No

19. If you cannot access online sessions at home, where do you go to access those?

Check all that apply

Relatives' home

Friends' home

AUB Library/Computer lab

Other: _____

20. Given the internet connection issues you had during the last spring and summer semesters, what measures have you taken to successfully complete the courses?

21. What would you need to make sure you can take classes online?

Thank you for completing this survey

Appendix I-D-1

Hariri School of Nursing Faculty Teaching Workload

Introduction

For the majority of nursing courses with a clinical component, we have devised a different system of calculating faculty workload at HSON. When I came to AUB, I requested a thorough analysis regarding equivalence of HSON course credits compared to regular AUB courses. Provost Heath appointed someone, to calculate actual faculty workload for our courses based on faculty efforts taking into consideration the responsibilities of supervising students in clinical life and death situations. The appointed officer observed our entire faculty in their respective clinical areas and came up with the following recommendation which we are currently using:

For UG courses:

- All nursing courses have a theory, clinical, and simulation components; theory credits remain the same for faculty workload.
- Clinical credits only are multiplied by a factor of 1.5 for clinical supervision of sophomore and junior students but simulation credits remain the same.
- The clinical supervision of 2 credits clinical is equated to 6 contact hours of student supervision in different clinical areas; faculty workload is $2 \times 1.5 = 3$.
- If we take the example of a 5 credit course with 2 credits theory, one credit simulation, and 2 credits clinical, the actual faculty workload is $2 + 1 + 3 = 6$.
- For senior clinical courses, as students become more independent, the faculty workload becomes as for theory courses, that is a 3 credit of clinical teaching translates into 3 workload points for the faculty member.
- Some courses are co-coordinated ie the 2 credit theory course is taught by two people and hence each gets 1 credit for theory.
- In addition, every clinical course has numerous clinical sections of 5 students each and the course coordinator needs to coordinate all the sections (planning clinical rotations, selecting preceptors, supervising and coordinating the work of clinical faculty and preceptors etc...) and for this task a workload equivalent to half the actual clinical & simulation credits is added to the actual workload for courses with 6 or more sections. For example faculty coordinating 3 credits clinical and simulation course will get 1.5 workload credits for coordination.

For Graduate courses

- Courses may have a theory and a clinical component; the clinical component does not require direct supervision by the faculty and as such workload is half the allocated credits. For example a 4 credit course with 2 credits theory and 2 credits clinical is assigned 3 credits workload.
- All residency 4 credit courses in the different tracks are given 2 credits workload. Faculty will get the full 2 credits if they supervise 3-4 residencies per semester, which can be spread over 2 semesters. Fall and spring residencies are in this case added and total workload is corrected accordingly.
- All graduate courses with less than 5-6 students per course are considered tutorials and faculty workload is half the course credit.
- Projects and thesis are not at the moment given any workload credits but we are currently looking at the different models used at AUB to benchmark before developing our own.

November 2015

Appendix I-D-2

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For any comments, feedback, or query, please contact: provost@aub.edu.lb.

Last amended and approved on: December 9, 2016

Bylaws of the Faculties

Abbreviations

AUBMC	: American University of Beirut Medical Center
BOT	: Board of Trustees
DUIP	: Division of University Interdisciplinary Programs
FAFS	: Faculty of Agriculture and Food Science
FAS	: Faculty of Arts and Sciences
FEA	: Faculty of Engineering and Architecture
FHS	: Faculty of Health Sciences
FM	: Faculty of Medicine
HSON	: Rafic Hariri School of Nursing
OSB	: Suliman S. Olayan School of Business.
UAC	: Unified Admissions Committee
UG	: Undergraduate

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Bylaws of the Faculties

Article I - Organization of the Faculties

Section 1 - Composition of the Faculties

Each faculty/school of the American University of Beirut is composed of the officers and academic personnel of the faculty/school.

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Section 2 - Officers of the Faculties

The officers of each faculty* shall include the following:

1. The president of the University.
2. The provost, ex-officio.
3. The dean of the faculty[‡]
4. The associate and assistant deans.
5. The registrar of the University, ex-officio.
6. The director of admissions, ex-officio.
7. The university librarian, ex-officio.
8. The medical librarian, ex-officio (for FHS and FM).

* The term "faculty" also refers to the "school."

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Section 3 - Academic Personnel of the Faculties

The academic personnel of the faculties shall include:

1. Professors and endowed chair professors (including clinical for FM, HSON).
2. Associate professors (including clinical for FM, FAS-Psych, HSON).
3. Assistant professors (including clinical for FM, FAS-Psych, HSON).
4. Emeritus professors.
5. Research professors (all ranks).
6. Professors of --- practice (all ranks).
7. Adjunct professors (all ranks).
8. Senior lecturers (including clinical for FM).
9. Lecturers.
10. Executives-in-residence.
11. In-Residence faculty.
12. Research associates.
13. Research affiliates (FEA).
14. Postdoctoral fellows.
15. Instructors (including clinical for FM, HSON).
16. Instructors --- practice.
17. Assistant instructors (including clinical for HSON).
18. Senior research assistants.
19. Research assistants.
20. Associates.
21. Clinical associates (HSON).
22. Preceptor associates (FHS, HSON).
23. Affiliate or research affiliate.

Section 4 - Academic Units

The faculty/school shall be organized into academic units which include centers, departments, divisions, tracks, institutes, programs, or schools, as defined in Article IV, Section 1.

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Section 5 - Standing Committees

The following shall be the standing committees of each faculty/school:

Article V, Section 1:	Advisory
Article V, Section 2:	Administrative
Article V, Section 3.A:	Undergraduate Admissions
Article V, Section 3.B:	FM Admissions (MD Program)
Article V, Section 4.A:	Undergraduate Curriculum
Article V, Section 4.B:	Undergraduate Student Academic Affairs
Article V, Section 5.A:	FM Curriculum (MD Program)
Article V, Section 5.B:	FM Student Academic Affairs
Article V, Section 6:	Graduate Studies
Article V, Section 7:	Research
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Article V, Section 9.A:	Student Affairs
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Article V, Section 10:	Continuing Education Scientific Advisory Council (FM)
Article V, Section 11:	Medical Practice Plan (FM)
Article V, Section 12:	Institutional Animal Care and Use (FM)
Article V, Section 13:	Graduate Medical Education (FM)
Article V, Section 14:	FM Student Financial Aid (FM)
Article V, Section 15:	Joint Advisory Committee of the BOT (FM)
Article VIII:	Institutional Review Board

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Article II - Faculties

Section 1 - Prerogatives and Duties

1. Subject to the provisions of the Corporate Bylaws, rules and regulations, and the established general policies of the University, the faculty, through its internal organization, shall determine its own academic policy and shall have authority to direct its own affairs. The dean shall refer actions by the faculty that may affect either the financial commitments of the University, or the academic policy of the University as a whole, to the provost and the president for consideration.
2. The faculty/school shall have the right to review any action by any committee of the faculty/school (with the exception of actions of the Advisory Committee concerning individual faculty members and other confidential matters) and, if it deems fit, to refer such action back to that committee for reconsideration. If the faculty rejects an action after its reconsideration by a committee, then it becomes the responsibility of the faculty itself to take action.
3. The faculty/school shall vote to recommend to the Senate candidates for degrees in the faculty/school.
4. The faculty/school shall elect representatives to the Senate, to the faculty/school, and to University committees. To be elected, a candidate for a position must receive a simple majority of votes cast. If no candidate receives a majority on the first ballot, only the two candidates receiving the largest number of votes in that ballot will face each other in a runoff election.
5. The faculty/school shall act, through a faculty meeting, on other matters referred to it by the dean.

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Section 2 - Meetings

1. The dean shall call regular meetings of the faculty/school at least three times a year. An electronic and/or written notice with a stated agenda shall be sent to faculty members at least four working days prior to the date of the meeting.
2. Special meetings of the faculty/school shall be called by the dean at the dean's discretion or at the written request, either by letter or email, of five voting faculty members who will provide an agenda.
3. The dean or the dean's designate shall chair all meetings of the faculty/school.
4. The dean shall appoint a secretary for meetings of the faculty/school, on a yearly basis, from among the voting faculty.
5. Voting rights in various faculties/schools shall consist of the following:
 - FAFS, FAS, FEA:** all non-visiting, full-time faculty members of professorial rank.¹
 - FM:** all non-visiting, full-time faculty members of professorial rank, including clinical faculty.

¹**Definition: Professorial ranks include assistant, associate, and full professors. This excludes professorial faculty who are on one-year contract.**

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OSB: all non-visiting, full-time faculty members of professorial rank. OSB also has an eligible faculty category for faculty who may be elected by a meeting of the School to certain of its standing committees, provided that these committees do not make personnel decisions or include the Admission Committee or the Administrative Committee (refer to Article V - Standing Committees of the School). Eligible faculty members are all full-time faculty members in all ranks, whether under visiting or non-visiting contracts, and certain participating part-time faculty selected by the dean, in consultation with the Advisory Committee.

FHS: all non-visiting, full-time faculty members of professorial ranks. Full-time faculty members on research or public health practice tracks, senior lecturers, lecturers, and academic instructors have voting rights on selected committees as approved by the faculty.

HSON: all non-visiting full-time faculty members of professorial ranks. In special cases, voting rights may be extended to faculty in rank of instructor and lecturer, excluding personnel matters.

6. In special cases, academic unit bylaws may extend voting rights to faculty in the rank of instructor and lecturer on academic affairs pertaining to the unit, excluding personnel matters (refer to Article IV- Section 3 - Meetings, Item 2).
7. For OSB, all voting faculty are eligible for election to the standing committees, other than those that may deal with personnel matters (refer to Article V - Standing Committees of the School).
8. For all faculties, voting rights on personnel matters are limited to non-visiting, full-time faculty members of professorial ranks, including clinical faculty.
9. Voting in faculty meetings shall be limited to the voting faculty members actually present.
10. Elected faculty members must be non-visiting, full-time faculty members of the professorial ranks, including clinical faculty. They are elected by the faculty during a meeting of the faculty.
11. A simple majority of the voting faculty members mentioned in (8) above, exclusive of those on leave or duty outside Lebanon, shall constitute a quorum in faculty meetings. In the absence of a quorum, another faculty meeting to consider the same agenda shall be called within two weeks at which the voting faculty members mentioned in (8) above who are present shall constitute a quorum, provided that all members of the faculty shall have had notice in accordance with the call for regular meetings. A two-thirds majority is required for bylaw amendment (see Article VI).

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Article III - Officers of the Faculties

Section 1 - The Dean

1. Appointment

In accordance with Article VI of the Corporate Bylaws of the American University of Beirut, the dean is appointed by the Board of Trustees upon the recommendation of the president. The initiative for the appointment of a dean and the dean's continuation in office rests with the president. A recommendation for appointment or continuation in office shall be made by the provost to the president after consultation with full-time faculty members, especially those in the rank of professor who are not on leave or on periodic paid research leave.

For absences of the dean lasting for three months or more, an acting dean shall be appointed by the president upon the recommendation of the dean and after consultation with the Advisory Committee. For shorter absences, the dean shall appoint an acting dean from the voting faculty.

2. Duties, Responsibilities, and Prerogatives of the Dean

The dean, as the academic and executive head of the faculty/school, shall have her/his duties, responsibilities, and prerogatives defined by the president and the provost. Within the faculty/school, the dean's duties, responsibilities, and prerogatives shall include at least the following:

- a. Be responsible for the execution of university policies and the policies and enactments of the faculty/school.
- b. Be responsible for the development of the faculty/school as regards academic programs, curricula, academic personnel, student body, and physical facilities.
- c. Take action or make recommendations, after consultation with the department/division/track concerned and the Advisory Committee, to the appropriate authorities, in accordance with AUB policies in all matters pertaining to appointment, reappointment, non-reappointment, promotion, periodic paid research leave, and leave of absence.
- d. Prepare the budget proposal for the faculty after consultation with the chairs/conveners and directors of academic units and the Administrative Committee; and submit the total proposed educational budget for the faculty/school that includes a budget for the Dean's Office to the provost with a copy to the Office of Financial Planning and Budget.
- e. Prepare an annual report that shall be submitted to the provost and the president and distributed electronically to all academic units of the faculty/school.
- f. Make appointments to all committees other than committees elected by the faculty/school. The dean appoints ad-hoc committees and task forces as may be deemed necessary.

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- g. Recommend the appointment of chairs/conveners and directors of academic units to the provost and president in accordance with the provisions of Article IV of these bylaws.
- h. Be the chair of faculty/school meetings.
- i. Have the prerogative of final action on all committee decisions.
- j. Be empowered to determine which decisions of the committees shall be in the form of actions, and which shall be regarded as recommendations to the faculty/school.
- k. Submit to the faculty, for approval, any committee decision that reverses or modifies previous faculty action.
- l. Make known to academic units all administrative actions affecting their units.
- m. Keep the faculty informed of university decisions.
- n. Go through prepared annual performance reviews of all non-academic staff in various academic units.
- o. Prepare written annual performance reviews of non-academic staff in the Dean's Office, making the dean's review available to each staff member, and discussing it face to face with them.
- p. Coordinate with the appropriate university units for the advancement of the faculty/school.
- q. Play an active role in securing additional resources for the faculty through contribution to fund-raising efforts in close coordination with the Office of Advancement.
- r. For the Faculty of Medicine, the dean shall be responsible for the educational and professional functions of the University's medical center and affiliated hospitals. The dean shall appoint the chief of clinical staff and the chief's deputy, and directors of special clinical services of the University's medical center.

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Section 2 - Associate and Assistant Deans

The dean may appoint associate deans and assistant deans (or other administrative officers in the Faculty of Medicine) after consultation with the Advisory Committee and with the approval of the provost and the president. The dean shall define the prerogatives and duties of these officers.

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Article IV - Academic Units of the Faculties

Section 1 - Academic Units

The faculty/school shall consist of the following academic units:

A. Faculty of Agricultural and Food Sciences (FAFS)

Departments

1. Agriculture.
2. Nutrition and Food Sciences.
3. Landscape Design and Ecosystem Management.

Centers

1. Advancing Research Enabling Communities Center (AREC).
2. Environment and Sustainable Development Unit (ESDU).

B. Faculty of Arts and Sciences (FAS)

Departments

1. Natural Sciences

- a. Biology.
- b. Chemistry.
- c. Geology.
- d. Physics.

2. Humanities

- a. Arabic and Near Eastern Languages.
- b. Civilization Sequence Program.
- c. English.
- d. Fine Arts and Art History.
- e. History and Archaeology.
- f. Philosophy.

3. Social Sciences

- a. Economics.
- b. Education.
- c. Political Studies and Public Administration.
- d. Psychology.
- e. Sociology, Anthropology, and Media Studies.

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4. Mathematics and Computer Science

- a. Computer Science.
- b. Mathematics.
- c. Computational Science.

Centers and Institutes

1. Center for Behavioral Research (CBR).
2. Prince Alwaleed Bin Talal Bin Abdulaziz Alsaoud Center for American Studies and Research (CASAR).
3. Center for Arab and Middle Eastern Studies (CAMES).
4. Center for English Language Research and Teaching (CELRT).
5. Institute of Financial Economics (IFE).
6. Science and Mathematics Education Center (SMEC).
7. Anis Makdisi Program in Literature (AMPL).
8. University Preparatory Program (UPP).

C. Faculty of Engineering and Architecture (FEA)

Departments and Programs

1. Architecture and Design.
2. Civil and Environmental Engineering.
3. Electrical and Computer Engineering.
4. Mechanical Engineering.
5. Chemical and Petroleum Engineering.
6. Industrial Engineering and Management.

Center

1. Water Resources Center.

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D. Faculty of Health Sciences (FHS)

Departments and Programs

1. Environmental Health.
2. Epidemiology and Population Health.
3. Health Promotion and Community Health.
4. Health Management and Policy.
5. Medical Laboratory Sciences Program.

Center and Unit

1. Center for Research on Population and Health (CRPH).
2. Outreach and Practice Unit (OPU).

E. Rafic Hariri School of Nursing (HSON)

The School consists of the following Divisions:

- a. Undergraduate Division.
- b. Graduate Division.
- c. Center for Nursing Research

F. Faculty of Medicine (FM)

Medical Departments

1. Basic Medical Sciences

- a. Biochemistry and Molecular Genetics.
- b. Anatomy, Cell Biology, and Physiological Science.
- c. Experimental Pathology, Immunology, and Microbiology.
- d. Pharmacology and Toxicology.

2. Medical Service

- a. Anesthesiology.
- b. Diagnostic Radiology.
- c. Pathology and Laboratory Medicine.
- d. Radiation Oncology.

3. Non-Surgical Clinical

- a. Emergency Medicine.
- b. Family Medicine.
- c. Internal Medicine.
- d. Neurology.
- e. Pediatrics and Adolescent Medicine.
- f. Psychiatry.

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Surgical Clinical

- g. Dermatology.
- h. Obstetrics and Gynecology.
- i. Ophthalmology.
- j. Otolaryngology and Head and Neck Surgery.
- k. Surgery.

G. Suliman S. Olayan School of Business (OSB)

Tracks

1. Business Information and Decision Systems (BIDS).
2. Finance, Accounting and Managerial Economics (FAME).
3. Management, Marketing and Entrepreneurship (MM&E).

Center

1. Samih Darwazah Center for Innovation Management and Entrepreneurship.

Other faculty/school departments, tracks, programs, centers, and academic units may also be established as per university policies and procedures.

H. Division of University Interdisciplinary Programs (DUIP)

Programs

1. Master of Science in Energy Studies.
2. Master of Arts in Public Policy and International Affairs.

I. University Centers and Interfaculty Programs

Centers

1. Asfari Institute for Civil Society and Citizenship.
2. Center for Advanced Mathematical Sciences (CAMS).
3. Center for Civic Engagement and Community Service (CCECS).
4. Center for Teaching and Learning (CTL).
5. Continuing Education Center (CEC).
6. Farouk K. Jabre Center for Arabic and Islamic Science and Philosophy
7. Issam Fares Institute for Public Policy and International Affairs (IFI).
8. Munib R. and Angela Masri Institute of Energy and Natural Resources (IENR).
9. Nature Conservation Center (NCC).
10. Writing Center.

Interfaculty Graduate Programs

1. Environmental Sciences (FAS, FAFS, FEA, FHS).
2. Neuroscience (FM, FEA).
3. Nutrition (FAFS, FM).

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Section 2 - Organization of Academic Units/Divisions/Tracks

An academic unit/division track shall consist of all academic personnel of the faculty/school appointed to that unit.

Each academic unit/division/track shall have a chair/convener or director. The chair/convener of a department/division/track is appointed by the president based on the recommendations of the dean and provost. The dean makes a recommendation after reviewing the candidate's credentials and consulting individually with departmental/division faculty, the faculty advisory committee and, when an external search is conducted, the search committee.

For the Faculty of Medicine, if divisions exist within a department, the chair/convener shall appoint the heads of such divisions after consultation with the faculty in the specialty and with the approval of the dean.

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Section 3 - Meetings

1. Academic units/divisions/tracks shall meet at least once a month upon the call of the chair/convener or director. Additional meetings may be held when called by the chair/convener or at the written request of at least two voting members of the unit. Minutes of all meetings shall be sent to the Office of the Dean.
2. The voting faculty in an academic unit/division/track shall consist of all non-visiting full-time faculty members of professorial ranks (including clinical faculty for the FM and HSON). In special cases, academic unit bylaws may extend voting rights to faculty in the rank of instructor and lecturer on academic affairs pertaining to the unit, excluding personnel matters (refer to Article II, Section 2.e., for voting eligibility).
3. Voting in an academic unit is limited to faculty members actually present at the meeting.
4. For OSB, a faculty member may belong to more than one track, but shall have voting rights in only one track.

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Section 4 - Functions

1. The academic unit/division/track shall decide upon the academic programs to be offered subject to the approval of the appropriate faculty and/or university bodies concerned (for Medicine, this shall include patient care).
2. The academic unit/division/track shall be responsible for setting academic departmental/division/track requirements and for maintaining professional standards.

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Section 5 - Decisions on Personnel Matters

1. Established university policies and procedures shall govern actions on faculty recruitment and promotion.
2. Requests for leave (both periodic paid research leaves and leaves of absence for one semester or more) shall be discussed and voted on by the eligible faculty of the academic unit. The chair/convener shall transmit the results of the vote to the dean, together with the chair/convener's recommendations.
3. Evaluation of candidates for new appointments shall be restricted to voting faculty members of ranks equal to or higher than that of the faculty member whose contract is being considered. Evaluation of candidates for reappointment or promotion shall be restricted to voting faculty members of ranks higher than that of the faculty member whose contract is being considered. In the case of full-professors, all other voting full professors shall participate in the evaluation and recommendations. In all cases, recommendations to the dean shall give the numerical results of voting arrived at in a meeting of the voting faculty of the unit. Chairs/Conveners or directors shall express their opinion in all cases. In the absence of the required minimum number of professors in a department/division/track, the dean can appoint faculty members of appropriate professorial rank from other departments/divisions/tracks to serve on extended departmental/divisional committees.

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Section 6 – Chair/Convener or Director

1. Each academic unit/division/track shall have a chairperson/convener or director. The chair/convener of a department/division/track is appointed by the president based on the recommendations of the dean and provost.

The appointment of chairs/convener in all faculties or schools, except FM, is normally for a period of three years, subject to renewal for a second term. Faculty of Medicine chairs have appointments for longer term. Normally, chairs/convener who serve two successive terms shall not be reappointed for another term, except after the lapse of one term following the end of the previous appointment as chair/convener. The chair/convener or director may appoint one or more members of the academic unit/division/track to assist as deemed necessary, subject to approval by the dean.

Recruitment of chairs of FM academic departments follows a process by which the search for the chair is announced and the dean appoints the members and chair of the search committee in consultation with the associate dean for faculty affairs. For basic science departments at FM, the search committee recommends to the dean two to three short-listed candidates. The dean selects and recommends, in consultation with the Advisory Committee, the appointment of a candidate to the provost. The provost recommends the appointment to the president for approval. For clinical departments at AUBMC, same process is followed, except that the dean consults with the hospital administration in addition to the Advisory Committee and approves the appointment of the candidate, sending a copy of the appointment to the provost and president. The appointment of clinical department chairs is then signed by the FM dean and the president. The term of appointment is normally for a period of five years.

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2. The duties and prerogatives of the chair/convener or director shall be the following:
 - a. Responsible for the administration and academic development of the unit/division (in the Faculty of Medicine and in clinical departments, the chair/convener or director shall be the chief of the professional service).
 - b. Ensure the proper teaching of programs of study and prepare the teaching schedule in consultation with voting faculty members.
 - c. Appoint academic advisors to undergraduate and graduate students majoring in the unit/division.
 - d. Prepare the budget proposal of the department/division/track, in consultation with the voting faculty, for submission to the dean.
 - e. Prepare, in consultation with concerned faculty, course descriptions and related material for the University Catalogue.
 - f. Present to the dean, in accordance with established university procedures, recommendations on all matters pertaining to appointment, reappointment or non-reappointment, promotion, appointment to emeritus status, periodic paid research leave, leave of absence, and advancement in the remuneration of academic personnel.
 - g. Coordinate and approve expenditures within the budget of the unit/division/track.
 - h. Prepare the annual and research reports of the unit/division for transmission to the dean.
 - i. Appoint ad-hoc committees as deemed necessary.
 - j. Recommend to the dean the appointment of an acting chair/convener or director during the absence of the chair/convener or director.
 - k. Assign mentors to new faculty members.
 - l. Prepare written annual performance reviews of all academic staff, making each review available to the appropriate faculty member, and discussing the review face to face with the faculty member.
 - m. Prepare written annual performance reviews of all non-academic staff, making each review available to the appropriate staff member, and discussing the review face to face with the staff member.
 - n. Lead departmental/division/track faculty in the annual assessment of departmental/division/track programs, and submit summary reports on assessment

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activities.

Article V - Standing Committees of the Faculty

Members of all standing committees, unless otherwise specified in these bylaws, shall be elected from the voting faculty by the voting faculty for a term of two years. If a member has been re-elected to serve for a full second consecutive term, the member shall not be eligible for re-election, except after the lapse of one year following the termination of her/his membership. If a member is unable to complete her/his term, a substitute shall be elected to complete the remainder of the term during a special election for that purpose. If the remainder is one year or less, the elected substitute shall be eligible for re-election to two more consecutive terms. All committee actions shall be recommendations to the dean. The president can decide exceptions to all provisions in this article.

Section 1 - The Advisory Committee

1. Composition

The Advisory Committee shall consist of the dean, as chair, and three to seven elected faculty members.

Every year, one, two, or three members shall be elected, each member serving for a term of two years (in accordance with Article V on Standing Committees of these bylaws). Normally, full professors who have served in the University for a period of at least three consecutive years shall be eligible to serve on the Advisory Committee. For faculties that consist of more than five academic units, not more than one committee member can be elected from one academic unit. In no case shall there be more than two members from the same unit.

The number of elected members depends on the faculty/school size as follows:

- a. FAFS, FEA, FHS, and FM: six elected members.
- b. FAS: seven elected members to include two members each from humanities, natural sciences, and social sciences, and one member from mathematics and computer science.
- c. OSB: four elected members.
- d. HSON: four elected members.

For FM, the six members of the Advisory Committee shall be distributed as follows:

- i. Basic Medical sciences: one representative.
- ii. Medical Service: one representative.
- iii. Non-Surgical Clinical: two representatives.
- iv. Surgical Clinical: two representatives.

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For FHS, if there are not enough full professors, associate professors who have served in the University for a period of at least three consecutive years and have been in rank for at least two years, shall be eligible to serve on the Advisory Committee.

For HSON, if there are not enough full professors, associate professors who have served in the University for a period of at least three consecutive years and have been in rank for at least two years shall be eligible to serve on the Advisory Committee. The Advisory Committee must have at least one representative from the Undergraduate Division.

2. Functions

The Advisory Committee shall act in an advisory and consultative capacity to the dean of the faculty/school.

- a. The Advisory Committee shall advise on all matters submitted to it by the dean or any of its members.
- b. It shall advise on the appointment, promotion, reappointment or non-reappointment, and leaves of absence of three months or more, of full-time faculty members.
- c. It shall advise on the appointment of chairs, track/division conveners, program coordinators/co-coordinators, and directors of academic units, institutes, or centers.
- d. It shall oversee the University's policies on faculty academic integrity and professional conduct, and acts that infringe on these policies.
- e. It shall advise on proposals for institutional affiliations and make recommendations to the dean.

Deliberations and minutes of the committee are confidential.

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Section 2 - The Administrative Committee

The composition and functions of the Administrative Committee vary according to faculty size and structure.

1. Composition

The Administrative Committee shall consist of:

- a. The dean or her/his representative as chair.
- b. The chairs/conveners of academic departments/divisions/tracks.
- c. The associate and/or assistant dean/s (ex-officio, non-voting).
- d. Graduate program coordinators if not represented by department chairs.
- e. In FM, the chief of staff and the medical center director (ex-officio, non-voting).

2. Functions

The Administrative Committee shall advise the dean on administrative matters including but not limited to:

- a. Planning activities for the faculty, referring matters to various committees, and overseeing strategic planning processes.
- b. General academic development of the faculty and its departments/divisions/tracks/programs, including review and accreditation of programs, benchmarking, self-evaluation/external reviews, and consultations with external advisory boards as applicable.
- c. Budget requests and expenditures within that part of the budget of the Office of the Dean, which is for the common use of all departments/divisions and members of the faculty.
- d. Review of operating and capital budget requests received from departments/divisions and academic units for the following academic year and recommendation of budget allocation to the dean. The dean then provides the provost and the Office of Financial Planning and Budget with a total proposed educational budget for the faculty that includes a budget for the Dean's Office.
- e. Matters related to faculty hiring, faculty performance reviews, number of lines, and faculty teaching loads, and the coordination of these matters among departments/divisions.
- f. Instruction, examinations, and administrative matters brought to it by the dean or by a member of the committee.
- g. Procedures and criteria for review of non-academic staff performance.
- h. Coordinating faculty activities such as: faculty retreats, annual reports, websites, and other faculty-organized academic activities/events.
- i. The physical facilities of the faculty.
- j. Policies and procedures of career development center when applicable.
- k. The administration of existing awards and the establishment of new ones.
- l. The appointment of class advisors when applicable.

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Section 3 - The Undergraduate Admissions Committee and the FM Admissions Committee

A. The Undergraduate Admissions (and Financial Aid for HSON) Committee

1. Composition

The Undergraduate Admissions Committee shall consist of:

- a. The dean or her/his representative as chair.
- b. The director of admissions or her/his representative (non-voting).
- c. The faculty representative/s on the University Admissions Committee.
- d. Elected faculty members by the voting faculty (appointments shall be for a term of two years) as follows:
 - FAFS, four: from different departments/programs.
 - FAS, six: one from the natural sciences, one from mathematics and computer science, one from the humanities, one from the social sciences, and two members chosen without specification as to discipline, with no more than one member from the same department.
 - FEA: one from each department
 - FHS, four non-visiting, full-time faculty members of all ranks, at least one must be from each track, including undergraduate student advisors, who could be of instructor rank (refer to Article II, Section 2.e for voting eligibility).
 - OSB, four non-visiting, full-time faculty members of professorial rank, with at least one from each track.
 - HSON, three.
- e. For the OSB, the assistant dean for student services is a member.
- f. One student representative (non-voting).
- g. For FAS only, the registrar or her/his representative (non-voting).

2. Functions

- a. The Undergraduate Admissions (and Financial Aid for HSON)_Committee shall work in coordination with the dean to manage the number of undergraduate students admitted to the faculty/school.
- b. It shall make recommendations to the Unified Admissions Committee (UAC) concerning undergraduate admissions into the faculty/school, for example, target populations.
- c. It shall select and recommend from among transfer student applicants, from within and outside of AUB, for admission to the faculty/school based on input from departments/divisions/tracks.
- d. It shall act on requests regarding student transfers into the faculty/school that are outside of the prerogative of the UAC and include inter-departmental transfers; freshman transfers to a major; inter-faculty transfers; junior level transfers from other universities, and related course equivalency issues; students working for a second degree; and readmission of returning students
- e. It shall regularly review the admission requirements, formulate relevant faculty/school policies, and recommend required changes to the faculty/school and appropriate bodies, including the UAC.

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- f. It shall gather statistics over the years to evaluate criteria for admissions.
- g. It shall alert the dean to trends and changes in admissions at the faculty/school and university levels.
- h. Faculty/school specific functions:
 - FAS: it shall act on admission to the University Preparatory Program (UPP). It shall be responsible for recruitment activities in collaboration with the Office of Admissions.
 - OSB: it shall also select students pursuing minors in business.
 - HSON: it shall be responsible for recruitment activities in collaboration with the Office of Admissions. It shall act on HSON merit scholarships and financial aid from the School resources and make recommendations to the dean.

B. The FM Admissions Committee (MD Program)

1. Composition

The FM Admissions Committee (MD Program) shall consist of:

- a. The dean or the dean's representative as chair.
- b. The director of admissions or the director's representative (non-voting). The director of admissions shall act as secretary of the committee.
- c. The registrar or the registrar's representative (non-voting).
- d. Assistant dean/director of medical student affairs (ex-officio, non-voting).
- e. The faculty representative/s on the University Admissions Committee.
- f. Seven members appointed by the dean as follows: two members from the basic medical sciences departments; two from the clinical departments; and three from the Faculty of Arts and Sciences, who are involved in pre-medical teaching and recommended by their dean. All members of the committee, except the secretary and registrar, shall have voting privileges. Appointments shall be for a term of two years.
- g. One student representative (non-voting).

2. Functions

- a. The FM Admissions Committee shall be responsible for the selection of students for admission to the MD program of the faculty.
- b. It shall act on requests regarding student transfers into the faculty, including transfers from other universities and related course equivalences; students working for a second degree; and the readmission of returning students.
- c. It shall regularly review the admission requirements the MD program and makes its recommendations to the dean, formulate faculty-relevant policies, and recommend any changes to the faculty and relevant bodies.
- d. It shall gather statistics over the years to evaluate criteria for admissions.
- e. It shall alert the dean to trends and changes in admissions at the faculty/school and University levels.

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Section 4 - The Undergraduate Curriculum Committee and the Undergraduate Student Academic Affairs Committee

The faculty/school committee that acts on undergraduate curricular issues is the Undergraduate Curriculum Committee (FAFS, FAS, FEA, OSB, FHS, and HSON). The committee that acts on student academic issues and petitions is the Undergraduate Student Academic Affairs Committee. Faculties/schools may combine the two committees in one committee or keep them separate.

A. The Undergraduate Curriculum Committee

1. Composition

The Undergraduate Curriculum Committee shall consist of:

- a. The dean or the dean's representative as chair.
- b. The faculty/school representative/s on the University Academic Development Committee (ADC).
- c. The registrar or the registrar's representative (non-voting).
- d. Elected voting faculty members for a term of two years distributed as follows:
FAFS (two from different departments); FAS (seven, two from each of the following groups of disciplines: natural sciences; humanities; and social sciences; and one from mathematics and computer science); FEA (one from each department); FHS (two); OSB (three, one from each track); HSON (four from different nursing specialties).
- e. Chairs/conveners of departments/tracks in all faculties/schools, except FAS and FM.
- f. The associate and/or assistant dean as appointed by the dean except in FAS.
- g. One student representative (non-voting).

2. Functions

The Undergraduate Curriculum Committee shall advise the dean of faculty/school on matters related to the general academic development of the faculty/school.

- a. It shall review the undergraduate curriculum of all academic programs, including the revision, integration, coordination, and discontinuation of such programs, and the modification of program graduation requirements.
- b. Upon the recommendation of the departments/division/tracks, it shall evaluate and recommend to the faculty/school new programs, majors, minors, and interdisciplinary programs.
- c. Upon the recommendation of the departments/division/tracks, it shall re-evaluate the undergraduate curriculum as a whole and recommend changes to the faculty/school. For the OSB, the re-evaluation is performed once every four years.
- d. Upon the recommendation of the departments/division/tracks/programs concerned, it shall approve new courses and their syllabi, discontinue existing courses, and modify courses as to their length, content, and assigned number of credits.
- e. It shall recommend to the faculty/school any modifications of policies related to academic rules and regulations.

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- f. It shall act on requests made by students pertaining to pre-approval of transfer equivalences, course equivalences, requirement exemptions, and course waivers.
- g. It shall coordinate its work with the Registrar's Office, the University Academic Development Committee, and the Board of General Education.
- h. It shall act in an advisory capacity to the dean on matters concerning courses and examinations.
- i. It shall coordinate undergraduate academic programs, their contents, and their standards among departments.

B. Undergraduate Student Academic Affairs Committee

1. Composition

The Undergraduate Student Academic Affairs Committee shall consist of:

- a. The dean or the dean's representative as chair.
- b. Elected voting faculty members for a term of two years distributed as follows:
FAFS (two from different departments); FAS (seven, two from each of the following groups of disciplines: natural sciences; humanities; and social sciences; and one from mathematics and computer science); FEA (one from each department); FHS (two); OSB (three, one from each track); HSON (four from the various nursing specialties).
- c. Chairperson/conveners of departments/tracks in all faculties/schools, except FAS and FM.
- d. The registrar or the registrar's representative (non-voting).
- e. One student representative (non-voting). Upon request of the petitioner, the chair has the right to ask the student representative to withdraw from discussion.

2. Functions

- a. The Undergraduate Student Academic Affairs Committee shall rule on all cases of undergraduate students whose academic status is irregular. It shall also rule on requests and petitions from undergraduate students concerning academic matters.
- b. It shall have the power, in special circumstances, to make exceptions to academic regulations in individual cases. A summary of all such exceptional decisions shall be communicated to the faculty at least once in each academic year.
- c. It shall advise the dean on matters related to the academic status of undergraduate students, repetition of classes/courses, re-examination and dismissal as applicable.
- d. It shall consider and recommend action to the dean on all academic matters involving students in the faculty.
- e. It shall deal with the academic status of students.
- f. It shall perform other related tasks as requested by the dean.

Section 5 - The FM Curriculum and FM Student Academic Affairs Committees

The FM Curriculum Committee is concerned with curricular issues related to the MD program, while the FM Student Academic Affairs Committee is concerned with medical students' academic issues and petitions.

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A. FM Curricular Committee

1. Composition

The FM Curriculum Committee shall consist of:

- a. The dean or the dean's representative as chair of the committee.
- b. The faculty/school representative/s on the University Academic Development Committee (ADC).
- c. The registrar or the registrar's representative (non-voting).
- d. Two elected members for two years, one elected member from the basic sciences departments and one from the clinical departments.
- e. The four chairs of the Class Teaching Committees as ex-officio members.
- f. The associate and/or assistant dean as appointed by the dean.
- g. One representative of the resident staff appointed by the dean (non-voting).
- h. Two medical student representatives appointed by the dean.

2. Functions

- a. The FM Curriculum Committee shall advise the dean of faculty on curricular matters related to the MD program.
- b. Upon the recommendation of the departments, the committee shall evaluate and recommend to the faculty new programs, majors, minors, and interdisciplinary programs.
- c. It shall review of the curriculum of the faculty, including the introduction, revision, integration, coordination, or discontinuation of academic programs.
- d. It shall approve all recommendation regarding creating, discontinuing, or modifying courses and clerkships.
- e. It shall recommend to the faculty any modifications on policies related to academic rules and regulations.
- f. It shall coordinate its work with the Registrar's Office and the University Academic Development Committee.
- g. It shall act in an advisory capacity to the dean on matters concerning courses and examinations.
- h. It shall act on requests made by students pertaining to pre-approval of transfer equivalences, course equivalences, requirement exemptions, and course waivers.

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B. FM Student Academic Affairs Committee

1. Composition

The FM Student Academic Affairs Committee shall consist of:

- a. The dean as chair.
- b. The associate deans.
- c. The chairs of all academic departments.
- d. The chief of staff (*ex-officio*, non-voting).
- e. The medical center director (*ex-officio*, non-voting).
- f. One student representative (non-voting).

2. Functions

The FM Student Academic Affairs Committee shall advise the dean on matters related to the:

- a. Evaluation of student performance and recommend actions regarding graduation, promotion, repetition of classes, re-examinations, placement on, and removal from, probation, and dismissals. Its deliberations and discussions are guided by the recommendations of the appropriate Class Teaching Committee. It shall review all academic matters referred to it by the Class Teaching Committees or the dean.
- b. It shall recommend to the dean the appointment of Class Teaching Committees as ad-hoc committees of the Student Academic Affairs Committee. The dean shall designate the chairs of these committees.
- c. It shall recommend to the faculty candidates for the degrees of Doctor of Medicine, Master of Science, and Doctor of Philosophy.
- d. It shall review affiliation proposals and make recommendations to the dean.
- e. It shall act jointly with the Medical Board on appointment for internship, residency, and clinical fellowship at the University medical center.

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Section 6 - The Faculty Graduate Studies Committee

1. Composition

The Faculty Graduate Studies Committee (FGSC) shall consist of:

- a. The dean or the dean's representative as chair. The chair of the FGSC shall preferably be of the rank of professor. The dean shall appoint the chair from among professors of the faculty/school. The chair may not necessarily be a member of the committee.
- b. Chairs/conveners of departments/division/tracks or coordinators of graduate programs invited by the dean as ex-officio and non-voting members. The number of chairs/conveners is determined by the faculty/school.
- c. The registrar or the registrar's representative, non-voting.
- d. The director of admissions or the director's representative, non-voting.
- e. The faculty representative/s on the Board of Graduate Studies (BGS). The number of faculty representatives in the BGS is three for FAS, two for FEA, and one for each of FAFS, FHS, FM, HSON and OSB.
- f. Elected faculty members by the voting faculty as follows:
 - FAFS: four, from different departments (refer to Article II, Section 2.5. for voting eligibility).
 - FEA: one elected member from each department and one FEA faculty member from the Biomedical Engineering Program (refer to Article II, Section 2.5. for voting eligibility).
 - FHS: two (refer to Article II, Section 2.5. for voting eligibility).
 - FAS: four, one from each of the following groups of disciplines: natural sciences, mathematics and computer science; humanities; and social sciences (as these groups are defined in Article IV, Section 1, and Part C of these bylaws).
 - OSB: four, at least one from each track; at most two may be from outside full-time, non-visiting professorial ranks.
 - FM: six, four representing each of the basic sciences departments, and two representing the clinical departments.
 - HSON: three.
- g. One graduate student representative (non-voting).
- h. Faculty/school specific members:
 - OSB: the assistant dean for student services; graduate program directors.

2. Functions

The Faculty Graduate Studies Committee shall advise the dean of the faculty on curricular matters related to faculty graduate programs and on graduate student academic affairs. All graduate academic recommendations examined by this committee must have been reviewed by the department or program concerned when applicable. The FGSC functions are as follows:

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- a. The FGSC shall act on the admission to graduate work of all Master and PhD applicants who have been recommended to it by individual departments/tracks/programs. It shall send its recommendations for acceptance to the dean who will forward his/her final recommendations to the Admissions Office with a copy to the Graduate Council.
- b. The FGSC shall examine and approve the following course related matters:
 - i. Number of credit hours.
 - ii. New course.
 - iii. Cross listing a course in two programs.
 - iv. Deletion of a course that is no longer offered (only if it does not affect other programs outside the department).
- c. The FGSC shall examine and recommend to the dean the following program related matters:
 - i. Minor changes in graduate program core courses that do not affect the number of course credits and the credit requirement for the program.
 - ii. Any changes in a program that affect other units or programs in the same faculty/school.
- d. The FGSC shall examine and recommend to the dean and the BGS the following graduate program modifications:
 - i. Changes of program requirements that do not change the number of credits. These changes may be core course credit requirements or changes in assigned credit for the thesis and/or the number of permitted tutorial courses.
 - ii. Any changes in a program that affect other units or programs at the University outside of the concerned faculty/school.
- e. The FGSC shall examine and recommend to the faculty/school, the BGS, and the Senate major graduate program modifications, including:
 - i. Introduction of a new graduate degree program.
 - ii. Discontinuation of a graduate degree program.
 - iii. Changing a graduate degree program title.
 - iv. Other major modifications, including:
 - Changes in the required number of credits for the completion of a program.
 - Changes in a Master's-level degree from a thesis to a non-thesis option or vice versa.
 - Introduction of new tracks in the Master's-level programs.
- f. It shall act upon the recommendations of departments/tracks/programs concerning the thesis and non-thesis project advisor, the examining committee, and the thesis topic of students working towards a Master's or PhD degree. The committee shall transmit its recommendations on these items to the Graduate Council.
- g. It shall rule on all departmental/division/track recommendations for exceptions to existing regulations concerning graduate work at the Master's and PhD levels, in conformity with general university policy. It shall transmit its recommendations on these issues to the registrar with a copy to the Graduate Council.

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- h. Upon the recommendation of the department/division/track/program concerned, the Faculty Graduate Studies Committee shall act on cases of graduate students whose work is unsatisfactory.
- i. It shall periodically evaluate the graduate program as a whole, consider specific changes to graduate programs submitted by departments/tracks/ programs, and recommend changes to the faculty/school and subsequently to the Board of Graduate Studies as applicable.
- j. It shall oversee and evaluate policies and requirements regarding graduate admission and shall recommend changes or amendments of such policies to the faculty/school and to the Board of Graduate Studies.
- k. It shall review and act upon graduate student petitions of an academic nature including, but not limited to, late registration, late withdrawal, make-up of missed final exams/coursework, retake of final exams, and correction of records.
- l. A summary of all such exceptional decisions shall be communicated to the faculty at least once in each academic year.
- m. It shall coordinate and determine the dates of the written comprehensive exams of graduate students if applicable. In large faculties, such as FAS, this function is under the purview of the department.
- n. It shall review and act on applications for graduate assistantships in FHS and HSON.
- o. It shall oversee enrollment management and recruitment strategies for graduate programs.
- p. It shall rule on all recommendations of the graduate programs concerned for exceptions to existing regulations concerning graduate work, in conformity with general university policy.
- q. It shall oversee and evaluate policies and requirements regarding admission to graduate programs that fall under the purview of the Board of Graduate Studies.
- r. It shall coordinate its work with the Board of Graduate Studies, the Registrar's Office, and the Graduate Council.

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Section 7 - The Research Committee

1. Composition

The Research Committee (Research and Library Committee in FHS; Research and Continuing Education Committee in HSON) shall consist of:

- a. The dean or the dean's representative as chair.
- b. The faculty/school representative/s on the University Research Board.
- c. Elected faculty members by the voting faculty as follows:
 - FAFS, FHS: four, from different departments (refer to Article II, Section 2.5 for voting eligibility in FHS).
 - FAS: seven, two from each of the following groups of disciplines: natural sciences; humanities; and social sciences; and one from mathematics and computer science (these groups are defined in Article IV, Section 1). No more than one member from the same department can serve.
 - FEA: one from each department and one FEA faculty member from the Biomedical Engineering Program.
 - OSB: four eligible voting faculty members of professorial rank; at least one from each track; at most two visiting.
 - FM: five: three from the clinical departments and two from the basic sciences departments.
 - HSON: three.
- d. Faculty/school specific members:
 - FHS: the medical librarian (on items relevant to library issues); the faculty representative to the University Library Committee; the director of the Center for Research on Population and Health (CRPH) or the director's representative; one student representative (non-voting).
 - FM: five faculty members appointed by the dean and the associate dean for research.
 - HSON: The leader for nursing research at AUBMC (non-voting); one graduate student representative (non-voting).

2. Functions

- a. The Research Committee shall stimulate, encourage, and promote research in the faculty/school.
- b. It shall disseminate information regarding URB grants and set deadlines in conformity with those determined by the Office of Grants and Contracts.
- c. It shall develop guidelines and policies for review process of university-funded research grants (URB).
- d. It shall oversee the review process of URB research proposals, evaluate these proposals, and make recommendations to the dean and other appropriate university bodies for the allocation of research funds in accordance with URB rules and regulations.
- e. It shall review all applications for university-funded research grants for further recommendation.

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- f. In FM, it shall review and rank all applications submitted to Medical Practice Plan (MPP) and other internal funding sources as requested by the dean.
- g. It shall recommend to the dean the allocation of research funds from available sources to fund submitted project proposals.
- h. It shall review all applications for paid research leaves for further recommendation to the dean and Advisory Committee, except in FAS.
- i. It shall submit to the dean of the faculty/school an annual summary report on all activities and policies and guidelines developed by the committee to be included in the annual report of the faculty/school.
- j. It shall make recommendations for the processing of external grants when interfaculty projects are proposed.
- k. It shall prepare the annual research report.
- l. It shall advise that applications for research projects involving human subjects/participants or experimental animals be submitted to the IRB or IACUC for review and approval.
- m. It shall recommend to the dean the allocation of research funds from available faculty sources.
- n. It shall act as liaison to the Office of Grants and Contracts and keep the faculty informed of available sources for research support.

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Section 8 - The Library Committee

Note that FHS has combined the library and research committees into one committee with the same functions as both. FHS and HSON also elect one representative each to the FM Library Committee.

1. Composition

The Library Committee shall consist of:

- a. The dean or the dean's representative as chair.
- b. The university librarian (the medical librarian in FM and FHS).
- c. The faculty/school representative to the University Library Committee.
- d. Three elected faculty members from different departments in FAFS, FEA, and OSB, and four elected members in FAS.
FAS: one member from each of the following groups of disciplines: natural sciences; mathematics and computer science; humanities; and social sciences, as these groups are defined in Article IV, Section 1, Part C of these bylaws.
FM: two elected medical faculty members: one from FM, and one from FHS.
OSB: three elected voting faculty members, with one from each track; at most one will be from outside full-time, non-visiting professorial ranks.
- e. One voting student representative.
- f. For FM, the chief information officer or the associate dean for information technology.
- g. HSON, one elected voting faculty member.

2. Functions

- a. The Library Committee shall advise the university librarian on matters of library policy affecting the work of the faculty/school, the education of the students, and the University at large.
- b. It shall advise both the dean and the university librarian on the effects of program or curriculum changes, both short-term and long-term, on library acquisition with special regard to budgetary implications, and shall ensure adequate library support for new or revised programs.
- c. It shall advise and assist the university librarian in building up a balanced collection and resources including, and utilizing, information technology.
- d. It shall assist the university librarian in the librarian's efforts to carry out the library policies of the University and the faculty/school.
- e. It shall advise the faculty on new library technology and internet resources.
- f. It shall perform other library related tasks at the request of the dean.

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Section 9 - The Student Affairs Committees

The Student Affairs Committee acts on disciplinary and other non-academic student issues (FAFS, FEA, OSB, FM, FHS, and HSON). In smaller faculties, the Student Affairs Committee can be combined with the Undergraduate Curriculum Committee (e.g., FHS). In FAS, the Student Disciplinary Affairs Committee (FAS) acts on disciplinary issues only.

A. The Student Affairs Committee

1. Composition

The Student Affairs Committee shall consist of:

- a. The dean or the dean's representative as chair.
- b. The dean of student affairs or the dean's representative (*ex-officio*).
- c. Four elected faculty members from different departments (FAFS, FEA). In OSB, at least one of the four faculty members shall be elected from each track; at most two may be from outside full-time, non-visiting professorial ranks. In FM, the four faculty members shall be the chairs of the Class Teaching Committee. In HSON, the four faculty members are the three undergraduate class advisors and a graduate faculty member.
- d. For OSB, the assistant dean for student services.
- e. For HSON, the Nursing Student Society Advisor
- f. The faculty/school representative on the University Committee on Student Affairs.
- g. A student representative (voting, except on disciplinary matters). In HSON, two student representatives: one undergraduate and one graduate.

Note that in FHS, the UG Curriculum, UG Student Academic Affairs, and Student Affairs Committee handles student disciplinary matters. For the composition and function of the committee, see Section 4.

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2. Functions

- a. The committee shall deal with any aspect of student life referred to it by the dean.
- b. It shall consider and recommend action to the dean on all disciplinary matters involving academic and non-academic misconduct occurring in the classroom as per the University Student Code of Conduct (violations of a non-academic nature are the responsibility of the dean of student affairs, in consultation with the dean of the faculty/school in which the student is enrolled and, as necessary, the head of the Protection Office.)
- c. It shall promote the University's policies on academic integrity and the Student Code of Conduct, and act upon infringements of the Student Code of Conduct, in accordance with university policy.
- d. It shall promote and oversee the activities of professional student societies as applicable.
- e. It shall work with faculty and students to enrich the cultural activities of the faculty/school.

B. The FAS Student Disciplinary Affairs Committee

1. Composition

The Student Disciplinary Affairs Committee shall consist of:

- a. The dean or the dean's representative as chair.
- b. The dean of student affairs.
- c. Four elected faculty members.
- d. The faculty representative on the University Committee on Student Affairs.
- e. A student representative (voting, except on disciplinary matters).

2. Functions

The committee shall consider and recommend action to the dean on all disciplinary matters involving academic misconduct as defined in the Student Code of Conduct to include cheating, plagiarism, in-class disruption, and dishonesty (violations of a non-academic nature are the responsibility of the dean of student affairs, in consultation with the dean of the faculty/school in which the student is enrolled and, as necessary, the head of the Protection Office.)

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Section 10 - The Continuing Medical Education Scientific Advisory Council (FM)

1. Composition

The Continuing Medical Education Scientific Advisory Council shall consist of:

- a. The associate dean for continuing medical education (CME) or the dean or the dean's representative.
- b. The CME Office director as chair.
- c. One representative from each academic department nominated by the department chair.
- d. A HSON representative nominated by the HSON dean.
- e. A hospital nursing professional development office representative nominated by the nursing director.
- f. The hospital chief of staff or the chief's representative (non-voting).
- g. The Medical Alumni Chapter president or the president's representative.
- h. One member of the resident staff appointed by the associate dean for CME in consultation with the Resident Staff Organization.
- i. One medical student appointed by the associate dean for CME (non-voting).

2. Functions

The CME SAC shall advise and assist the CME Office in the following:

- a. Planning and implementation of post-graduate courses and any related certification of these courses.
- b. Making recommendations on all aspects of continuing medical education for physicians in practice.
- c. Promoting the dissemination of medical knowledge and the production and utilization of educational materials.
- d. Coordinating CME activities with the AUB Medical Alumni Association and other medical associations and organizations (national, regional, and international).

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Section 11 - The Medical Practice Plan Committee (FM)

1. Composition

The Medical Practice Plan (MPP) Committee shall consist of six elected faculty members. Two shall be elected from each of the following categories, and not more than one committee member may be elected from the same academic unit:

- a. Non-Surgical Clinical Departments.
- b. Surgical Clinical Departments.
- c. Medical Service Departments.

The AUBMC chief financial officer, the AUBMC chief medical officer/hospital director, the vice president for medical affairs/dean, and the university comptroller shall be ex-officio, non-voting members of the MPP Committee.

The chair of the MPP Committee shall be the VP/dean or the VP/dean's designee from among the medical faculty participants in the MPP, but need not be appointed from among the elected members of the MPP Committee.

2. Functions

The MPP Committee serves as an advisory body to the vice president for medical affairs/dean to:

- a. Support the recruitment and retention of qualified academic physicians.
- b. Motivate and improve academic and clinical productivity.
- c. Ensure total utilization of all Faculty of Medicine/AUBMC diagnostic and therapeutic facilities by all participants.
- d. Provide a system to enable medical faculty physicians to fulfill their commitment to high quality patient care.
- e. Establish incentives for medical faculty physician compensation which enhance the attainment of the Faculty of Medicine/AUBMC goals of teaching, research, and patient care.
- f. Promote the establishment of clinical group practice among participating medical faculty physicians.
- g. Support faculty development.
- h. Assess the merit of proposals seeking financial support from the MPP.
- i. Set the annual operating budget of the MPP.
- j. Review the MPP and recommend proposals for its modification as the need arises.

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3. Election of MPP Committee Members

Members of the MPP Committee shall be elected from among participating clinical faculty for a term of two years. If a member has been re-elected to serve for a full second consecutive term, they shall not be eligible for re-election until after the lapse of one year following the termination of their membership. If a member is unable to complete her/his term, a substitute shall be elected to complete the remainder of the term during a special election for that purpose. If the remainder is one year or less, the elected substitute shall be eligible for re-election to two more consecutive terms. All committee actions shall be recommendations to the dean. The president can decide exceptions to all provisions in this article.

Members of the MPP Committee shall be elected in conformity with Article I, Section 2, of the Faculty of Medicine bylaws.

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Section 12 - The Institutional Animal Care and Use Committee (FM)

1. Composition

The Institutional Animal Care and Use Committee (IACUC) shall consist of:

- a. The dean of medicine as chair or the dean's representative.
- b. A practicing scientist experienced in animal research.
- c. A member whose primary concerns are in non-scientific areas.
- d. A member not affiliated with the institution and who is familiar with the community's attitudes and sensitive to its issues.
- e. A senior and a junior faculty member from the clinical departments.
- f. A senior and a junior faculty member from the basic science departments.
- g. A veterinarian from the institution.

In appointing the committee members, the necessary qualifications of experience, expertise, and sensitivity to community attitudes shall be observed. Membership should be from both genders and from varied backgrounds. Appointments should be for two years subject to renewal.

2. Functions

The Institutional Animal Care and Use Committee (IACUC) shall:

- a. Ascertain the acceptability of proposed research for the use of animals in terms of institutional commitments and regulations, accreditation requirements, applicable laws and standards of professional conduct and practice.
- b. Conduct an initial and continuing review of all research activities to ensure compliance with international standards of ethical practice, justified and humane treatment of animals, and environmental safety.
- c. Approve, deny approval, or request modifications in research proposals or projects involving the use of experimental animals (animal use must be approved for non-research activities as well as teaching.)
- d. Recommend the suspension of an ongoing research activity in case of deviation from the existing guidelines for the use of animals in research.
- e. Inspect once every six months the institution's animal facilities using the "Guide for the Care and Use of Laboratory Animals" (National Institutes of Health, USA, publication 86-23) as basis for its evaluation.

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Section 13 - The Graduate Medical Education Committee (FM)

1. Composition

The Graduate Medical Education Committee (GMEC) shall consist of:

- a. The designated institutional officer/graduate medical education director as chair.
- b. The associate dean for medical education.
- c. Program directors of all residency programs or their representatives.
- d. Hospital director or director's designee.
- e. Chief of staff.
- f. Four residents selected by their peers

2. Functions

All residency and clinical fellowship programs at AUBMC are overseen by the designated institutional officer/graduate medical education director and by the Graduate Medical Education Committee (GMEC). Responsibilities of the GMEC include the following:

- a. Develop and review policies and procedures that affect Accreditation Council for Graduate Medical Education (ACGME)/ACGME-International (ACGME-I) accredited and non-accredited clinical training programs and their trainees.
- b. Maintain oversight of and liaise with clinical program directors.
- c. Conduct regular reviews of ACGME/ACGME-I accredited clinical training programs in accordance with the Common Program/International Foundational Requirements, Advanced Specialty Program Requirements, and the Residency Review Committee (RRC) of the ACGME Program Requirements.
- d. Review and approve non-ACGME/ACGME-I accredited clinical training programs to insure that they meet equivalent standards to those required for accredited programs.
- e. Review and approve changes to training programs which could affect educational quality or require ACGME/ACGME-I approval.
- f. Provide a forum for the exchange of information among all parties involved in graduate medical education.
- g. Review affiliation proposals that could affect the education of the house staff or accreditation requirements.
- h. Conduct an annual review of available house staff positions and submit them to the dean, and make recommendations on resident stipends, benefits, and funding for resident positions to assure that these are reasonable and fair.
- i. Receive recommendations from departments concerning the appointment of residents at AUBMC; review and approve such recommendations; and forward GMEC recommendations to the Medical Board and Academic Committee for review and action.
- j. Review letters of report concerning all ACGME/ACGME-I accredited clinical training programs and monitor action plans for correction in areas of non-compliance.

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Section 14 - The FM Student Financial Aid Committee

1. Composition

The FM Student Financial Aid Committee shall consist of:

- a. The dean or the dean's representative as chair.
- b. Three elected faculty members.
- c. The faculty representative on the University Financial Aid Committee.
- d. A student representative (non-voting).
- e. The chairs of the four Class Teaching Committees.

2. Functions

The committee shall deal with all matters pertaining to merit scholarships and student financial aid from the Faculty of Medicine's available resources.

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Section 15 - The FM Joint Advisory Committee of the Board of Trustees

1. Composition

- a. Three clinical department chairs, one elected from Non-Surgical Clinical; one elected from Surgical Clinical; and one elected from Medical Service.
- b. Three faculty members, one elected from Non-Surgical Clinical; one elected from Surgical Clinical; and one elected from Medical Service.
- c. One part-time faculty member to be elected.
- d. Chair of the Medical Committee (ex-officio).
- e. Director of the medical center (ex-officio).
- f. Director of nursing services (ex-officio).
- g. Vice president for medical affair and dean of the Faculty of Medicine (ex-officio).

2. Functions

The purpose of the committee is to better understand the needs of the hospital and help in the attempt to comply with the requirements of the Joint Commission on Hospital Accreditation.

Article VI - Amendments

Recommendations to the Senate for amendment of the bylaws of a faculty/school require a two-thirds majority of the members of the faculty present at any meeting at which a quorum exists, provided written notice of the proposed amendment has been circulated to the faculty members no less than one week prior to the meeting. Amendments are subject to the approval of the University Senate, the president, and the Board of Trustees.

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Article VII - Procedure

1. All standing and ad-hoc committees of the faculty, except the Advisory Committee, shall present the minutes of their meetings to the faculty.
2. Procedural matters which are not covered by the bylaws above shall be in accordance with the latest edition of Robert's Rules of Order.

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Article VIII - Institutional Review Board (IRB)

General Provision

The Institutional Review Board (IRB) is the committee formally designated to review the conduct of research in order to protect the rights, safety, and well-being of all human subjects/participants recruited to participate in research activities conducted at AUB and/or by AUB faculty, students and staff, regardless of funding source. The IRB is part of the Human Research Protection Program (HRPP) which oversees the safety and welfare of participants in human subjects/participants' research projects in accordance with all applicable country law, institutional policies, and federal law when applicable. The provost is the "Institutional Official" (IO) who oversees the AUB HRPP and appoints its director.

There are two IRBs currently at AUB, the Biomedical IRB and the Social and Behavioral IRB. Collectively, they are responsible for reviewing all research protocols that involve human subjects/participants.

The Biomedical IRB reviews research conducted by FM faculty members or at AUBMC, excluding qualitative or quantitative social and behavioral research. Some research proposals conducted at any faculty might be assigned to this board based on the nature of investigation at the discretion of the IRB chair. The Biomedical IRB members are nominated by the FM dean in consultation with the chair of the Biomedical IRB and the HRPP director. They are appointed to the IRB by the IO or the IO's designee, the HRPP director.

The Social and Behavioral IRB reviews qualitative or quantitative social and behavioral research conducted at FAFS, FAS, FEA, FHS, OSB, FM, and HSON or by their faculty members. Other types of research proposals might be assigned to this board depending on the nature of the investigation at the discretion of the IRB chair. At least one representative from each faculty/school at AUB is nominated to serve on the Social and Behavioral IRB by the dean of that faculty/school, in consultation with the chair of the Social and Behavioral IRB and the HRPP director. They are appointed to the IRB by the IO or the IO's designee, the HRPP director.

1. Composition

- a. The Institutional Review Board (IRB) shall consist of at least five members, one of whom must have primary concerns in non-scientific areas and one of whom must be not affiliated with the institution and must be familiar with the community's attitudes and sensitive to its issues. Collectively, IRB members have varying backgrounds to provide complete and adequate review of research activities commonly conducted under the auspices of AUB.
- b. The IRB chair shall be appointed by the IO or the IO's designee, the HRPP director, and evaluated on an annual basis by the HRPP director.
- c. The IRB vice chairs shall be appointed by the HRPP director in consultation with the IRB chair and the approval of the IO. These appointments shall be evaluated on an annual basis by the IRB chair and the HRPP director.

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- d. Appointments of voting IRB committee members are made as described above for a period of three years or less subject to renewal. The appointments are made in a staggered manner to preserve IRB continuity.
- e. The IRB may call on individual AUB faculty members, research committees, or outside reviewers to aid in the scientific review of submitted proposals when needed. The IRB makes its own independent decision regarding approval or disapproval of a research proposal based upon its primary responsibility, that is, to ensure the welfare, safety, and protection of human subjects/participants.

2. Functions

- a. Ensure that research is designed and conducted in an ethical manner that protects the rights, dignity, welfare, and privacy of research subjects/participants.
- b. Ensure that the human subjects/participants are adequately informed of the nature of the study.
- c. Ensure that the participation of human subjects/participants in the research is voluntary.
- d. Ensure that the benefits of a study outweigh its risks, including review of research design and methodology to assure sufficient rigor/scientific merit to achieve research results while minimizing risks to subjects/participants.
- e. Ensure that the risks and benefits of the study are evenly distributed among the possible subject/participant populations.
- f. Ensure that all research previously approved is subject to continuing review and approval appropriate to the degree of risk, no less frequently than annually.
- g. Ensure the timely review of all applications for the use of human subjects/participants.
- h. Ensure that investigators and the HRPP director are notified in writing of its decision to approve, deny, or withhold approval of applications or modifications of ongoing activities, and to terminate/suspend any prior approval of any research activity that falls within its jurisdiction.
- i. Ensure that no IRB member participates in the initial or continuing review of any project in which the member has a conflicting interest, except to provide information requested by the IRB.
- j. Ensure that allegations of noncompliance or risks to subjects/participants are promptly investigated and appropriate actions are taken to protect safety and welfare of subjects/participants. All correspondence issued in this regards by the IRB will be shared with the director of the HRPP. The HRPP director and the IO may take additional corrective actions, at their discretion.
- k. Obtain information from sources other than the investigator, if needed, upon conducting continuing IRB review.
 - l. Ensure prompt reporting by the IRB chair to the Board of changes in research activities.
- m. Ensure that changes in the approved research are not initiated prior to IRB approval, except where necessary to eliminate apparent immediate hazards.

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- n. Ensure prompt reporting to all IRB members including chair and vice chairs, HRPP director, the provost (IO), funding agencies, sponsors, and regulatory agencies when applicable in cases of:
 - i. Unanticipated problems involving risks to subjects/participants or others.
 - ii. Serious or continuing noncompliance with the principles of Belmont Report, the requirements of the AUB IRB, or federal regulations when applicable.
 - iii. Suspension or termination of IRB approved research activities.
- o. IRB disapprovals may not be overruled by the IO or the IO's designee, the HRPP director. However, these officials may deem IRB approved studies as inappropriate for conduct at AUB and accordingly may disapprove the proposed research projects.

Approved by the University Senate: October 28, 2011

Approved by the Board of Trustees: November 18, 2011

Amended: June 14, 2013 (the General Education Board)

Amended: March 21, 2014 (the FAS Advisory Membership)

Amended: May 29, 2014 (FAFS Academic Units)

Amended: January 20, 2015 (FEA Academic Units)

Amended: May 27, 2016 (Composition of FEA Faculty standing committees)

Amended: December 9, 2016 (Composition of FM in the research committee)

Amended: October 3, 2018, approved by HSON faculty

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**HARIRI SCHOOL
OF NURSING**
AMERICAN UNIVERSITY
OF BEIRUT

Appendix I-E-1



Hariri School of Nursing
American University of Beirut

Organizational Structure for the Proposed Faculty of Nursing



**HARIRI SCHOOL
OF NURSING**
AMERICAN UNIVERSITY
OF BEIRUT

Proposal prepared by

Task Force: Drs. Michael Clinton & Samar Nouredine

Proposal revised by

**HSON Advisory: Drs. Huda Huijer (Chair), Michael Clinton, Laila Farhoud,
& Samar Nouredine**

Proposal approved by

HSON Full Faculty on May 16, 2017

Proposal presented by

Dr. Huda Huijer, HSON Director



1. Background

The Rafic Hariri School of Nursing (HSON) is ready for designation as a free-standing AUB Faculty equal in status to faculties of nursing in Lebanon, the Middle East and internationally. In Lebanon, the following universities have established faculties of nursing with deans rather than nursing departments within faculties of health or medicine: Universite Saint Joseph (USJ), Notre Dame University (NDU), Beirut Arab University (BAU), Lebanese American University (LAU), and Sagesse University.

All university nursing programs in Egypt and Jordan are independent of other faculties and the majority of the members of the Scientific Association of Arab Nursing Faculties (more than 60) have Faculty status. Following discussions with representatives of the AUB Board of Trustees, HSON has submitted a proposal to be designated as a Faculty. An international panel of experts (the External Review Panel) chaired by Dr. Eileen Breslin, Dean, School of Nursing and Professor of Nursing, University of Texas Health Science Center reviewed the proposal. Dr. Mohammad Sayegh, Executive Vice-President for Medicine and Global Strategy presented a summary of the External Review Panel's recommendations to the Board of Trustees Committee on Medicine & Health in February 2017. AUB President, Dr. Fadlo Khuri, Provost, Dr. Muhamad Harajli and Dr. Mohammad Sayegh invited the HSON Director to submit an updated organizational structure for the new Faculty taking into account the recommendations of the review panel. The organizational structure proposed in this report was developed by a HSON task force in consultation with the faculty and staff of the school and is consistent with AUB's Unified Faculty Bylaws.

2. Guiding Principles

The proposed organizational structure implements the main recommendations of the External Review Panel and is based on the following guiding principles:

2.1 Current and future needs of the Faculty of Nursing

The faculty and staff of the HSON propose an organizational structure that will evolve according to the future needs of the Faculty of Nursing. The transition to the new structure will occur with the designation of HSON as a Faculty of Nursing and as current positions are re-designated, and faculty positions are filled in line with increased enrolment.

2.2 Organizational structures at AUB & HSON

The proposed structure reflects current practice at AUB and builds on the current HSON structure

2.3 Best practice at U.S. Faculties/Schools of Nursing

The proposed structure is consistent with best practice in the United States

2.4 Sustainability

As new positions are filled in response to increasing student enrolments, the proposed structure is entirely sustainable because the transition to the new structure depends on realistic revenue projections as presented in the submitted HSON business plan.



2.5 Collaboration with AUBMC Nursing Services, AUB Faculties, and selected US universities

The proposed structure, especially the appointment of the AUBMC Director of Nursing Services as Assistant Dean for Clinical Advancement, and the appointment of the Director of the Hariri Center for Nursing Research will greatly assist closer working relationships with AUBMC Nursing Services, the Faculty of Medicine and other Faculties/Schools. The HSON International Advisory Board chaired by Dr. Martha Hill; Dean Emeritus, John Hopkins University School of Nursing will continue to foster collaboration with selected U.S universities. The terms of reference and current membership of the International Advisory Board are listed in Appendix A.

2.6 The Strategic Goals & challenges of the new Faculty of Nursing

The proposed structure has been developed to meet the strategic goals of the new Faculty (Strategic Plan 2017-2022 finalized May 2017).

3. Proposed Organizational Structure

The proposed organizational structure (Figure 1) includes positions that will be filled as resources become available in line with planned growth in student numbers and faculty. The proposed structure includes new positions, re-designated positions, and innovations to strengthen relationships with AUBMC Nursing Services. Closer collaboration with AUBMC Nursing Services will improve clinical nursing education and build on existing research initiatives. The capacity of HSON is strengthened by collaboration with Johns Hopkins University School of Nursing, the University of Michigan School of Nursing, and Villanova University College of Nursing.

The following new positions will be phased in when Faculty status is achieved:

3.1. Associate Dean for Academic Affairs

As recommended by the External Review Panel, the Associate Dean for Academic Affairs will accept responsibilities delegated by the Dean to permit the Dean to devote attention to the further development and advancement of the Faculty. The role will enable the Dean to continue playing an active role in the shared governance of the university. The appointment of the Associate Dean will permit the Dean to give higher priority to fundraising for the Faculty and to developing national, regional, and international strategic partnerships. The responsibilities of the Associate Dean for Academic Affairs are listed in Appendix B.

3.2. Assistant Dean for Clinical Advancement

Closer working relationships between the Faculty of Nursing and Nursing Services have been a strategic HSON goal and are essential to realizing the vision of the Vice-President for Medicine and Global Strategy for the future of AUBMC. The position will be offered to the AUBMC Chief Nursing Officer (CNO) on a 0.10 – 0.15 FTE basis to improve cooperation and encourage collaboration between Nursing Services and HSON. Assistant Dean for Clinical Advancement will regularly update faculty on developments such as EPIC and AUBMC nursing workforce metrics. Subject to approval by the Vice-President for Medicine and Global Strategy, this appointment will recognize the important role the CNO at AUBMC plays in the education of undergraduate and graduate nursing students and in the continuous systematic improvement in nursing practice. The formal appointment of the CNO to a senior academic position in the Faculty will signify the beginning of a new era in the partnership between nursing



education and nursing practice. The International Advisory Board will play an important part in facilitating this partnership by providing expert advice and examples of international Evidence-Based best practice. A reciprocal appointment of the Dean of the Faculty of Nursing at AUBMC is also recommended. The responsibilities of the Assistant Dean for Clinical Advancement are listed in Appendix C.

3.3. Director of Center for Nursing Research

The Director of the Center for Nursing Research will play an important leadership role in the development of nursing research by establishing a research strategy and programs of research for the Faculty in consultation with the Dean and the Assistant Dean for Clinical Advancement. The program of research will create opportunities for interdisciplinary collaboration with faculty members and AUB investigators and provide training places for graduate students. This position has been advertised internationally for the past five years and no suitable candidates have been available. The position will continue to be advertised. Until an appointment is made, one of the professoriate will be appointed on an interim basis when the proposal to establish a Centre for Nursing Research has been approved by the AUB administration. Following the appointment of an Interim Director of the CNR, faculty will group themselves into the three existing areas of research: clinical nursing, healthcare systems & outcomes research, and nursing education.

The responsibilities of the Director of the Center for Nursing Research are listed in Appendix D.

3.4. Director of Continuing Education & Sponsored Projects

Income generation is an important goal of the Faculty. Continuing Professional Education for Nurses and sponsored projects are two significant sources of income for a Faculty of Nursing. The Director of Continuing Education & Sponsored Projects will be responsible for income generation from these two revenue streams. The position of Director of Continuing Education and Sponsored Projects will be phased in in 2018/19 Academic Year. The responsibilities of the Director of Continuing Education and Sponsored Projects will be negotiated with the person appointed because they will include financial targets.

3.5. Chair Department of Graduate Studies

The position of Chair Department of Graduate Studies will replace the role of Convener, Master of Science in Nursing Program Division. The position will enhance program administration within the Faculty and add important management and personnel responsibilities. The responsibilities of the Chair are consistent with AUB Unified Bylaws and listed in Appendix F.

3.6 Chair Department of Undergraduate Studies

The position of Chair Department of Undergraduate Studies will replace the role of Convener, Bachelor of Science in Nursing (BSN) Program and the coordinators of the BA/BS-BSN second degree and the RN-BSN bridging degree programs. The position of Chair will enhance program administration within the Faculty and add important personnel and management responsibilities. The responsibilities of the Chair are consistent with AUB Unified Bylaws and listed in Appendix G.

3.7 Coordinator of Clinical Education and Practice



This position will eventually support the Associate Dean for Academic Affairs and the Assistant Dean for Clinical Advancement. The position will be phased in within a period of two years and will include responsibility for the development and use of simulation technologies. The possibility of a jointly funded position with AUBMC Nursing Services will be discussed with the Vice-President for Medicine and Global Strategy, the Director and Chief Medical Officer of AUBMC, and the CNO. A position description for the Coordinator of Clinical Education and Advancement will be developed in consultation with the Associate Dean for Academic Affairs and Assistant Dean for Clinical Advancement. A member of the clinical professoriate will be invited to take on this role on an interim basis with effect from September 1, 2018, subject to the approval of AUB administration. This shall have responsibility for negotiating clinical placements, for selecting, training and evaluating preceptors, for monitoring learning outcomes and for resolving problems arising from shortages in placements. The person appointed would attend meetings with the CNO and her leadership team to plan, organize and evaluate clinical placements and to coordinate the logistics of assigning students, instructors and preceptors to clinical areas. The role includes assigning preceptors within their areas of expertise and monitoring the student achievement of clinical competencies. Moving preceptors on an ad hoc basis would occur in only exceptional circumstances.

The position descriptions will be reviewed in consultation with the incumbents every 12 months.

4. Administrative Support

As the Faculty grows to accommodate an increase in students and faculty, the Office of the Dean will need to expand to ensure effective administrative, financial and communication information technology. Currently, in post are an Executive Officer/Financial Officer, an Administrative Assistant, a Student Services & Recruitment Officer, and a Computer Lab Administrator. As these roles expand to support more faculty and students, the following sections will be created in the Dean's Office:

- Administrative Office
- Student' Services Office
- Marketing & Communication Office



Appendix A

American University of Beirut Hariri Faculty of Nursing

International Advisory Board TERMS OF REFERENCE

Mandate and Purpose of International Advisory Board (IAB)

The International Advisory Board of the Hariri Faculty of Nursing consists of honorary members selected from leading international universities engaged in baccalaureate and graduate nursing education, and nursing and health services research and advises the Dean of Nursing by serving as a bridge between the Faculty of Nursing and the international nursing community.

Purpose of IAB

- To engage the Hariri Faculty of Nursing in international developments in nursing education and nursing research especially as they relate to benchmarking, Commission on Collegiate Nursing Education accreditation, and opportunities for collaborative research and sponsored projects, doctoral studies, and student exchanges.
- To contribute to strategic planning for the further development and internationalization of the Faculty of Nursing teaching and research programs.
- To facilitate faculty development by linking members of the Faculty of Nursing to mentors in nursing at Johns Hopkins University, University of Michigan, and Villanova University and other selected US, regional, and European universities.

IAB Membership:

- Membership in the IAB is by invitation only and is comprised of senior leaders in nursing. Members are appointed by the Dean of the Hariri Faculty of Nursing on the recommendation of the Faculty Advisory Committee following consultation with members of the Faculty at a convened meeting.
- Members serve two-year terms on an honorary basis, renewable for one further term by mutual agreement.
- After the first two years, half the members retire annually on a rolling basis.
- The Chair of the IAB is elected by the IAB members.
- The Vice-Chair is elected by all the members following a call for nominations.
- Meetings are chaired by the Vice-Chair in the absence of the Chair.
- The current members of the IAB are:
 - Dr. Martha Hill; Dean Emeritus, John Hopkins University School of Nursing (Chair)



- Past First Lady Mona Hrawi
- Dean Louise Fitzpatrick; Villanova University College of Nursing
- Dr. Hester C. Klopper, Past President, Sigma Theta Tau International Honor Society of Nursing
- Dr. Walid Ammar, Director General, MOH
- President Lebanese Order of Nurses
- David Benton, Past Chief Executive Officer of the International Council of Nurses (ICN)
- Rowaida al Maaitah Advisor to HRH Princess Muna El Hussein for Health and Community Development, Former Minister of Higher Education and Scientific Research, Professor at Jordan University of Science and Technology.

Meetings:

- The first meeting of the IAB was held at AUB September 2014
- Subsequent meetings have been held annually
- Whenever possible, meetings were convened at times when members had other business convenient to the venue of the meeting.
- Ad hoc meetings are held by teleconference as required.
- The institution hosting the meeting provides the minute secretary
- The Hariri Faculty of Nursing provides the minute secretary for teleconference meetings.

Terms of Reference:

The IAB approved the following terms of reference: In October 2014.



The Appendix B

American University of Beirut Hariri Faculty of Nursing

POSITION: ASSOCIATE DEAN FOR ACADEMIC AFFAIRS

MINIMUM QUALIFICATIONS: PhD in Nursing or a cognate discipline, plus five (5) years experience in nursing education (3) years of which include academic administration with responsibility for oversight of faculty and engagement in curriculum development and program accreditation. Demonstrated experience in the development, maintenance and analysis of fundamental academic processes that may include course scheduling, curriculum evaluation, academic calendar planning, and faculty relations. Must demonstrate advanced knowledge and abilities in: leadership, strategic planning, academic program evaluation; excellent organizational and administrative skills; collaboration and interpersonal relations conducive to supporting baccalaureate and graduate nursing education; leading and directing faculty and staff in higher education; computer literacy to utilize job-related technology; effective oral and written communications; and oversight of operational budgets.

RESPONSIBILITIES:

The Associate Dean for Academic Affairs reports to the dean of the Faculty of Nursing. The Associate Dean works to advance the quality and integrity of the academic programs, providing strategic vision for the curricula, and overseeing all program planning and program assessment, including accreditation.

Duties and Responsibilities

- Initiates and supports proposals to enhance nursing education at the undergraduate & graduate levels.
- Administers and manages responsibilities for academic programs and the simulation center.
- Provides leadership and coordination for course scheduling and faculty assignments.
- Plans and oversees regular program development, implementation, and evaluation.
- Synthesizes data for use in periodic program reviews, policy formulation, and strategic planning.
- Monitors action plans for goal achievement in alignment with strategic plan.
- Develops, implements and evaluates all academic programs in collaboration with faculty and staff.
- Provides leadership and oversight for program assessment, and continuous quality improvement.
- Maintains quality in light of program review and accreditation standards.
- Oversees admission and progression decisions for all academic programs.
- Assumes additional duties and responsibilities as needed at times when the Dean is absent.



Appendix C

**American University of Beirut
Hariri Faculty of Nursing**

POSITION: ASSISTANT DEAN FOR CLINICAL ADVANCEMENT

Part-time by agreement with the Vice-President for Medical Affairs, the Director and Chief Medical Officer AUBMC, and the incumbent.

MINIMUM QUALIFICATIONS: As required to fill the position of Chief Nursing Officer (CNO) at AUBMC

RESPONSIBILITIES:

The Assistant Dean for Clinical Advancement reports to the Dean, Faculty of Nursing for those components of the position that concern the operations of the Faculty of Nursing and to the Vice-President for Medical Affairs or his designee for all aspects of nursing services at AUBMC. The Assistant Dean is responsible, in collaboration with the Dean, Faculty of Nursing, the Associate Dean for Academic Affairs, the Director of the Center for Nursing Research, and the chairs of the HSON departments in the Faculty of Nursing, for the following responsibilities according to qualifications, background and experience:

- strategic planning for the clinical education of AUB baccalaureate and graduate students
- collaborative nursing research
- collaborative practice improvement initiatives
- evaluation of clinical nursing competencies
- involvement of faculty in AUBMC committees
- appointment of representatives of Nursing Services to Faculty of Nursing committees
- financial support for baccalaureate and graduate students
- feedback on the performance of AUB graduates to the Dean, Faculty of Nursing
- providing a stable pool of senior nurse preceptors



Appendix D

American University of Beirut Hariri Faculty of Nursing

POSITION: DIRECTOR, CENTER FOR NURSING RESEARCH

MINIMUM QUALIFICATIONS: Registered Nurse plus PhD degree in Nursing, Public Health or a cognate discipline, plus a minimum of five (5) years experience in a research-intensive university. Demonstrated experience in the development and implementation of programs of funded research. Advanced knowledge and abilities in attracting and managing substantial competitive research funding; ethical conduct of human subject/participant research; quantitative and qualitative research methods; mentoring of novice researchers; supervision of PhD candidates to completion; & record of accomplishment in publishing research articles in international refereed journals.

RESPONSIBILITIES:

The Director, Center for Nursing Research reports to the Dean, Faculty of Nursing. The Director is responsible in collaboration with the Dean, Faculty of Nursing, the Associate Dean for Academic Affairs, Assistant Dean for Clinical Advancement, research-active faculty, for the following responsibilities according to qualifications, background and experience:

- initiate and conduct relevant leading-edge research programs in nursing care, which are nationally and internationally competitive and related to the strategic goals of the Faculty of Nursing and AUBMC;
- develop research proposals for competitive extramural funding.
- work effectively with faculty, students and AUBMC nursing staff to develop research capacity;
- develop and promote a culture of research in the Faculty of Nursing and at AUBMC;
- foster productive and innovative links between faculty and AUB investigators;
- supervise graduate students.
- attract extramural research and consultancy funds to support significant new projects and research programs consistent with the Faculty's strategic goals;
- provide leadership for a defined program of nursing research;
- Contribute significantly to the Faculty's research performance as measured by refereed research publications, competitive research grants, presentations at international conferences and clinical meetings, MSN and PhD degree completions.



Appendix E

**American University of Beirut
Hariri Faculty of Nursing**

POSITION: DIRECTOR OF CONTINUING EDUCATION AND SPONSORED PROJECTS

MINIMUM QUALIFICATIONS: PhD degree in Nursing or a cognate discipline, plus a minimum of five (5) years of experience in a university school/faculty of nursing, with at least (3) years experience of contributing to continuing education programs and special projects. Demonstrated experience in education/training needs assessment, program design, application of teaching and learning technologies, co-ordination of faculty, & evaluation of learning.

RESPONSIBILITIES: The Director of Continuing Education and Sponsored Projects reports to the Dean, Faculty of Nursing. The responsibilities of the position and performance targets will be negotiated with the person appointed in close consultation with the Associate Dean for Academic Affairs, the Assistant Dean for Clinical Advancement, and department chairs taking into account known and emergent opportunities.



Appendix F

American University of Beirut Hariri Faculty of Nursing

POSITION: CHAIR DEPARTMENT OF GRADUATE STUDIES

MINIMUM QUALIFICATIONS: PhD degree in Nursing, plus a minimum of five (5) years of experience of teaching graduate nursing students with at least (3) years experience of related curriculum development, project supervision, and program accreditation and review. Record of accomplishment in the conduct of research and research related publications.

RESPONSIBILITIES:

The Chair Department of Graduate Studies reports to the Dean. The appointment is normally for a period of three years, renewable for another term. Normally, chairs who serve two successive terms shall not be reappointed for another term, except after the lapse of one term following the end of the previous appointment as Chair. The Chair may appoint one or more members of the department to assist as deemed necessary, subject to approval by the Dean.

The duties and prerogatives of the Chair shall include the following:

- Administration and academic development of the program
- Preparation of the teaching schedule in consultation with voting faculty members.
- Appointment of academic advisors to students in the program.
- Preparation of the budget proposal of the department, in consultation with the voting faculty, for submission to the Dean.
- Coordination of the preparation of course descriptions and related program material for the University Catalogue.
- Presentation to the Dean, in accordance with established university procedures, recommendations on all matters pertaining to the appointment, reappointment, or non-reappointment, promotion, appointment to indeterminate status/tenure, periodic and research leave, leave of absence, and advancement in remuneration of academic personnel.
- Coordination and approval of expenditures within the approved budget for the program.
- Preparation of the annual report of the department for transmission to the Dean
- Appoint ad hoc committees as deemed necessary.
- Recommend to the Dean the appointment of an acting Chair during the absence of the Chair.
- Assign mentors to new faculty members.
- Prepare written annual performance reviews of all academic staff, making each review available to the appropriate faculty member, and discussing the review face to face with the faculty member.



- Prepare written annual performance reviews of all non-academic staff, making each review available to the appropriate staff member, and discussing the review face to face with the staff member.
- Lead departmental faculty in the annual assessment of departmental programs, and submit summary reports on assessment activities.



Appendix G

American University of Beirut Hariri Faculty of Nursing

POSITION: CHAIR DEPARTMENT OF UNDERGRDUATE STUDIES

MINIMUM QUALIFICATIONS: PhD or DNP degree in Nursing, plus a minimum of five (5) years of experience of teaching undergraduate nursing students with at least (3) years experience of related curriculum development, clinical supervision, and program accreditation and review. Record of accomplishment in fostering innovation in teaching and learning.

RESPONSIBILITIES:

The Chair Department of Undergraduate Studies reports to the Dean. The appointment is normally for a period of three years, renewable for another term. Normally, chairs who serve two successive terms shall not be reappointed for another term, except after the lapse of one term following the end of the previous appointment as Chair. The Chair may appoint one or more members of the department to assist as deemed necessary, subject to approval by the Dean.

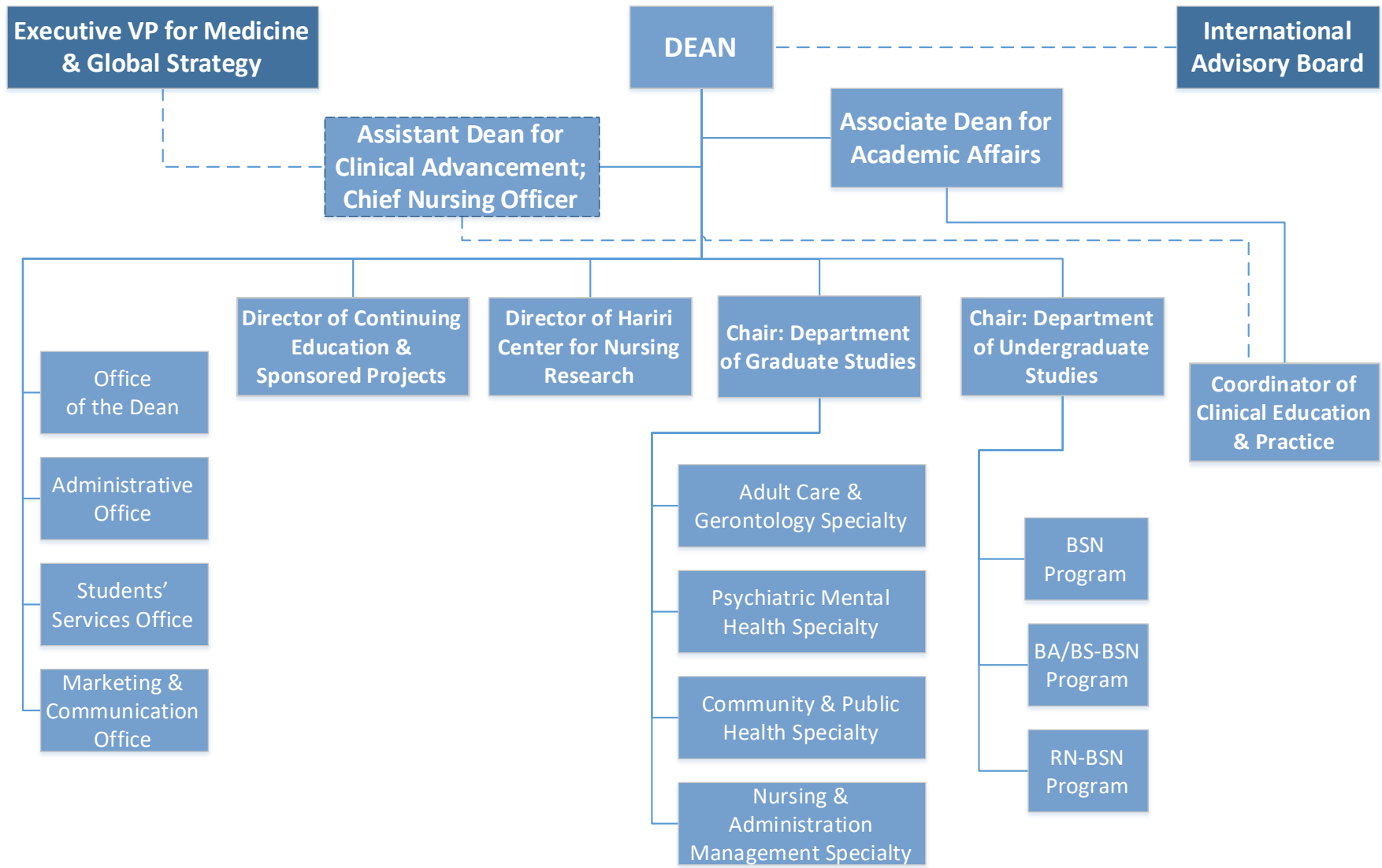
- Administration and academic development of the program
- Preparation of the teaching schedule in consultation with voting faculty members.
- Appointment of academic advisors to students in the program.
- Preparation of the budget proposal of the department, in consultation with the voting faculty, for submission to the Dean.
- Coordination of the preparation of course descriptions and related program material for the University Catalogue.
- Presentation to the Dean, in accordance with established university procedures, recommendations on all matters pertaining to the appointment, reappointment, or non-reappointment, promotion, appointment to indeterminate status/tenure, periodic and research leave, leave of absence, and advancement in remuneration of academic personnel.
- Coordination and approval of expenditures within the approved budget for the program.
- Preparation of the annual report of the department for transmission to the Dean
- Appoint ad-hoc committees as deemed necessary.
- Recommend to the Dean the appointment of an acting Chair during the absence of the Chair.
- Assign mentors to new faculty members.
- Prepare written annual performance reviews of all academic staff, making each review available to the appropriate faculty member, and discussing the review face to face with the faculty member.
- Prepare written annual performance reviews of all non-academic staff, making each review available to the appropriate staff member, and discussing the review face to face with the staff member.



**HARIRI SCHOOL
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OF BEIRUT

- Lead departmental faculty in the annual assessment of departmental programs, and submit summary reports on assessment activities.

Hariri Faculty of Nursing; Organizational Chart



APPENDIX I-F-1

Nursing Admission Score

Predictive Value of the Composite Score in the Nursing Case

Nursing has one of the highest R² amongst all disciplines tested. The composite score explains about 33 % of the variability in the cumulative average of a nursing student. In Layman's terms, we can predict a nursing student performance from his/her composite score with an accuracy that is higher than average.

GROUPING_2	R Square	Adjusted R Square	Std. Error of the Estimate
Agriculture	.068	.066	6.28614
Architecture	.139	.134	5.98347
Arts	.303	.300	5.55819
Business	.214	.214	5.51167
Education	.252	.223	3.98496
Engineering	.253	.252	6.02580
FINE	.278	.276	5.63354
Health Sciences	.145	.142	6.17012
Nursing	.336	.331	5.89142
Nutrition	.296	.294	6.00197
Sciences	.343	.343	6.08491
Social Sciences	.238	.228	5.28777

Regression Equation

The prediction equation for nursing is:

$$\text{Nursing Average} = 42.6 + 0.068 * \text{Composite Score}$$

Nursing								
Average	73	74	75	75	77	77	78	80
Nursing	450	460	470	480	500	510	520	550
Composite								

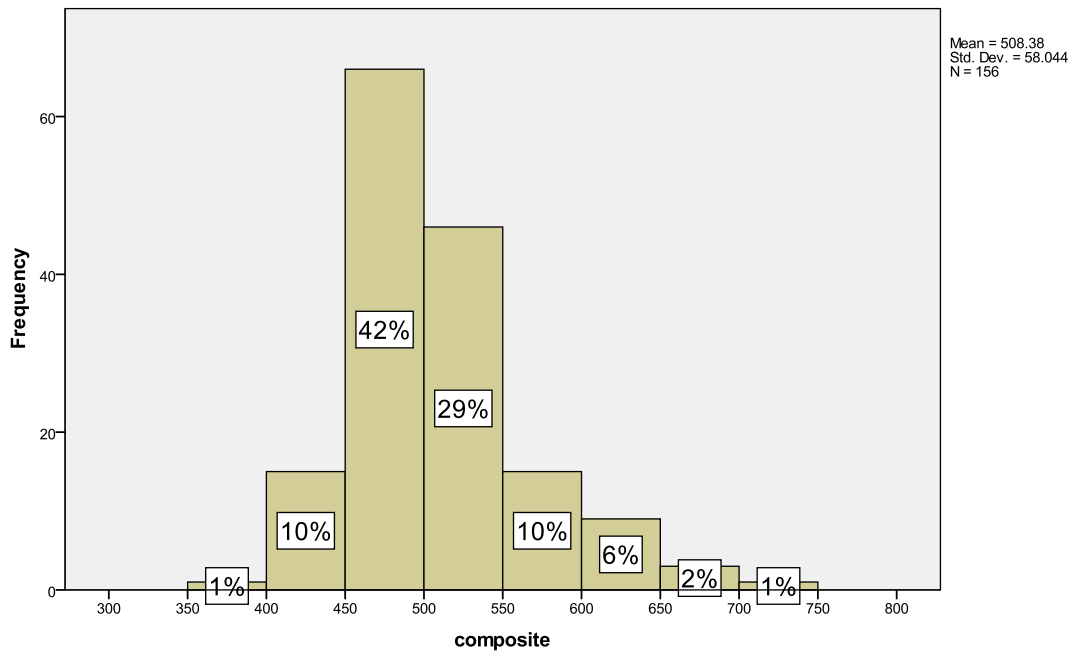
Compared with Sciences prediction equation

$$\text{Sciences Average} = 32 + 0.08 * \text{Composite Score}$$

Sciences								
Average	68	69	70	71	72	73	74	76
Sciences	450	460	470	480	500	510	520	550
Composite								

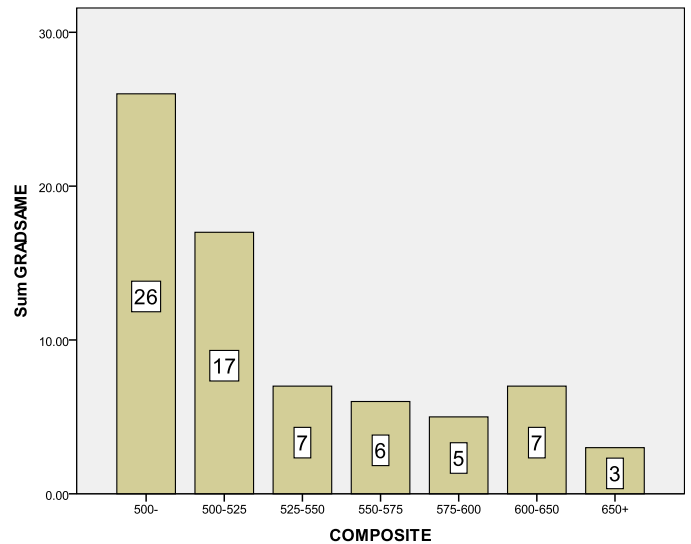
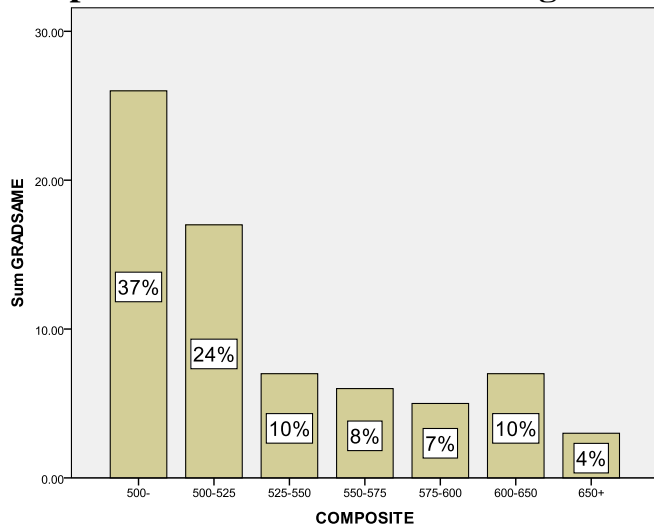
The high R² is evidence to the power of prediction of the composite in both cases. However the different prediction equations show clearly how it takes a much lower composite score to achieve a higher average in the nursing case, than it is in the sciences case, thus justifying the use of a lower composite threshold to admit students to nursing. That does not necessarily state that it takes a weaker student to succeed in nursing, as the composite explains only 33 % of the variability of the nursing average, and the other 67 % lays elsewhere (dedication, determination, seriousness of the student, attentiveness of the faculty due to the small nursing group/classes, etc..)

All Admitted/Enrolled Fall 2003- Fall 2009



Above chart shows that almost 53% of those admitted to nursing in the previous seven years, entered nursing with a composite of 500 or less. Keeping the cutoff at above 500 would lead to the number of nursing students being cut in half.

Composite Score of the BS-Nursing Holders Admitted Fall 2003-Fall 2005



The chart to the left shows that 37 % of students holding a BS in nursing and admitted between Fall 2003-Fall 2005, joined nursing with a composite that is less than 500. Therefore, one may expect to lose 37 % of future possible nurses, if the composite score cutoff is set at 500 or higher. The chart to the right shows the actual number of BS in nursing degree holders, by composite score at admission.

Nursing Persistence

Admitted			Mean	Std. Deviation
103	GRADUATE AUB	89	.86	.344
103	GRADUATE NU	80	.7767	.41849
103	PERSISTENCE	89	.86	.344
103	ATTRITION	14	.14	.344

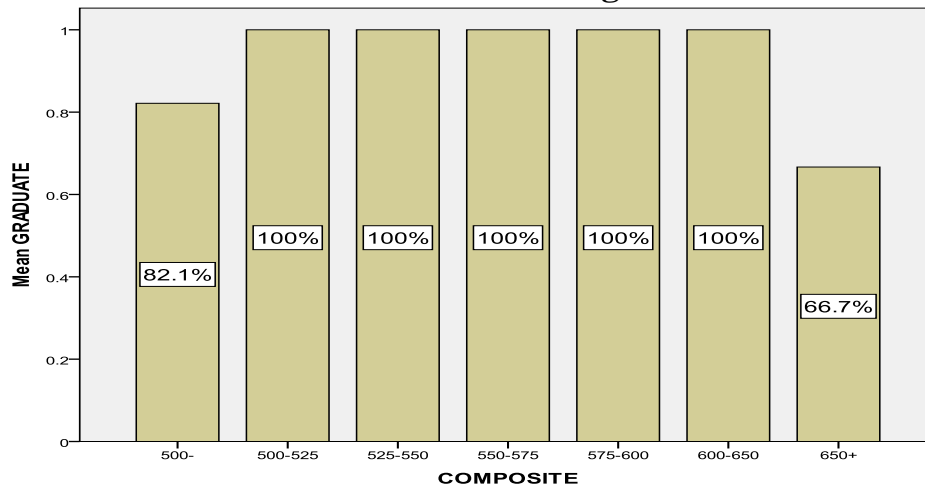
By Admission Year

	Fall 2002	Fall 2003	Fall 2004	Fall 2005	Fall 2006	Fall 2007	Fall 2008	Fall 2009
GRADUATE AUB	.81	.94	.89	.78	.72	.28	.00	.00
GRADUATE NU	.74	.94	.63	.67	.52	.24	.00	.00
PERSISTENCE	.81	.94	.89	.78	.83	.80	1.00	.92
ATTRITION	.19	.06	.11	.22	.17	.20	.00	.08

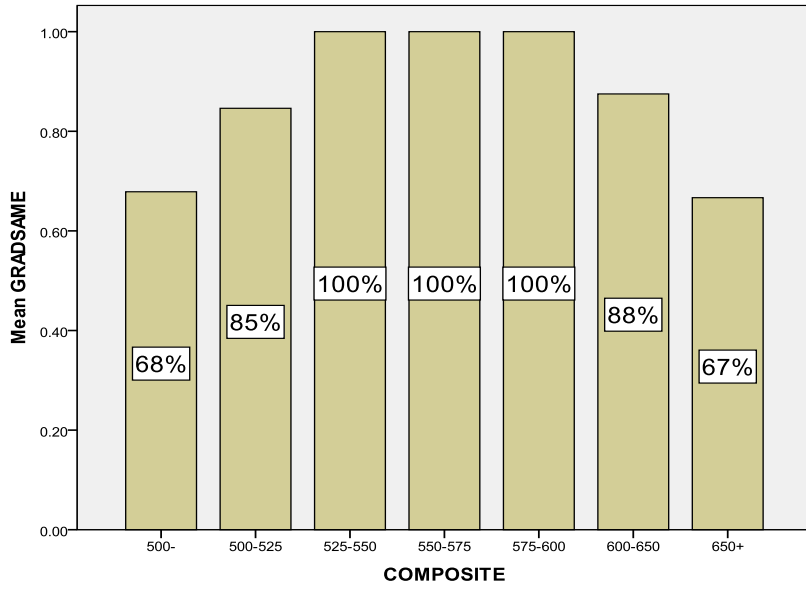
Persistence by Composite Score

MATRCPROG1	Expr1	Enrolled between Fall 2003 and Fall 2006	GRADUATE	PERSISTENCE	Avg Of CUMUL AVG
BSN-NURS	<450	7	86%	86%	74
BSN-NURS	<475	12	75%	75%	75
BSN-NURS	<500	12	67%	75%	76
BSN-NURS	<550	23	96%	100%	80
BSN-NURS	<600	9	100%	100%	82
BSN-NURS	>=600	11	91%	91%	86
		74			

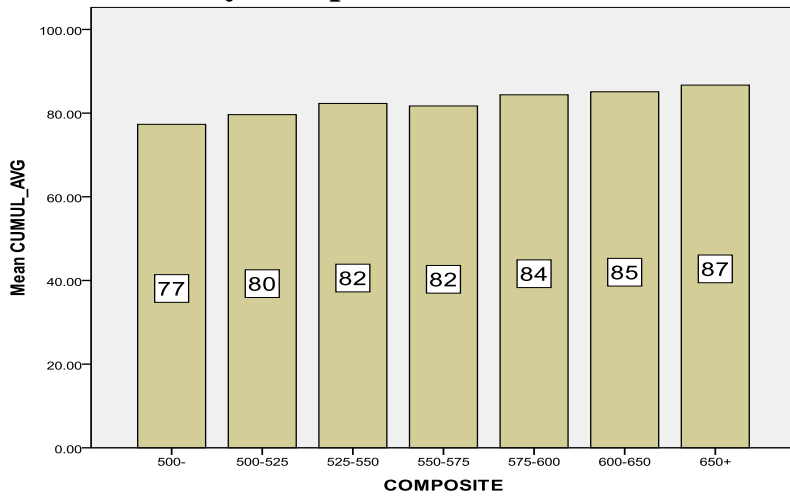
Fall 2003 – Fall 2005 Cohorts – Nursing Admitted Graduated AUB



Graduated as Nursing – Admitted 2003-2005



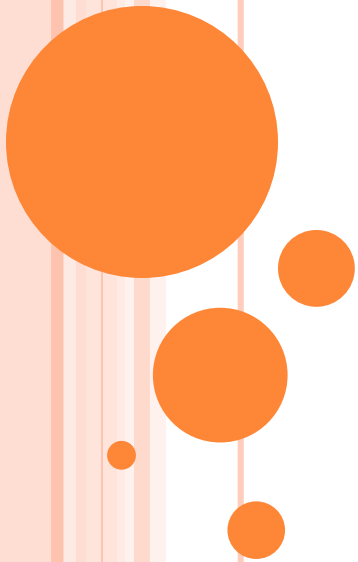
Performance by Composite



Appendix I-F-2

NURSING STUDENTS ANALYSIS ADMISSION/COMPOSITE SCORE/PERFORMANCE

**CURRICULUM COMMITTEE MEETING
NOVEMBER 6, 2013**



ADMISSION OF NURSING STUDENTS AND COMPOSITE SCORES FOR THE LAST 3 YEARS

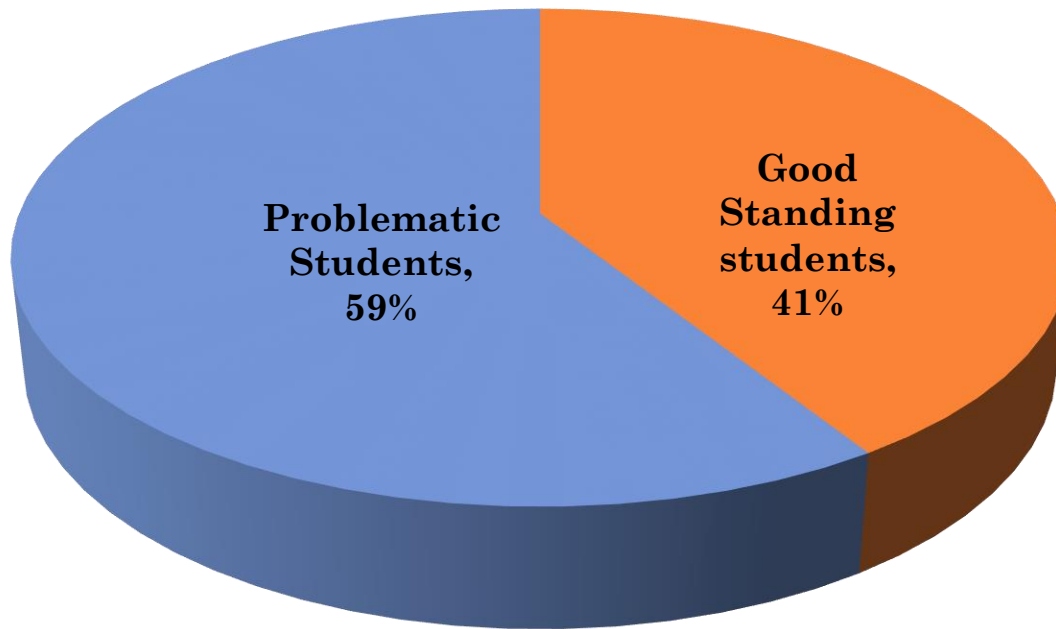
Semester	Term	Total	470-479	480-489	490-499	500-509	>=510	<510	% of students with Comp<510
Fall 2013-14	201410	115	3	7	4	2	99	16	14%
Spring 2013	201320	19	2	3	1	1	12	7	37%
Fall 2012-13	201310	101	3	9	11	13	65	36	36%
Spring 2012	201220	29	3	3	4	2	17	12	41%
Fall 2011-12	201210	104	8	4	11	8	73	31	30%
Spring 2011	201120	47	1	6	7	1	32	15	32%

THE GENERAL PERFORMANCE OF STUDENTS WHO HAVE A LOW COMPOSITE SCORE FROM FALL 2010-11 TO SPRING 2013

Composite Score below 510	Number of Students	Percentage
Total	81	100.00%
Graduated	6	7.41%
Good Standing	27	33.33%
Failing	13	16.05%
Transferring	31	38.27%
Withdrawal	4	4.94%



THE GENERAL PERFORMANCE OF STUDENTS WHO HAVE A LOW COMPOSITE SCORE FROM FALL 2010-11 TO SPRING 2013



NURSING STUDENTS WHO FAILED BASIC SCIENCE COURSES

- Over the last 3 years , 30 students out of 172 failed Basic Science Courses

Term	Total	Failed Basic Science Courses	% Failed	Failed-BIOC	Failed-PHYL	Failed-HUMR	Failed-MBIM	Failed-PHRM
Fall 2010-11	37	6	16.22%	3	3	1	1	1
Cohort 2011-12	66	16	24.24%	8	3	5	3	3
Cohort 2012-13	69	8	11.59%	1	2	1	5	0
Total	172	30	17.44%	12	8	7	9	4

NURSING STUDENTS WHO FAILED BASIC SCIENCE COURSES

- The Composite Scores and English Level of failing students and their current cumulative average

Term	Total	Failed Basic Science Courses	IE	Composite	Average
Fall 2010-11	37	6	3	475<C<510	65<A<73
Cohort 2011-12	66	10	6	471<C<560	51<A<74
Cohort 2012-13	69	7	0	473<C<544	60<A<69
Total	172	23	9	471<C<560	60<A<74



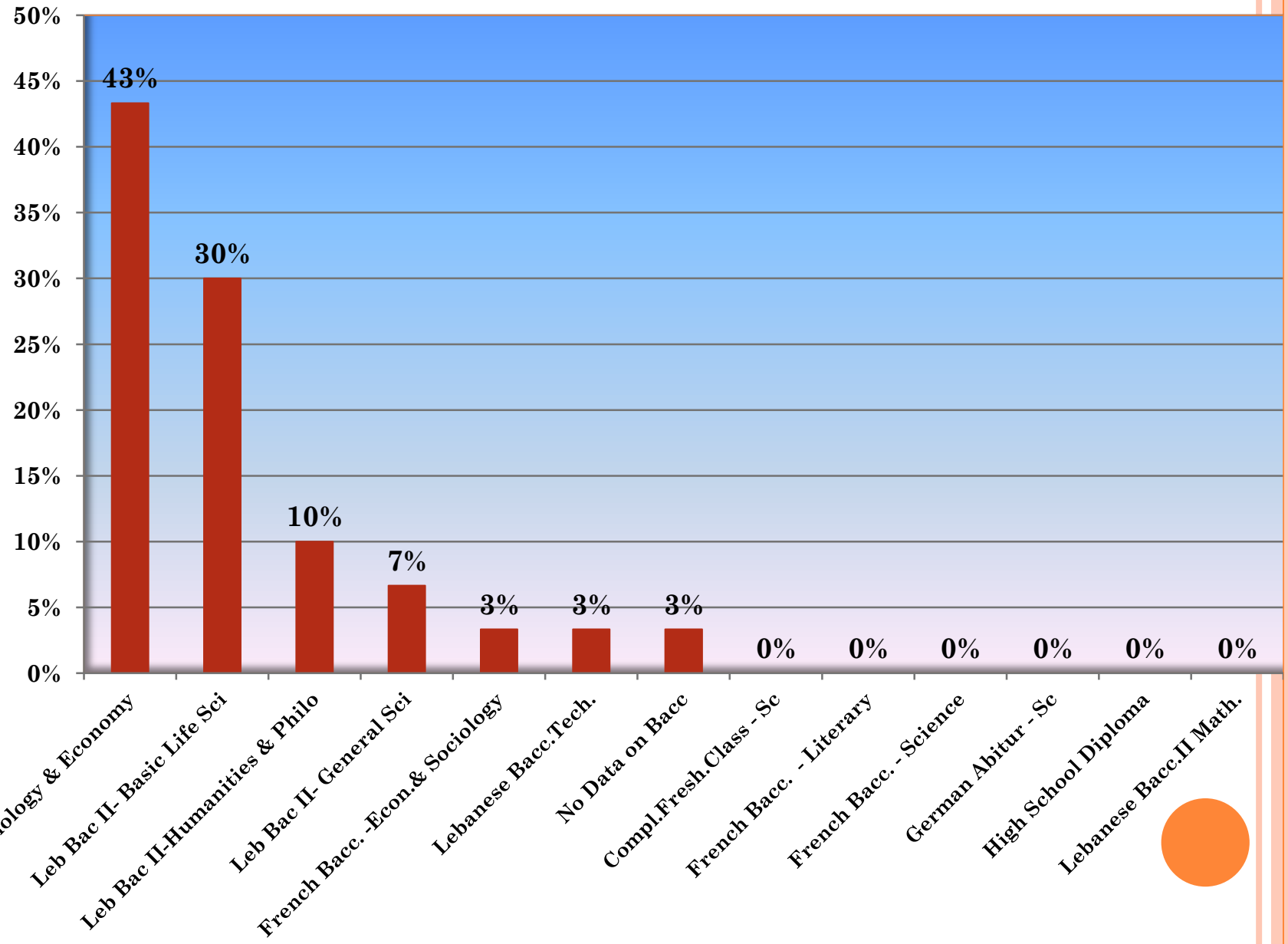
NURSING STUDENTS WHO FAILED BASIC SCIENCE COURSES

- The Baccalaureate Stream of failing students

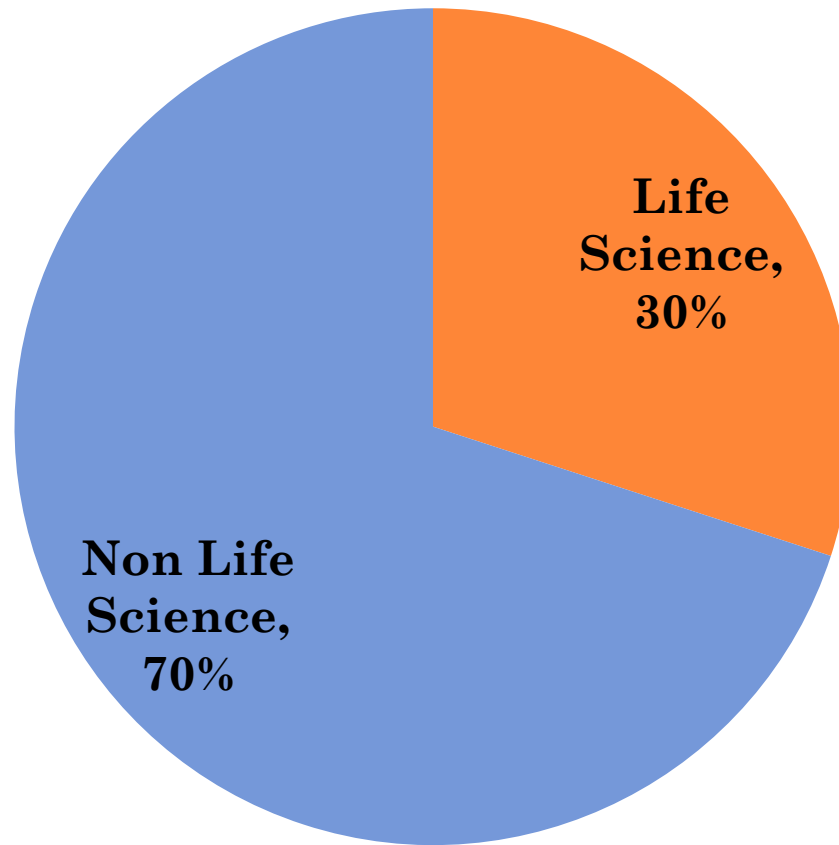
Term	Total	Failed Basic Science Courses	Leb Bac II- Sociology & Economy	Leb Bac II- Humanities & Philo	General Sciences	Leb Bac II- Basic Life Sci	Bacc Technic	No Data	% Non Life Science
Fall 2010-11	37	6	5	0	0	1	0	0	83.33%
Cohort 2011-12	66	10	6	2	1	5	1	1	68.75%
Cohort 2012-13	69	7	3	1	1	3	0	0	62.50%
Total	172	23	14	3	2	9	1	1	70.00%



BACCALAUREATE STREAM OF FAILING STUDENTS OVER THE PAST 3 YEARS



BACCALAUREATE STREAM OF FAILING STUDENTS OVER THE PAST 3 YEARS



Hariri School of Nursing

Simulation Lab: Updated Equipment List and Policies

List of Equipment Profile

Faculty Guide Ed.2

Use SCCC by Others Ed.2

List of Equipment Profile

1. Equipment Profile Blood Pressure Simulator LF1095UA Lifeform Products
2. Equipment Profile Breast Exam Module
3. Equipment Profile Breast Self-Examination Model
4. Equipment Profile Catheterization Enema Trainer
5. Equipment Profile Compressor Unit
6. Equipment Profile Defibrillator Monitor Philips HeartStart XL
7. Equipment Profile Doppler
8. Equipment Profile Electrocardiogram MAC 1200ST
9. Equipment Profile Injectable Training Arm LF698UA Lifeform Products
10. Equipment Profile Intellivue Pt Monitor Phillips MP
11. Equipment Profile Intramuscular Injection Simulator-LF691UA Lifeform Products
12. Equipment Profile Mastectomy Module
13. Equipment Profile NG Trach Trainer
14. Equipment Profile Nursing Kelly VitalSim
15. Equipment Profile Ostomy care Simulator F1096UA Lifeform Products
16. Equipment Profile SimMan
17. Equipment Profile Sure Signs Vs3 Patient Monitor
18. Equipment Profile Syringe Pump MEDFUSION 3500
19. Equipment Profile Tracheostomy Care Simulator LF1083UA Lifeform Products
20. Heart Lung Sounds Simulator
21. Childbirth Model Set
22. PremieNatalie Preterm Simulator
23. MamaBreast Breastfeeding Simulator
24. NOELLE® S550 - Maternal Care Patient Simulator with OMNI

Simulation Lab Faculty Guide

Table of Contents

1. OVERVIEW
2. HOURS OF OPERATION
3. CENTER STAFF
4. CENTER FLOOR PLAN
5. SIMULATION AND CLINICAL EQUIPMENT LIST
6. RESERVATIONS AND SCHEDULING
7. PLANNING YOUR SIMULATION
8. SCHEDULING COURSES IN THE CENTER
9. CONDUCTING COURSES IN THE CENTER
10. CENTER POLICIES AND PROCEDURES & RELATED FORMS

1. Overview

The Hariri School of Nursing Simulation Center was first established in 2009 to provide experiential learning to nursing students. In 2013, it opened its facilities to all AUB faculty, students and professionals.

Today, it exists to support undergraduate and graduate students, continuing nursing and medical education, and multidisciplinary and interprofessional education throughout the AUBMC. It currently occupies 250 square feet of the Hariri School of Nursing 2nd floor with plans to occupy 25,000 square feet on the 3rd floor of the new Academic and Clinical Center, scheduled for completion in 2016. It allows for the creation of simulated environments for a wide variety of clinical and out-of-hospital settings. It also encourages the use of In-Situ simulation for additional realism and potential in testing the care delivery systems at AUBMC.

The investment in simulation techniques and technology is ultimately for the furtherance of safe, quality healthcare that meets the needs of AUBMC clientele.

We also seek to facilitate the teaching process for our faculty whose time and effort is priceless.

2. Hours of Operation

Monday through Friday 7:00 AM to 5:00 PM

Closed during AUB holidays

3. Center Staff

Simulation Laboratory Coordinator / Certified Simulation Educator

Randa Farha, BSN, MSN, MPH, CHSE

Extension 5964/5

4. Center Floor Plan

Located on the second floor of the Hariri School of Nursing, the SCCC occupies a total space of 250 square feet. It is composed of 5 spacious rooms which can be used for classrooms, skills training or

assessment. One room is designated for high fidelity scenarios that include a control area and a debriefing space. In the future, debriefing can be held in any room through Wi-Fi capabilities.

5. Simulation and Clinical Equipment List

Medium to High fidelity manikins

- SimMan (Laerdal) - full body, adult manikin that allows the simulation of basic and advanced life support skills and assessment to develop both individual and team skills
- SimBaby (Laerdal) - full body, 6 month old infant manikin that allows the simulation of a wide range of skills and assessment to develop both individual and team skills
- NOELLE (Gaumard) - wireless maternal and neonatal birthing simulator
- Nursing Kelly VitalSim Capable (Laerdal) - a full-body, lifelike vinyl manikin designed to teach all skills from basic patient handling to advanced nursing, including the measurement of non-invasive blood pressure and the auscultation and recognition of normal and abnormal heart, lung and bowel sounds

Other procedural simulators

- Mama Natali Birthing Simulator
- PremieNatalie Preterm Simulator
- SAMII, Cardiopulmonary Simulator
- Airway Management Trainers Infant
- Breast Model
- Enema Trainer
- Empathy Belly
- Venipuncture Arm
- NG Tube and Tracheal Care Trainer
- Catheterization and Enema Trainer
- Suture Arm
- Intra-dermal arms
- Subcutaneous Injection Pads
- Wound Care Model

Hospital Equipment

- Defibrillator Heart Start XL with Accessories and External Paddles
- Patient Monitor MP 40 without Thermometer Probe
- Suresigns VS3
- ECG machine
- Suction Machine
- Choleague Baxter IV pump
- B-Braun IV pump
- Syringe Pump
- Diagnostic Set Complete
- Doppler Huntleigh MD II with pulse probe

6. Reservations & Scheduling

In order to accommodate the large numbers of students from nursing and medicine, the lab is reserved for nursing in the morning (7am - 3 pm) and medicine in the afternoon (3am - 7 pm). Monday is left open for AUBMC professionals, personal practice by students and non-AUB/AUBMC users. Empty slots will be assigned on first-come, first served basis. Collaborative and interdisciplinary training/ practice will be planned to support better outcomes for our patient clientele.

7. Planning Your Simulation

Planning a simulation component for an academic course or planning a single activity that might be repeated to cover the whole class or group requires coordination with simulation staff. Each activity has a specific form to complete and requires submission at least 2 weeks before the activity.

The following are general steps for planning an activity using the SCCC. Simulation staff is available to answer questions and assist you. You should begin planning your simulation several weeks before you want to conduct it. Simulation staff will need a two week lead time for programming and setup of simulations involving high fidelity manikins. For a large scale simulation using multiple scenarios you will need to consult with simulation specialists early in the process of scenario design.

1. Determine your course objectives and what simulators (and other equipment) will be needed. Determine what assessment criteria and tool(s) you will use. If you are not familiar with the capabilities of the manikins, you should schedule a meeting with the lab coordinator to determine which manikin best suits your needs.
2. Complete the Scenario Development Template (choose among 3 scenario design forms)
 - a. Provide complete information about learning objectives, setup, props, manikin “behavior” and expectations of learners at each step of the scenario. If you wish to use a standardized patient (actor/actress) in your scenario please contact the lab coordinator.
 - b. Call or email the center to schedule any training you might need on any simulation equipment.
3. Submit your completed Scenario Design form to rf37@aub.edu.lb. It will be reviewed by the simulation education specialist who will contact you with any questions.
4. A “trial run” of your simulation will be scheduled with you. You must run through your entire simulation with coordinator to ensure that it meets intended objectives and produces intended results. All faculty participating in your simulation should be present for the trial run. For a large scale simulation where this is not possible, we ask that you provide us with any information given to faculty for orientation to the simulation process, the specific scenario, and the assessments.

8. Scheduling Courses in the Center

Once your course is completed, approved and tested, you are ready to schedule and begin training. Schedule your course by sending the Simulation Center Reservation & Session Plan to rf37@aub.edu.lb

9. Conducting Courses in the Center

Rooms will be set up according to specifications in your course design and reservation documents. If you plan to use specialized equipment from your particular clinical unit, you may have to furnish that (***remember that the center has only 220 volt electrical outlets***). Please check with Center Coordinator well in advance of your planned simulation to coordinate this.

Please arrive a few minutes early to complete any paperwork and to ensure that room setup is adequate. Learners will be asked to sign a Simulation Confidentiality Agreement. Any video recording is destroyed according to Simulation Center policies. The assurances made by the Center to its learners regarding the disposition of videos stem from a commitment to maintain a psychologically safe environment for learning in simulation. If you have a need to do your own video recording independently, the Center will require that you have a separate waiver from your students, and that you leave a copy of that signed waiver with the Center staff. Still photography is permitted.

Please remember to bring any supporting documents needed for your course with you to the Center (checklists, lab reports, etc). If you have included these documents in the design of your simulation, the Center staff will provide them for the course if requested.

Following the simulation, recordings will be available for immediate playback for debriefing.

If you have worked with the Center on evaluation and assessments for your course, these will be available.

Other Information for Faculty

Faculty may request Center availability after hours. These requests are handled on an individual basis and depend on the anticipated activity and the Center schedule. No guarantees are made for after-hours availability for activities which require the support of Center staff.

In the event a faculty member uses the Center after hours, he or she is responsible for the maintenance and appropriate use of equipment during the session, and for properly securing the Center upon departure. On rare occasions, a manikin may be taken off site by core simulation faculty. Prior to this, the faculty member must be approved for use of the specific equipment by simulation technology staff. Explicit expectations regarding the use of the manikin and agreement for return to the Center must be agreed upon by Center staff and the faculty member.

10. Center Policies and Procedures & Related Forms

Faculty Responsibilities Guideline

The SCCC aims to provide faculty with an efficient learning environment conducive to learning and supportive of faculty time. The SCCC staff depends on faculty to abide by the rules of the center.

- Complete the “Simulation Schedule for Nursing Courses” at least one month before the start of the semester. Include the focus of simulation (whether skill or scenario), open lab times, etc. This will help in room assignment and supply availability. Students should be encouraged to utilize the Lab for additional practice.
- Complete the “Simulation Center Reservation & Session Plan” for any individual session at least 2 weeks before planned date.
- Prepare your scenarios using the “Scenario Development Template” developed for HSON. Submit 2 weeks before the planned date to give time for preparation and trial.
- Submit a written request to remove equipment from the lab (“Equipment Removed from Lab”). Only portable equipment can be checked out of lab. Give notice three (3) working days before the equipment is needed.

- Sign the “Activity Record” making sure that all documented information is correct for statistical reporting.
- Abide by general lab policy concerning food and drinks, returning all equipment/supplies to holding area (as designated by the Lab Coordinator) and have the Learning Lab in neat order upon completion of each session. Enlist student assistance as needed. Faculty is responsible for ensuring that students abide by SCCC guidelines.
- When students are in need of supervised remedial work or additional assistance, contact the Lab Coordinator with instructions on areas of needed assistance (complete the “Remedial Form”). The Lab Coordinator will provide a written summary to the faculty regarding the student’s performance in the Learning Lab.

Policy on Use of Simulation and Clinical Competency Center by Others

Purposes:

1. Address the needs of all users
2. Efficiently manage the facility schedule
3. Maintain resources in best condition
4. Allocate cost

Policy:

1. The Simulation and Clinical Competency Center (SCCC) and its resources exist primarily for the use of current students and faculty in the Hariri School of Nursing. AUB students and faculty and non-AUB users may use the facility conditional approval of the administration and availability.
2. Requests to use space, equipment and resources must be submitted in writing to the Lab Coordinator at least one month in advance using the “*Simulation Center Reservation & Session Plan*”. The Lab Coordinator will notify the requesting party of the request status within 1 week.
3. In cases where two or more users are requesting use of space, equipment, service will be offered according to the following schedule of priorities:
 - a. School of Nursing students and faculty.
 - b. Other AUB students and faculty.
 - c. Non-university users.
4. If damage occurs while equipment is in use, the faculty whose name is current on the “*Simulation Center Reservation & Session Plan*” will be charged the replacement cost of the materials.
5. For costing purposes, the Lab Coordinator is responsible to keep record of the time required for orientation/meetings, set-up, breakdown and support. Charges will be determined for each activity/service according to the schedule below.

6. All consumable/chargeable supplies will be charged to the cost center using the facility.

Schedule for Charges and Fees / Day

1. \$500 for the facility and equipment
2. \$250 for Simulation Lab Coordinator
3. \$50 for Housekeeping services
4. \$50 for other support staff (if needed)

Fees include use of space, simple use of office equipment (chairs, LCD projector, PC, electricity, Air conditioning, flipchart, & simple printing).

Fees exclude all material/ skills lab resources/ consumables to be supplied or charged directly to whoever is using the lab according to quantity used and price of each item (list for such items is available). It also excludes bulk photocopy and food and break services.

Appendix II-B-2

Matrix of Clinical Learning Outcomes matched against Clinical Placement

Course/ Coordinator	Course Unit Outline	Clinical Areas
<p>NURS 201 Silva Dakessian</p>	<p>Use the nursing process as a framework when delivering care to clients in the simulation laboratory or in clinical practice.</p> <ul style="list-style-type: none"> • Demonstrate the following skills: <ul style="list-style-type: none"> ▪ Measuring vital signs ▪ Delivering oxygen ▪ Adhering to infection control and asepsis (PPEs, wound care) ▪ Providing patient body hygiene ▪ Applying principles of patient safety, patient exercise, and body mechanics ▪ Assessing and providing care related to patient nutrition and elimination (NG tube insertion, and NG tube feeding) ▪ Calculating, preparing, and administering medications and fluid hydration in the simulation lab (PO, IM, SC, and IV). • Utilize effective methods of communication when interacting with clients, families, colleagues, and members of the health care team. • Integrate ethical, legal, and regulatory framework of nursing practice when providing patient care. <i>(this is not emphasized much)</i> • Identify members of the health care team who complement the nurse's implementation of the plan of care. <i>(this is not emphasized much)</i> 	<p>HSON Simulation Lab</p> <p>AUBMC Medical Surgical units:</p> <ul style="list-style-type: none"> • 10 North and South • 9 North and South • 6 South • 5 South • 4 North

<p>NURS 202 Taline Gulgulian</p>	<ul style="list-style-type: none"> • Understanding Assessment: <ul style="list-style-type: none"> ▪ Health Assessment and the Nurse. ▪ The Health History. ▪ Interview Techniques and Communication Skills. ▪ Assessing Pain. • Promoting Health: <ul style="list-style-type: none"> ▪ Assessing Psychosocial Health. ▪ Assessing Spirituality. ▪ Assessing Nutrition. • Physical Assessment: <ul style="list-style-type: none"> ▪ Integumentary System. ▪ Head, Face, and Neck. ▪ Eye and Ear. ▪ Respiratory System. ▪ Cardiovascular System. ▪ Peripheral Vascular and Lymphatic Systems ▪ Abdomen ▪ Female Genitalia ▪ Male Genitalia ▪ Musculoskeletal System ▪ Neurologic System. • Physical Assessment of the Older Adult 	<p>AUBMC Medical Surgical units:</p> <ul style="list-style-type: none"> • 10 North and South • 9 North and South • 6 South • 5 South • 4 North • OPD Medicine • Bassile Outpatient • IV Infusion Center
<p>NURS 300 Lina Kantar</p>	<ul style="list-style-type: none"> • Health Assessment Skills • Preparation and Administration of Medications: Oral, Parenteral, and Nebulizer • Ethical and Legal Practices • Standard Precautionary Measures • Health Education Health Promotion Skills • Communication Skills 	<p>Medical Surgical Units including:</p> <ul style="list-style-type: none"> • Operating Room • 5 South • 9 South • 9 North • Cardiac Cath • 8 North

	<ul style="list-style-type: none"> • Decision-Making Skills • Peri-Operative Nursing • Nursing process applied to: <ul style="list-style-type: none"> ▪ Cardiovascular System (CAD-Angina Pectoris, Hypertension, Heart Failure) ▪ Respiratory (COPD, Asthma, Pneumonia, Pleural Effusion) ▪ Oncology: Palliative Care ▪ Immunodeficiency (HIV) ▪ Hematology (Anemias, Leukemias, Lymphomas) ▪ Fluid and Electrolyte Imbalances ▪ Gastrointestinal (Gastritis, Ulcerative Colitis, Crohn’s Disease, Gastric Cancer) ▪ Musculoskeletal (Fractures) 	
NURS 302 Marina Adra	<ul style="list-style-type: none"> • Neurologic Disorders <ul style="list-style-type: none"> ▪ Stroke, Brain tumors, Intracranial surgery and nursing care, Seizure disorders ▪ Sensory Disorders • Wound and Ostomy Care • Endocrine Disorders <ul style="list-style-type: none"> ▪ Diabetes, Thyroid, Parathyroid, Adrenals • Hepatic and Biliary disorders • Renal Disorders excluding Kidney Transplantation • Reproductive Disorders • Infectious Disorders • Integumentary Disorders 	Medical Surgical Units including: <ul style="list-style-type: none"> • Oncology • Neuro MedSurg • 5 South (MedSurg) • 9 South (Medicine, Geriatrics, and Infectious) • 9 North (Medicine) • 10 South (MedSurg) • BIC • MS • Lab • Wound care
NURS 304 Dina Madi	<ul style="list-style-type: none"> • Prenatal Assessment and Care • Intra-natal Assessment and Care • Postnatal Assessment and Care • Newborn Assessment and Care 	AUBMC-OBS/GYN Areas: <ul style="list-style-type: none"> • Delivery Suite • 7 North • Nursery/NN-NICU

	<ul style="list-style-type: none"> • Pain/Ethics/Culture (part of all) • Reproductive sexuality and planning • The infertile couple • Physiological and Psychological Changes • Growing fetus and HBB • Complications/Pre-Intra-Post-Newborn 	<ul style="list-style-type: none"> • OPD
NURS 306 Dina Madi	<ul style="list-style-type: none"> • Growth & Development • Child Health Assessment • Communication with Children/Ethics/Culture • Medications and IVs in Ped • Pain Management in Children • Respiratory Disorders • Neurologic Disorders • Malignancy & terminal Illness • Haematology disorder • Infectious disorder in children • Immune Disorder in children • Gastrointestinal disorder • Cardiovascular disorder • Vision & Hearing • Musculoskeletal disorder • Renal/urinary tract disorder • Endocrine/metabolic disorder • Unintentional injury in children 	AUBMC- Pediatric Areas: <ul style="list-style-type: none"> • 6N-General Peds • CCCL IN & OUT • PICU • OPD
NURS 307 Danielle Damianos		Pediatric Units including: <ul style="list-style-type: none"> • 6 North • Children Cancer Institute • Pediatrics ICU Adult Medical Surgical Units including:

		<ul style="list-style-type: none"> • 10 South • 9 South • 9 North • Oncology • 5 South • 4 North <p>Women's Care Unit including:</p> <ul style="list-style-type: none"> • 7 North <p>Critical Care Areas including:</p> <ul style="list-style-type: none"> • Respiratory Care Unit
<p>NURS 400 Angela Massouh</p>	<ul style="list-style-type: none"> • The Critical Care Experience <ul style="list-style-type: none"> ▪ Ethics in Critical Care ▪ Death and Dying ▪ Palliative Care • Pain and Sedation in Critical Care • Advanced Assessment <ul style="list-style-type: none"> ▪ Dysrhythmia Interpretation and Management ▪ Hemodynamics Monitoring ▪ Ventilatory Assistance ▪ Arterial Blood Gas Interpretation • Management of Patients with <ul style="list-style-type: none"> ▪ Acute Coronary Syndrome ▪ Acute and Chronic Heart Failure ▪ Cardiac Arrests ▪ Acute Neurological Alterations ▪ Shock and Sepsis ▪ Acute Respiratory Failure ▪ Trauma and Emergencies ▪ Acute GI Bleed and Liver Failure ▪ Diabetic Emergencies 	<p>Critical Care Areas including:</p> <ul style="list-style-type: none"> • Coronary Care Unit • Intensive Care Unit • Neurology Intensive Care Unit • Respiratory Care Unit • Emergency Department

	<ul style="list-style-type: none"> ▪ Burns 	
<p>NURS 402 Ghada Assaf</p>	<ul style="list-style-type: none"> • Theoretical Basis and Processes for Mental Health Nursing <ul style="list-style-type: none"> ▪ Psychiatric-Mental Health Nursing ▪ Cultural, Spiritual, Patient, Rights, Legal, and Ethical Nursing Framework ▪ Psychiatric-Mental Health Nursing Process ▪ Stress, Crisis, Loss, Grief, and Disaster Management ▪ Psychopharmacology • Psychopathology <ul style="list-style-type: none"> ▪ Schizophrenia Spectrum and Other Psychotic Disorders ▪ Neurocognitive Disorders ▪ Bipolar and related Disorders and Depression Disorders ▪ Anxiety, OCD, and PTSD related Disorders ▪ Dissociative and Somatic Disorders ▪ Personality Disorders ▪ Substance Use Disorders ▪ Sexual Disorders • Intervention Modes <ul style="list-style-type: none"> ▪ General System Theory, Family and Group Therapy, Milieu Therapy ▪ Other Psychotherapies: Gestalt, TA, Client-Centered, CBT 	<ul style="list-style-type: none"> • Psychaitry Units • Primary Health Care Centers

**AMENDMENT TO MEMORANDUM OF UNDERSTANDING FOR
COOPERATION AND ACADEMIC EXCHANGE
BETWEEN
AMERICAN UNIVERSITY OF BEIRUT HARIRI SCHOOL OF NURSING AND
JOHNS HOPKINS UNIVERSITY**

THIS AMENDMENT TO MEMORANDUM OF UNDERSTANDING (hereinafter the "Amendment") is made and entered into this ____ day of ____ 201__ (the "Effective Date") by and between the **AMERICAN UNIVERSITY OF BEIRUT HARIRI SCHOOL OF NURSING**, hereinafter referred to as the "AUBHSON" and **JOHNS HOPKINS UNIVERSITY**, on behalf of its School of Nursing, hereinafter referred to as "JHSON".

RECITALS

WHEREAS, the AUBHSON and JHSON entered into a MEMORANDUM OF UNDERSTANDING FOR COOPERATION AND ACADEMIC EXCHANGE dated October 31, 2012 (the "MOU" or "Agreement");

WHEREAS, AUBHSON and JHSON wish to amend the following terms of the MOU,

NOW THEREFORE, in consideration of the foregoing, AUBHSON and JHSON agree that the MOU is amended as follows:

1. Article II, Section 1.3 is deleted in its entirety and replaced with the following:

Explore options for cross-institutional enrollment of Undergraduate, Master's, and doctoral students.

2. Article II, Section 6 is deleted in its entirety and replaced with the following:

For the 2012-2013 academic year, both parties, in their capacity as home universities, shall pay the other party for programmatic and administrative fees, in the amount of One Thousand United States Dollars (U.S.D. 1,000) for each Exchange Student visiting the host university.

For subsequent academic years of the agreement, both parties, in their capacity as host universities, shall pay the other party for programmatic and administrative fees, according to the Fee Schedule attached to this amendment as Exhibit A.

The parties agree that they will each make payment in full for programmatic and administrative fees sixty (60) days prior to the arrival of Exchange Students at host universities. All payments to JHU are to be in United States Dollars, made payable to The Johns Hopkins University, in accordance with instructions provided by JHU.

Any changes to the programmatic and administrative fee shall be agreed upon by both parties, at least ninety (90) days in advance of an Exchange Student's visit to the host university.

3. Article II, Section 10. Co-ordination and Administration of the Exchange Program is deleted in its entirety and replaced with the following:

Each party shall designate a coordinator to oversee and facilitate the implementation of any agreements made pursuant to this Agreement. These coordinators are:

For the Johns Hopkins University:

Marie T. Nolan, PhD, MPH, RN, FAAN
Executive Vice Dean for Academic Affairs
525 North Wolfe Street
Baltimore MD 21205
E-mail: mnolan3@jhu.edu
Tel: 410-614-1684

With copy to:

Phyllis Sharps, PhD, RN, CNE, FAAn
Associate Dean for Community and Global Affairs and Director, Center for Global Nursing
525 North Wolfe St.
Baltimore, MD 21205
Tel: 410-614-5312

For American University of Beirut Hariri School of Nursing:

Huda Abu-Saad Huijer RN, PhD, FEANS, FAAN
Professor of Nursing Science
Director Hariri School of Nursing
American University of Beirut
P.O. Box 11-0236
Beirut, 1107-2020, Lebanon
Tel: +961-1-374374 extension 5952/3 – Fax: +961-1-744476
E-Mail: huda.huijer@aub.edu.lb

4. Section IV. TERM,, section 1 is deleted in its entirety and replaced with the following:

The Initial Term of this Agreement shall be for a period of twelve (12) months commencing on August 15, 2012. The Agreement is automatically renewable (not to exceed four (4) years) but may be terminated or extended as set forth below.

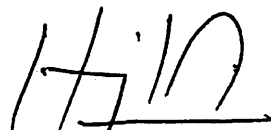
The term of this Agreement is hereby extended for a period of twelve (12) months commencing August 15, 2016. This agreement remains automatically renewable (not to exceed 4 years) from the date of the extension.

All other terms and conditions of the Agreement remain and full force and effect.

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed by their duly authorized representatives as of the Effective Date

AMERICAN UNIVERSITY BEIRUT

By:

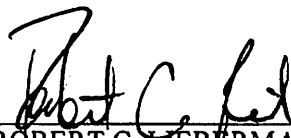


MUHAMAD HARAJLI
Interim Provost

Date: Feb. 28, 2016

THE JOHNS HOPKINS UNIVERSITY

By:



ROBERT C. LIEBERMAN, Ph.D.
Provost and Senior Vice President for
Academic Affairs

Date: 3/30/16

By:



HUDA ABU-SAAD HUIJER, RN, PhD,
FEANS, FAAN
Professor of Nursing Science
Director Hariri School of Nursing

Date: 26/2/2016

By:

PATRICIA M. DAVIDSON, Ph.D., M.Ed.,
R.N., F.A.A.N
Dean and Professor, School of Nursing

Date: P. Davidson 3/19/2016

Exhibit A:
Fee Schedule

Academic Year	Amount
2015-2016	\$1,157.63
2016-2017	\$1,215.51
2017-2018	\$1,276.28
2018-2019	\$1,340.10
2019-2020	\$1,407.10

The above model assumes a 5% inflator each subsequent year.



VILLANOVA UNIVERSITY

COLLEGE OF NURSING
DRISCOLI HALL

M. LOUISE FITZPATRICK
CONNELLY ENDOWED DEAN

January 15, 2009

Dr. Huda Abu-Saad Huijer, PhD, RN
Dean and Professor
School of Nursing
American University of Beirut
c/o New York Office
850 Third Avenue
New York, NY 10022-6297

Dear Huda:

Enclosed please find two copies of the Memorandum of Understanding between Villanova University and the School of Nursing, American University of Beirut. Please sign both copies and kindly obtain Dr. Dorman's signature as well. Please return one copy to our office for our files.

Thanks so very much.

Sincerely,

M. Louise Fitzpatrick, EdD, RN, FAAN
Connelly Endowed Dean and Professor

MLF/cr
Enclosures



VILLANOVA UNIVERSITY

COLLEGE OF NURSING
DRISCOLL HALL

M. LOUISE FITZPATRICK
CONNELLY ENDOWED DEAN

MEMORANDUM OF UNDERSTANDING

BETWEEN

VILLANOVA UNIVERSITY, VILLANOVA, PA/U.S.A.

AND

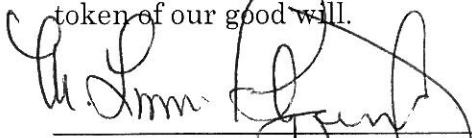
THE SCHOOL OF NURSING, AMERICAN UNIVERSITY OF BEIRUT

BEIRUT, LEBANON

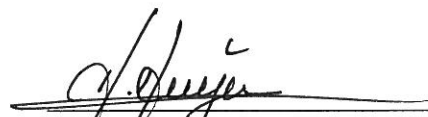
The College of Nursing, Villanova University and the School of Nursing, American University of Beirut desire to develop cooperative and collaborative work in nursing education which is mutually beneficial to each party. Such activity is viewed as a way to utilize resources that assist their faculty, students and staff in professional development and in particular to expand their concern for global health and innovation in nursing education curricula and strategies that enhance student learning.

Therefore, Villanova University and the School of Nursing, American University of Beirut agree to make reasonable efforts to explore ways in which cooperation and collaboration might be implemented through future specific affiliation agreements.

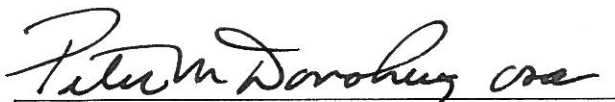
We sign this Memorandum of Understanding in recognition of our common interests and as a token of our good will.




M. Louise Fitzpatrick, Ed.D., R.N., F.A.A.N.
Connelly Endowed Dean and Professor
College of Nursing, Villanova University



Huda Abu Saad Hijer, Ph.D., R.N.
Director and Professor
School of Nursing
American University of Beirut



Rev. Peter M. Donohue, O.S.A., Ph.D.
President, Villanova University
Villanova, Pennsylvania, U.S.A.



Peter Dorman, Ph.D.
President, American University of Beirut
Beirut, Lebanon

Date: January 15, 2010

Date: February 18, 2010

**MEMORANDUM OF UNDERSTANDING
FOR ACADEMIC AND SCIENTIFIC COOPERATION
BETWEEN
THE REGENTS OF THE UNIVERSITY OF MICHIGAN
ON BEHALF OF ITS
SCHOOL OF NURSING
AND
AMERICAN UNIVERSITY OF BEIRUT
ON BEHALF OF ITS
HARIRI SCHOOL OF NURSING**

Purpose

The purpose of this Memorandum of Understanding (“MOU”) is to promote cooperation in nursing education and scientific research between the Regents of the University of Michigan, a Michigan Constitutional corporation, on behalf of its School of Nursing, located in Ann Arbor, Michigan, United States of America, and the American University of Beirut, on behalf of its Hariri School of Nursing, located in Beirut, Lebanon.

Types of Cooperation

Through this MOU, both parties affirm the value of international collaboration and agree to endeavor to promote academic and scientific activities including, but not limited to, the following:

- Joint research projects in fields of mutual interests;
- Exchange of academic publications and reports;
- Sharing of experiences in innovative teaching methods and course design;
- Organization of joint symposia, workshops, and conferences;
- Opportunities for faculty development and exchange;
- Opportunities for student exchange;
- PhD course offerings;
- PhD student mentoring within established programs of research as aligned with University of Michigan School of Nursing existing research foci; and
- Opportunities for exchange of visiting research scholars.

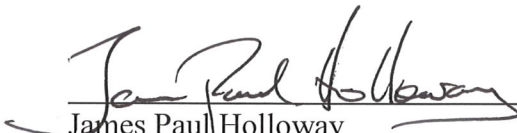
This MOU does not create any legally binding obligations between the parties, nor does it place any financial obligations or supplementary funding commitments on either party. Specific activities will be established and defined through separate written agreements that detail the terms, conditions, and commitment of resources (financial or otherwise) required of each party in connection with the specific activity.

Term

This MOU will become effective upon the date of signature by both parties and shall remain valid for a period of five (5) years from the date of the last signature, with the understanding that it may be modified only by the written mutual consent of both parties. Either party may terminate this MOU with advance written notice to the other party of at least thirty (30) days.


This MOU is hereby signed in two (2) copies with one (1) copy remaining in the possession of each party.

**THE REGENTS OF
THE UNIVERSITY OF MICHIGAN**



James Paul Holloway
Vice Provost for Global Engagement and
Interdisciplinary Academic Affairs
Arthur F. Thurnau Professor

Dated: May 9, 2019

**THE UNIVERSITY OF MICHIGAN
SCHOOL OF NURSING**

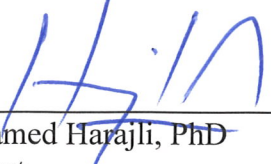

Patricia D. Hurn, PhD, RN
Dean and Professor

Dated: 5.20.2019

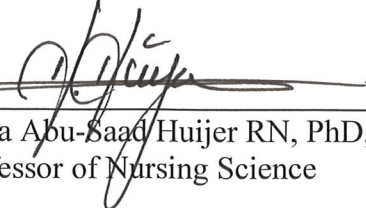

Maureen A. Coerd, DBA
Assistant Dean for Administration

Dated: 5-20-2019

THE AMERICAN UNIVERSITY OF BEIRUT


Mohamed Harajli, PhD
Provost
AlKharafi Endowed Chair in Construction Engineering

Dated: May 29, 2019


Huda Abu-Saad Huijer RN, PhD, FEANS, FAAN
Professor of Nursing Science

Dated: 27/5/2019

Founding Dean Hariri School of Nursing



UNIVERSITY of MARYLAND
SCHOOL OF NURSING



AGREEMENT OF COOPERATION

BETWEEN

THE AMERICAN UNIVERSITY OF BEIRUT RAFIC HARIRI SCHOOL OF NURSING

AND

UNIVERSITY OF MARYLAND SCHOOL OF NURSING

I

It is the purpose of this Agreement:

1. To promote interest in the teaching and research activities of our respective universities, and
2. To deepen the understanding of the economic, social and cultural issues and traditions of our respective countries.

II

To achieve these goals, the American University of Beirut Rafic Hariri School of Nursing and the University of Maryland School of Nursing agree to:

1. Promote university exchanges by inviting appropriately qualified scholars of the partner university for short-term teaching and/or research. Such scholars are not automatically considered employees of the host university.
2. Accept and enroll eligible exchange graduate students and doctoral candidates of the partner university for periods of study or research on a space-available basis, provided such students are recommended by their home university and meet the criteria for admission of the host nation and university.
3. Organize joint symposia, conferences and meetings on research issues of mutual interest.
4. Carry out joint research programs.
5. Exchange information of common interest pertaining to developments in teaching and research at each university.

III

The activities listed in paragraph II shall be financed according to the availability of funds. Both parties will seek financing of joint activities from sources available to them.

All faculty/ scholar travel, visa, living, training and tuition arrangements and/or expenses will be provided by the respective home university.

All scholars of the partner university shall be subject to applicable policies and regulations of the host university when in residence at the host university.

For student exchanges, the following will apply:

1. The home university will select students to take part in the exchange program. The host university, however, makes the final decision about acceptance.
2. Travel costs, living expenses and the costs of medical insurance will be borne by the exchange student. Both partner universities will, however, attempt to find sources of financial support to cover at least some of the student's costs.
3. The partner universities cannot guarantee the provision of suitable accommodation for the exchange students, but the host university will assist the students in their search for accommodation.
4. Exchange students will be subject to the academic requirements and rules of conduct of the host University.
5. Any academic credit earned at the host University by the participant may be transferred back to the Home University in accordance with procedures determined by the latter.

IV

Each university shall nominate two of its members as its representatives in charge of the cooperative program.

It is the task of such members to act as the principal contacts for individual and group activities, and to plan and coordinate all activities within their university as well as with the partner university.

The representatives of the two universities should communicate yearly to evaluate past activities and to work out detailed plans for future cooperative projects.

V

Two copies of the present Agreement have been drawn up in English. Both copies are equally binding, and will come into force when signed by the Director of the American University of Beirut Rafic Hariri School of Nursing and the Dean of the University of Maryland School of Nursing, or their official representatives.

This Agreement shall remain valid for three years from the date of its execution, unless terminated by either university, with six months advance written notice to the other university.

Upon the termination of this MoU, the parties hereto agree that no party shall be liable for consequential damages of any kind, whether as a result of a loss by the other party of present or prospective income or profits in connection with this MoU or on account of any other reason or cause whatsoever.

With mutual consent, this Agreement may be renewed for additional three-year periods.


**On behalf of
American University of Beirut
Rafic Hariri School of Nursing**



Huda Abu-Saad Huijer RN, PhD, FEANS, FAAN

Date: May 20, 2019

On behalf of University of Maryland School of Nursing



Yolanda Ogbolu, PhD, CRNP-Neonatal, FNAP, FAAN
UMSON Assistant Professor, Partnerships, Professional Education, and Practice
Director, Office of Global Health

Date: 5/3/19

MEMORANDUM OF UNDERSTANDING FOR
COOPERATION AND ACADEMIC EXCHANGE

BETWEEN

AMERICAN UNIVERSITY OF BEIRUT HARIRI SCHOOL OF NURSING

AND

JOHNS HOPKINS UNIVERSITY SCHOOL OF NURSING

In furtherance of the educational benefits that each institution can gain from the other, the American University of Beirut Hariri School of Nursing ("AUBHSON") and The Johns Hopkins University School of Nursing ("JHUSON") each agree to enter into this Memorandum of Understanding.

In doing so, each party acknowledges the high quality of the teaching and research conducted at the other.

ARTICLE 1: PURPOSE

AUBHSON and JHUSON desire to launch and develop a formal academic cooperation and exchange collaboration. The goal of this collaboration is to engage in faculty and student exchanges between two schools of nursing.

ARTICLE II: SCOPE OF SERVICES

Section 1. Education.

The parties agree to work together to accomplish the following education goals:

- 1.1** Exchange of at least one student from the Baccalaureate, Master's and/or Ph.D. programs for a short-term visit to AUBHSON or JHUSON for education, clinical, and/or research development.
- 1.2** Involvement of at least one JHUSON faculty member in the development and/or teaching of nursing courses at AUBHSON, with the understanding that AUB shall reimburse JHU for the faculty member's time and provide the faculty member with reimbursement for travel and housing costs, to be agreed upon in an addendum to this Agreement, based on the template incorporated and attached as **Exhibit A**.
- 1.3** Explore options for cross-institutional enrollment of Undergraduate and Master's level students.
- 1.4** Explore options for developing online educational courses.

Section 2. Exchange Student Program.

Each year, each party may admit, based on its own standards (as the host university receiving the

exchange students), qualified students from the other institution (as the home university providing the exchange students) who are recommended by their respective institution ("Exchange Students"). Exchange Students will engage in clinical observation; under no circumstances shall Exchange Students participate in clinical practice. If desired, the Exchange Students may elect to audit two (2) credits of coursework at the host university, as outlined below in 3.3.1. Both AUBHSON and JHUSON strive for a balanced exchange of students over time and monitor this exchange ratio to ensure the long-term sustainability of the program. The home university will nominate students under the terms of this Agreement by applying the following general criteria:

- 2.1 The Exchange Student must be in good standing in their academic program at their home university (AUBHSON or JHUSON).
- 2.2 The Exchange Student must have been admitted through the normal procedures of the home university.
- 2.3 The Exchange Student must have demonstrated overall academic excellence.
- 2.4 Only the students who meet the admission standards of the host university are eligible for the exchange consideration.
- 2.5 The host university reserves the right to reject any candidate.
- 2.6 The Exchange Students must comply with the host university's and host country's visa requirements, and it is the responsibility of the Exchange Student to obtain any required visas.
- 2.7 The Exchange Student must abide by the rules and regulations governing the students at the host university both as to academic and disciplinary matters.

Section 3. Exchange Student Tuition and Fees.

Each Exchange Student participating in the Exchange Student Program described in Section 2 will pay tuition and fees based on the following criteria:

- 3.1 If an Exchange Student opts to audit courses at the host university, he/she will be responsible for audit costs. In addition, Exchange Students shall be responsible for the cost of course textbooks, field trips (if any), and other optional course charges.
- 3.2 The home university may provide stipend and living expenses for its own Exchange Students while they are in residence at the host university according to its normal policies.
- 3.3 Each Exchange Student will be responsible for all costs associated with his/her books, travel, transportation, accommodation, and living expenses while at the host institution. The parties may provide support for travel and other costs at their own discretion.
- 3.4 Exchange Students will be required to participate in a valid health insurance program (as determined by the host university) when resident at the host university. While the host university may offer an insurance plan, the responsibility for payment rests with the student. Notwithstanding the foregoing, all Exchange Students are responsible for ensuring that they have international health, travel, and personal-property insurance coverage that is adequate for their own needs.

Section 4. Responsibilities of the Home University.

The home university is responsible for:

- 4.1 Maintaining its own Exchange Students' registration at the home university while they are residing at the host university during the program.
- 4.2 Forwarding the applications of selected participants to the host university for its consideration of admission to the exchange program.
- 4.3 Providing pre-departure briefings to its students.

Section 5. Responsibilities of the Host University.

The host university is responsible for:

- 5.1 Providing orientation for the incoming students. Exchange Students shall be entitled to take part in any introductory or orientation courses or programs that may customarily be arranged for international students at the host university.
- 5.2 Making reasonable efforts to arrange for mentors and preceptors to provide academic advisory services for Exchange Students, although such arrangements are not guaranteed.
- 5.3 Providing Exchange Students with access to campus facilities on the same conditions as for full-time students at the host university.
- 5.4 Making reasonable efforts to assist students in finding suitable accommodation.
- 5.5 Informing the incoming student of health insurance requirements and availability.
- 5.6 Amended procedures and/or regulations regarding requirements for the students at the host university, as agreed to by the home university. Such modifications will be communicated to the home university upon adoption by the host university.

Section 6. Fees.

For the 2012 – 2013 academic year, both parties, in their capacity as home universities, shall pay the other party for programmatic and administrative fees, in the amount of One Thousand United States Dollars (U.S.D. 1,000.00) for each Exchange Student visiting the host university.

The parties agree that they will each make payment in full for programmatic and administrative fees sixty (60) days prior to the arrival of Exchange Students at host universities. All payments to JHU are to be in United States Dollars, made payable to The Johns Hopkins University, in accordance with instructions provided by JHU.

Any changes to the programmatic and administrative fee shall be agreed upon by both parties, at least ninety (90) days in advance of an Exchange Student's visit to the host university.

Section 7. Content of Program.

Prior to the placement of students at either school facility for research development and educational purposes, each party shall provide the other with information regarding the content of the learning experiences to be provided. Matters to be addressed shall include, but are not limited to, the nature and methods of the learning experience, and such other matters as may be deemed appropriate by both parties.

Section 8. Planning, Supervision, and Evaluation of Students' Research Development and Educational Experience.

The faculties of the parties shall have responsibility for the appropriate planning, supervision, training and direction of each student and his/her research development and/or educational experience, in accordance with the provisions of this Section 9.

8.1 While at JHUSON, each AUBHSON student shall be under the direct supervision and subject to the direction and control of JHUSON; while at AUBHSON, each JHUSON student shall be under the direct supervision and subject to the direction and control of AUBHSON.

8.2 The parties shall provide each other with a copy of the evaluation of the students' performance.

8.3 Both parties will ensure that all licensure and certifications for all faculty and staff members participating under this Agreement are current.

Section 9. Termination of Student Participation.

Either party, in its capacity as the home university may, at its own discretion and at any time, withdraw its Exchange Student(s) from the exchange program at the host university. The home university will notify the host university prior to withdrawing an Exchange Student(s) from the exchange program. In addition, the host university may, at its discretion, remove Exchange Student(s) from the exchange program, but will advise the home university about the reason for such action prior to taking the action, if reasonably possible.

Section 10. Co-ordination and Administration of the Exchange Program

Each party shall designate a coordinator to oversee and facilitate the implementation of any agreements made pursuant to this Agreement. These coordinators are:

For the Johns Hopkins University:

Pamela R. Jeffries, PhD, RN, ANEF, FAAN
Associate Dean for Academic Affairs
525 North Wolfe Street
Baltimore, MD 21205
E-mail: pjeffri2@jhu.edu
Tel: 410-614-4081

With a copy to:

Phyllis Sharps, PhD, RN, CNE, FAAN
Associate Dean for Community and Global Affairs and Director, Center
for Global Nursing
525 North Wolfe Street

Baltimore, MD 21205
E-mail: psharps1@jhu.edu
Tel: 410-614-5312

For American University of Beirut Hariri School of Nursing:

Huda Abu-Saad Huijer RN, PhD, FEANS, FAAN
Professor of Nursing Science
Director Hariri School of Nursing
American University of Beirut
P.O. Box 11-0236
Beirut, 1107-2020, Lebanon
Tel: +961-1-374374 extension 5952/3 - Fax : +961-1-744476
E-Mail: huda.huijer@aub.edu.lb

ARTICLE III: GENERAL AND MALPRACTICE LIABILITY PROTECTION RESPONSIBILITIES

Section 1. Liability Insurance.

The parties shall make sure each Exchange Student engaging in clinical practice pursuant to this Agreement and any clinical supervisor providing training and/or engaging in clinical practice pursuant to this Agreement has professional liability coverage for the following minimum amount: \$1,000,000 USD per occurrence per year and \$3,000,000 USD aggregate for each year. The parties, or their students and employees, shall carry and maintain such insurance throughout the term of the Agreement and for such additional period or periods of time after the expiration or termination of this agreement as is necessary to ensure that each of said individuals, and parties are insured against any claims asserted against them after the expiration or termination of this Agreement which arose out of events or actions which occurred during the term of this Agreement. The parties shall, within sixty (60) days following execution of this Agreement, furnish upon request to each other a Certificate of Insurance showing the required coverage to be in effect, a copy of the Professional Liability Policy, together with all endorsements, and a Declaration sheet from the insurer of each, which contains the following information:

- a) the name and address of the insurer;
- b) identification of each insured;
- c) the policy number;
- d) the effective dates of coverage, and
- e) the limits of coverage per occurrence and in the aggregate.

AUB will indemnify and hold harmless JHU, its officers, employees and agents from and against any and all claims, damages, judgments, actions, and causes of action, including but not limited to the cost, expenses and legal fees incurred in defending any and all such claims, actions and lawsuits arising by reason of the negligent act or omissions of the school students in the course of their educational experience at the JHU under this Agreement.

JHU will indemnify and hold harmless AUB, its officers, employees and agents from and against any and all claims, damages, judgments, actions, and causes of action, including but not limited to the cost, expenses and legal fees incurred in defending any and all such claims, actions and lawsuits arising by reason of the negligent act or omissions of the school students in the course of their

educational experience at the AUB under this Agreement.

JHU agrees to give AUB written notice of all such claims, damages, judgments, actions, costs, expenses and legal fees within thirty (30) days after JHU has notice thereof. AUB agrees to give the JHU written notice of all claims, damages, actions, costs expenses and legal fees associated with the educational experience under this Agreement within thirty (30) days after AUB has notice thereof.

Any illness or injury to a party's faculty members arising out of the Agreement will be the responsibility of that party, to the extent Worker's Compensation law covers such illness or injury. Any illness or injury to faculty members not covered by the Worker's Compensation law, or any injury to a student requiring medical attention is the responsibility of the respective faculty member or the student. Neither party's faculty nor its students shall be considered employees of the other.

ARTICLE IV: TERM

Section 1. Term.

The Initial Term of this Agreement shall be for a period of twelve (12) months commencing on August 15, 2012. The Agreement is automatically renewable (not to exceed four (4) years) but may be terminated as set forth below.

Section 2. Termination.

This Agreement may be terminated upon the occurrence of any of the following events:

- 2.1 By mutual written agreement of both parties;
- 2.2 By either party upon the giving of no less than ninety (90) days prior written notice to the other party;
- 2.3 By either party upon the other party's breach of any of the terms and conditions of this Agreement, and the breaching party's failure to respond to such default within thirty (30) business days from the time that notice of the default is given to the other party.

ARTICLE V: MISCELLANEOUS

Section 1. Fundamental Values.

In signing this Memorandum of Understanding, the parties jointly affirm that the essential values of intellectual integrity, freedom of inquiry and exchange of ideas and equal dignity of all persons must govern this partnership and the administration of the exchange. In particular, the parties agree that no person is excluded from participation under the terms of this Agreement on the grounds of race, color, national origin, sex, or creed.

Section 2. Amendments.

This Agreement may not be amended except upon mutual written agreement signed by both parties hereto.

Section 3. Compliance and Federal Program Eligibility.

The parties shall comply with all applicable statutes, ordinances, rules, orders, regulations, and requirements of the federal, state and local governments and of any and all of their department and bureaus applicable to this Agreement. The parties also shall comply with all standards and amendments thereto, of all entities, which govern, regulate and/or accredit the parties, including, but limited to, federal, state and local governmental agencies.

Each party warrants that it is not debarred, suspended or otherwise ineligible to participate in any federal program appropriate to their line or lines of business. Each party agrees to immediately notify the other party of any material corrective action ordered or accepted by a federal office or program. In the event either party determines that the other party is, or becomes during the term of this Agreement, debarred, suspended or otherwise ineligible to participate in any federal program appropriate to their line or lines of business, the non-offending party may immediately terminate this Agreement.

Section 4. Confidentiality/Privacy.

Each party shall hold in strict confidence all patient and business records and information obtained from the other party in connection with this Agreement. Each party shall disclose such records and information only to persons or entities authorized by law or by the written consent of the other party and, if applicable, written consent of the patient or the patient's legal representative.

Section 5. Criminal Background Check.

The parties agree that any Exchange Student must be willing to submit to a criminal background check by either their home university or their host university.

Section 6. Governing Law and Dispute Resolution.

This Agreement shall be construed and governed in accordance with the laws of Beirut, Lebanon in matters where the issue or disagreement involves a student visiting AUB or the matter in dispute takes place in Lebanon and in accordance with the laws of the State of Maryland in matters where the issue or disagreement involves a student visiting JHU or the matter in dispute takes place in Maryland. Any disputes shall be attempted to be resolved informally through officials at each university. If the dispute does not get resolved informally, the parties agree to appoint a mutually acceptable third person independent of the two universities to resolve the dispute.

Section 7. Assignment.

Neither party shall be permitted to assign their obligations and responsibilities hereunder without the prior written approval of the non-assigning party. Such approval shall not be unreasonably withheld. In the event of assignment, the parties agree that the terms and conditions of this Agreement shall be incorporated into any agreement, contract, or memorandum of understanding between the assignor and assignee; however, the assignor shall remain liable for all its obligations, responsibilities, acts or omissions hereunder, and those of any assignee.

Section 8. Language Versions.

The present agreement is approved and signed in two copies, both in English, the two copies being identical in content and having the same legal standing.

IN WITNESS WHEREOF, JHU and AUB hereunto affix their signatures:

AMERICAN UNIVERSITY OF BEIRUT SCHOOL OF NURSING



Ahmad Dallal, PhD
Provost Date Oct 9 2012



Huda Abu-Saad Huijer RN, PhD, FEANS, FAAN
Professor of Nursing Science
Director Mariri School of Nursing Date 10/10/2012

THE JOHNS HOPKINS UNIVERSITY

Date _____
Jonathan A. Bagger, Ph.D.
Interim Provost and Senior Vice President for Academic Affairs

Date _____
Martha N. Hill, Ph.D., R.N., F.A.A.N.
Dean and Professor, School of Nursing

**EXHIBIT A
ADDENDUM TEMPLATE**

ADDENDUM #__
TO THE
MEMORANDUM OF UNDERSTANDING FOR
EDUCATION AND ACADEMIC EXCHANGE
BETWEEN
AMERICAN UNIVERSITY OF BEIRUT
AND
THE JOHNS HOPKINS UNIVERSITY

This Addendum #__ is made to the Memorandum of Understanding for Education and Academic Exchange between the American University of Beirut and The Johns Hopkins University, in order to facilitate a JHUSON faculty member's visit to AUB to develop and/or teach nursing courses at AUBHSON.

Details of the visit are as follows:

Name of Faculty Member: _____

Dates of Visit: _____

Location and Phone Number of Housing for the Faculty Member:

AUB will make the following payments to the JHUSON faculty member:

Reimbursement for Total Travel Costs:

Reimbursement for Housing
Per Diem Rate for Housing: _____

Number of Days to be reimbursed: _____

AUB agrees that it will reimburse the JHUSON faculty member in full within thirty (30) days of the faculty member's departure from AUB. All payments to the JHUSON faculty member are to be in United States Dollars, made payable to the faculty member, in accordance with the faculty member's instructions.

AUB will reimburse JHUSON for the following:

Cost of JHUSON Faculty Member's Time, at a rate of U.S.D. _____ per day, for a total amount of U.S.D. _____ for the visit.

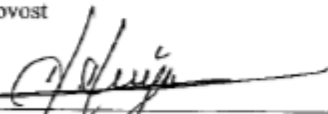
AUB agrees that it will pay JHU in full within thirty (30) days of the parties' execution of this Addendum. All payments to JHU are to be in United States Dollars, made payable to The Johns Hopkins University, in accordance with instructions provided by JHU.

IN WITNESS WHEREOF, JHU and AUB hereunto affix their signatures:

AMERICAN UNIVERSITY OF BEIRUT HARIRI SCHOOL OF NURSING

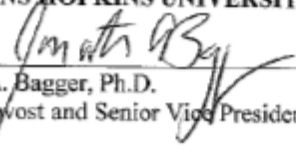


Ahmad Dallat, PhD
Provost Date Oct. 9, 2012

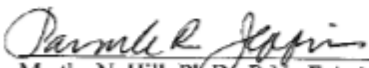


Huda Abu-Saad/Huijjer RN, PhD, FEANS, FAAN
Professor of Nursing Science
Director Hariri School of Nursing Date 10/10/2012

THE JOHNS HOPKINS UNIVERSITY



Jonathan A. Bagger, Ph.D.
Interim Provost and Senior Vice President for Academic Affairs Date OCT 31, 2012

for 

Martha N. Hill, Ph.D., R.N., F.A.A.N.
Dean and Professor, School of Nursing Date 10/25/12

**MEMORANDUM OF UNDERSTANDING
FOR ACADEMIC AND SCIENTIFIC COOPERATION
BETWEEN
THE REGENTS OF THE UNIVERSITY OF MICHIGAN
ON BEHALF OF ITS
SCHOOL OF NURSING
AND
AMERICAN UNIVERSITY OF BEIRUT
ON BEHALF OF ITS
HARIRI SCHOOL OF NURSING**

Purpose

The purpose of this Memorandum of Understanding is to promote cooperation in Nursing education and scientific research between the Regents of the University of Michigan, a Michigan Constitutional corporation, on behalf of its School of Nursing, located in Ann Arbor, Michigan, United States of America, and the American University of Beirut, on behalf of its Hariri School of Nursing, located in Beirut, Lebanon.

Types of Cooperation

Through this Memorandum of Understanding, both parties affirm the value of international collaboration and agree to endeavor to promote the following activities:

- Joint research projects in fields of mutual interests;
- Exchange of academic publications and reports;
- Sharing of experiences in innovative teaching methods and course design;
- Organization of joint symposia, workshops, and conferences;
- Opportunities for faculty development and exchange;
- Opportunities for student exchange;
- PhD course offerings;
- PhD student mentoring within established programs of research as aligned with University of Michigan School of Nursing existing research foci; and
- Opportunities for exchange of visiting research scholars.

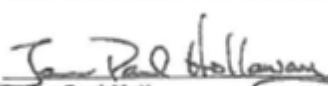
This Memorandum of Understanding places no financial obligations or supplementary funding commitments on either party. Specific activities will be established and defined through separate written agreements that detail the terms, conditions, and commitment of resources (financial or otherwise) required of each party in connection with the specific activity.

Terms of this Memorandum of Understanding

This Memorandum of Understanding will become effective upon the date of signature by both parties and shall remain valid for a period of five (5) years from the date of the last signature, with the understanding that it may be modified only by the written mutual consent of both parties. Either party may terminate this Memorandum of Understanding with advance written notice to the other of at least thirty (30) days.

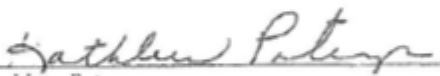
This Memorandum of Understanding is hereby signed in two (2) copies with one (1) copy remaining in the possession of each party.

**FOR THE REGENTS OF
THE UNIVERSITY OF MICHIGAN**


James Paul Holloway
Arthur F. Thurnau Professor
Vice Provost for Global and Engaged Education

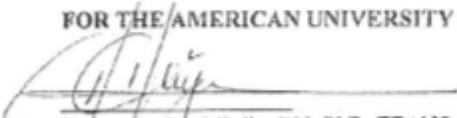
Dated: Aug 10, 2014

**FOR THE UNIVERSITY OF MICHIGAN
SCHOOL OF NURSING**

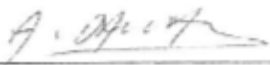

Kathleen Potempa
Dean and Professor

Dated: 8/1/14

FOR THE AMERICAN UNIVERSITY OF BEIRUT


Huda Abu-Saad Huijer RN, PhD, FEANS, FAAN
Professor of Nursing Science
Director Heriri School of Nursing

Dated: 14/8/2014


Ahmad Dallal
Provost

Dated: 14-8-2014

Appendix II-f-1

HARIRI SCHOOL OF NURSING

ORIENTATION HANDBOOK

FOR

CLINICAL PRECEPTORS

Bachelor of Science in Nursing

Initially devised in July, 2004

Revised July 2010, 2016

Revision due July 2022

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SCHOOL OF NURSING, MISSION AND VISION

Mission

The mission of the School of Nursing is to promote and maintain the highest educational standards of excellence, integrity, and professionalism in nursing, following the American model of nursing education and practice. The school aims to provide learning opportunities that will enable students to develop into competent nurses who, guided by ethical principles, respect cultural diversity while coordinating and delivering high-quality, compassionate nursing care in Lebanon and the region. The faculty believes education is an interactive process between faculty and students with both taking responsibility for active learning. The baccalaureate program, drawn primarily from the humanities, sciences, and caring disciplines, focuses on the use of nursing theory and research as a basis for practice. The master's program focuses on preparing nurses for advanced nursing practice roles, and is based on the use and generation of research-based knowledge to guide practice. Nursing students at AUB learn to think critically, develop professional attitudes and leadership skills, and appreciate the value of life-long learning and freedom of speech. (AUB Catalogue, Office of the University Publication, 2016-2017).

Vision

The Rafic Hariri School of Nursing aspires to become the leading school of nursing in Lebanon and the region, nationally and internationally recognized for excellence in education, research, and service. The school is committed to offering cutting-edge culturally-relevant and internationally recognized graduate and undergraduate education, fostering life-long learning and scholarship, developing leaders in nursing and health care, and attracting a competent and culturally diverse student body. (AUB Catalogue, Office of the University Publication, 2016-2017).

CLINICAL PRECEPTORS: ELIGIBILITY CRITERIA

American University of Beirut (AUB) Hariri School of Nursing (HSON) defines a clinical preceptor as a person who provides direct supervision and instruction to students in the clinical aspect of training education.

The eligibility criteria for selecting potential preceptors at HSON are listed below:

1. MSN graduate or enrolled/Graduate student (AUB HSON graduates are always a priority).
2. BSN nurses with more than 3 years clinical experience within a specialty and excellent clinical performance is exceptionally done if the initial criterion is not met.
3. Adequate clinical nursing experience and excellent clinical performance
4. Approval of Course Coordinator, Undergraduate Convener, and Dean of HSON.
5. Approval of the AUB Medical Center nursing services department.
6. Attendance of HSON Orientation to Clinical Preceptorship Course Offering

SELECTION PROCEDURE

The procedure at HSON is common to all clinical courses.

1. Course coordinators identify the needed number of preceptors in their course/section and highlight any course specific eligibility criteria.
2. Previous course preceptors are contacted first. New preceptors are evaluated by HSON faculty for meeting course specific eligibility criteria. In case the faculty is not able to find the needed preceptors, AUB Medical Center's Nursing Department is consulted.
3. Course coordinators share a list of potential candidates with the Undergraduate Program Convener. A final list is cleared by HSON's Deans Office. This is done at least 4 weeks before semester starts.
4. HSON Administration through the AUBMC & HSON joint committee shares with the AUB Medical Center's Nursing Department the approved list at least two weeks before clinical rotations commence.
5. Interviews with the candidates are done to ensure the qualification of these nurses in meeting the preceptorship role.
6. Once selected, the preceptors sign a contract with the HSON administration.
7. And finally, the preceptors attend the Preceptor Education Program that is provided by HSON faculty members with expertise in nursing education

STUDENTS TO CLINICAL PRECEPTORS RATIOS

1. BSNII Clinical Rotations: 1 preceptor to 6 students.
2. Nursing Care of Adults and Older Adults I Clinical Rotations: 1 preceptor to 5 students.
3. Nursing Care of Adults and Older Adults II Clinical Rotations: 1 preceptor to 5 to 8 students.
4. Nursing Care of the Expectant Family: 1 preceptor to 5 students.
5. Nursing Care of the Children: 1 preceptor to 5 students.
6. Practicum I: 1 preceptor to 10 to 12 students.
7. Critical Care Nursing: 1 preceptor to 5 students.
8. Community Health Nursing: 1 preceptor to 8 students.
9. Mental Health and Psychiatric Nursing: 1 preceptor to 8 students.
10. Leadership and Management in Nursing: 1 preceptor to 10-12 students.
11. Practicum II: 1 preceptor to 12 to 15 students.

CLINICAL TEACHING RESPONSIBILITIES

Students learn about practice in a complex, ever-changing clinical environment, dominated by standards and accountability principles. Ensuring a smooth educational process in the complex clinical environment necessitates a definition of responsibilities for all those contributing to the success of the process. The HSON has outlined responsibilities for students, course coordinators, and preceptors as the means to anchor clinical teaching.

Students' responsibilities

Clinical education is a challenging experience for most students because it allows them to participate in the plan of care, seek solutions to real problems, and learn by doing while caring for patients. In order to achieve success, students need to:

1. Keep open communication with the preceptor and faculty
2. Be accountable for own learning activities

3. Be prepared for the clinical day
4. Be responsible for own nursing actions while in the clinical setting
5. Seek preceptor's supervision when performing procedures
6. Maintain patient confidentiality throughout the clinical experience
7. Demonstrate professionalism in practice
8. Collaborate with the health care team on matters related to patient care
9. Use every opportunity to relate classroom knowledge with patient's plan of care
10. Seek every opportunity to advance one's knowledge, skills, and attitude
11. Adhere to safety practices and precautionary measures in line with hospital or unit policies
12. Evaluate objectively the clinical preceptors' performance through the Instructor Course Evaluation (ICE) anonymous survey that is launched periodically by AUB at the end of each semester.

Course coordinators' responsibilities

1. Identify the needed number of preceptors in the course/section and highlight any course specific eligibility criteria.
2. Contact previous course preceptors and seek approval to participate in the clinical teaching of students. In case of preceptor shortage, the coordinator consults with the AUBMC Nursing Department. New preceptors must meet specific eligibility criteria and demonstrate readiness.
3. Share a list of potential candidates with the Undergraduate Program Convener to be approved by the Dean at least 4 weeks prior to the start of the semester.
4. Share the course's preceptor list with AUBMC & HSON joint committee at least two weeks before clinical rotations commence.
5. Ensure that selected preceptors have attended the preceptor education workshop in preparation for the semester.
6. Orient preceptors to course outcomes, content, clinical sites and rotation, and the used assessment strategies.
7. Introduce the various clinical forms used in the course and the means to complete them with consideration given to the submission timeframe.
8. Invite preceptors to clinical evaluation meetings, mid semester and end of semester meetings, to deliberate on student achievement and improvement measures.
9. Conduct clinical visits to check on the educational process.
10. Attend to students with clinical issues and set a plan of action as needed.
11. Review their clinical preceptors' ICEs to identify strengths and areas for improvement.

Clinical preceptors' responsibilities

1. Facilitate a formal, collaborative, and mutually respectful environment in which student learning happens.
2. Orient students to the clinical site and ensure strict adherence to standards of care.
3. Review course learning outcomes and clinical objectives to determine the type of learning opportunities that will enhance the student's learning.
4. Direct students to available resources at HSON and AUBMC.
5. Listen and provide constructive feedback on student's presentation of each assigned patient.
6. Facilitate student's progressive independence in clinical knowledge and skills.
7. Verify the student's clinical hours.
8. Provide weekly/daily student constructive feedback and ensure written, detailed rotation specific feedback is given.

9. Provide the course coordinator with feedback concerning clinical experience of student and communicate issues of concern or unsafe practice regarding the student to the clinical course coordinator (please refer to policy of unsafe practice of students in clinical areas).
10. Evaluate the students clinically at the end of the semester and fill the summative clinical evaluation with the clinical course coordinator.
11. Inform the course coordinator ahead of time in case of absence.
12. Review its own ICE results to improve teaching performance based on students' feedback.

THE PRECEPTOR EDUCATION PROGRAM

Workshop Aims

The adequate preparation of preceptors helps to garner success of the educational process and achievement of program learning outcomes. The workshop aims at preparing preceptors who have genuine interest in teaching.

Workshop topics

This workshop sheds light on new perspectives in nursing education such as simulation, with the following themes forming the basis of the workshop:

- Principles and implications of preceptorship
- Learning theories and relevant teaching strategies
- Assessing learning needs, readiness, and styles
- Constructive feedback
- Skills for writing anecdotes
- Simulation implementation at HSON

Workshop Outcomes

At the conclusion of the Preceptor Education Workshop, the preceptor candidates will be able to demonstrate competency and ability to serve as a nurse preceptor. The expected outcomes revolve around enabling participants to:

1. Demonstrate the duties and responsibilities of the preceptor and its relationship to other support roles.
2. Build and maintain a working relationship with the preceptee, create a learning environment, and enhance the socialization process.
3. Incorporate learning theories in the education process, assess learning styles and learning needs, and assist learners in maximizing their potentials to achieve learning objectives.
4. Set realistic goals, assess progress, and give constructive feedback.
5. Plan effective teaching strategies by incorporating simulation into the teaching learning process.

Preceptor Workshop

Timetable

Time	Topic	Presenter
8:00-8:30	✚ Registration	✚ Dr. Lina Kantar
8:30-9:00	✚ Introductory concepts on precepting students	✚ Mrs. May Khoury
9:00-9:30	✚ Learning theories	✚ Dr. Lina Kantar
9:30-10:00	• Learning theories applied	✚ Dr. Lina Kantar
9:45-10:15	Coffee Break	
10:15-10:45	✚ Fostering student learning	✚ Dr. Lina Kantar
10:45-11:15	✚ Providing constructive feedback	✚ Dr. Nuhad Dumit
11:15-11:45	✚ Skills of writing anecdotes	✚ Dr. Angela Massouh
11:45-12:15	✚ Simulation at HSON	✚ Ms. Randa Farha
12:15-12:30	✚ Logistics & administrative Processes	✚ Mrs. Patricia Assaf

CONCLUSION

The role of preceptors is highly essential in nursing student clinical education and training. Collaboration between individuals that are involved in the “front line” of patient care and the front line of nursing education can have some advantageous benefits that transcend the education of students. However, in order to achieve harmony between faculty and preceptors’ teaching it is vital to orient preceptors and support them all through their clinical journey with students in order to assure consistent high quality clinical experience across the years.

Appendix III-A-1. BSN Program Curriculum

Freshman Year					
Fall Semester	Cr.	Spring Semester	Cr.		
MATH 101: Calculus and Analytic Geometry I	3	MATH 102: Calculus and Analytic Geometry II	3		
BIOL 101: Basic Concepts in Biology	3	CHEM 101: General Chemistry	4		
ENGL 102: Enrichment Course in English	3	ARAB 101 or ARAB 102: Readings in Arabic Heritage I and II	3		
Natural Sciences	3	Social Sciences	3		
Elective	3	Humanities	3		
Total Credits	15	Total Credits	16		
Sophomore Year					
Fall Semester	Cr.	Spring Semester	Cr.	Summer Semester	Cr.
BIOC 246: Biochemistry for Nurses ^{GE}	4	NURS 201: Introduction to Nursing Practice	2	Elective humanities ^{GE}	3
ENGL 203: Academic English ^{GE}	3	NURS 202: Health Assessment	2	ENGL 204: Advanced Academic English	3
HUMR 244: Introduction to Human Biology	2	NURS 203: Biostatistics for Nurses ^{GE}	3	Elective humanities ^{GE}	3
NURS 200: Introduction to Nursing	2	HUMR 248: Human Anatomy/Physiology	5		
PSYC 201: Introduction to Psychological Sciences ^{GE}	3	MBIM 237: Microbiology and Immunology for Nursing	3		
Total Credits	15	Total Credits	15	Total Credits	9
Junior Year					
Fall Semester	Cr.	Spring Semester	Cr.	Summer Semester	Cr.
NURS 210A: Pathophysiology	1	NURS 210B: Pathophysiology	1	Arabic 201 ^{GE}	3
NURS 300: Nursing Care of Adults and Older Adults I Theory and Practicum	5	NURS 302: Nursing Care of Adults and Older Adults II Theory and Practicum	5	SOAN 201: Introduction to the Study of Society ^{GE}	3
NURS 304: Nursing Care of the Expectant Family Theory and Practicum	5	NURS 306: Nursing Care of Children Theory and Practicum	5	NURS 307: Practicum I	0
PHRM 240: Pharmacology & Therapeutics	3	Elective humanities ^{GE}	3		
PSYC 210: Lifespan Developmental Psychology	3				
Total Credits	17	Total Credits	14	Total Credits	6

Appendix III-A-1. BSN Program Curriculum

Senior Year			
Fall Semester	Cr.	Spring Semester	Cr.
NURS 400: Critical Care Nursing Theory and Practicum	4	NURS 408: Community Health Nursing Theory and Practicum	5
NURS 402: Psychiatric Nursing Theory and Practicum	5	NURS 410 Leadership and Management Theory and Practicum	5
NURS 406: Nursing Research	3	Elective humanities ^{GE}	3
NURS 404: Nursing Informatics	2	NURS 411 Intensive Practicum II	0
		IPEC 300 Interprofessional Education and Collaboration	1
Total Credits	14	Total Credits	14

Total Number of Credits: 103

Appendix III-A-2. Congruency between Mission and Undergraduate Program Learning Outcomes and Course Learning Outcomes

HSON Mission	Program Learning Outcomes	Example Course Learning Outcomes
<p>The baccalaureate program, drawn primarily from the humanities, sciences, and caring disciplines, focuses on the use of nursing theory and research as a basis for practice.</p>	<p>Integrate knowledge from the arts, humanities, fundamental and basic medical sciences, and nursing theory in professional practice.</p>	<ul style="list-style-type: none"> • NURS 210A/210B Pathophysiology: CLO1. Discuss the physiological alterations in system functioning that affect the individual along the health-illness continuum. • NURS 210A/210B Pathophysiology: CLO2. Relate knowledge acquired from human anatomy and physiology and other related sciences to alterations in human functioning. • NURS 300 Nursing Care of Adults and Older Adults I: CLO2. Relate the physiological and socio-cultural theories to the nursing process related to health conditions of the adult and older adult patients. • NURS 304 Nursing Care of the Expectant Family: CLO3. Relate knowledge of reproductive health including reproductive life planning and sexuality to the childbearing cycle, in planning quality maternal and child health care utilizing the nursing process. • NURS 306 Nursing Care of the of Children: CLO6. Utilize knowledge derived from the bio/psycho/social sciences, humanities and nursing in the provision of best practice outcomes for the child experiencing physiological\psycho\social\health maintenance\health promotion\ safe effective care environment and cultural spiritual needs. • NURS 400 Introduction to Critical Care: CLO5. Utilize knowledge from the humanities and sciences, nursing theory and research findings in planning the care of critically ill adults. • NURS 410 Leadership and Management in Nursing: CLO1. Integrate knowledge from various disciplines such as behavioral

Appendix III-A-2. Congruency between Mission and Undergraduate Program Learning Outcomes and Course Learning Outcomes

		sciences, basic sciences, and nursing, in planning client care management.
Provide learning opportunities that will enable students to develop into competent nurses delivering high-quality nursing care.	Demonstrate competency in clinical skills and critical thinking.	<ul style="list-style-type: none"> • NURS 300 Nursing Care of Adults and Older Adults I: CLO 12. Demonstrate sound decision-making when providing basic nursing care to the adult and older adult patients and their families. • NURS 302 Nursing Care of Adults and Older Adults II: CLO6. Demonstrate sound clinical judgement and competence when providing comprehensive nursing care to adult and older adult clients.
Provide learning opportunities that will enable students to develop into competent nurses delivering high-quality nursing care.	Utilize current research knowledge related to health promotion and maintenance, illness prevention and restoration of health of individuals, families, and groups with diverse cultural backgrounds.	<ul style="list-style-type: none"> • NURS 302 Nursing Care of Adults and Older Adults II: CLO5. Utilize nursing research findings to plan care of adult and older adult clients. • NURS 304 Nursing Care of the Expectant Family: CLO14. Use recent research findings and evidence-based protocols designed to meet the health promotion, health maintenance, and the bio/ psycho/ social/ cultural/ spiritual needs of the childbearing women and their families. • NURS 306 Nursing Care of the of Children: CLO7. Use recent research findings and health protocols designed to meet the health promotion, health maintenance, and the bio/ psycho/ social/ cultural/ spiritual needs of the pediatric patient and their families.
To think critically, develop professional attitudes and leadership skills, and appreciate the value of life-long learning and freedom of speech.	Demonstrate leadership skills in the care management of clients in different health settings based on current health care policy.	<ul style="list-style-type: none"> • NURS 400 Introduction to Critical Care: CLO9. Demonstrate safe nursing care and evidence-based interventions relevant to critically ill adults and their families. • NURS 410 Leadership and Management in Nursing: CLO2. Examine evidence-based leadership skills and management

Appendix III-A-2. Congruency between Mission and Undergraduate Program Learning Outcomes and Course Learning Outcomes

		functions in planning, organizing, implementing, and controlling client care
Promote and maintain the highest educational standards of excellence, integrity, and professionalism in nursing	Demonstrate responsibility, accountability, and continued professional development.	<ul style="list-style-type: none"> • NURS 300 Nursing Care of Adults and Older Adults I: CLO5. Assume responsibility for achieving course outcomes through self-evaluation and self-directed learning. • NURS 302 Nursing Care of Adults and Older Adults II: CLO 12. Incorporate professional conduct and accountability in nursing practice. • NURS 400 Introduction to Critical Care: CLO4. Demonstrate initiative and self-direction in acquiring knowledge and seeking learning opportunities.
Provide learning opportunities that will enable students to develop into competent nurses coordinating and delivering high-quality, compassionate nursing care in Lebanon and beyond.	Participate in professional and community organizations for the promotion of the nursing profession in Lebanon and the region.	<ul style="list-style-type: none"> • NURS 400 Introduction to Critical Care: CLO11. Demonstrate professional behavior in relation to clients and members of the health team in terms of applying the ethical principles pertaining to the nursing profession. • NURS 410 Leadership and Management in Nursing: CLO4. Evaluate quality of care in selected clinical situations taking into consideration the impact of current, historical, political, economic, ethical, legal, and professional forces on health care. • NURS 408 Community/Public Health Nursing: CLO1. Apply community health nursing role in community-based settings. • NURS 408 Community/Public Health Nursing: CLO2. Demonstrate an understanding of the determinants of health. • NURS 408 Community/Public Health Nursing: CLO3. Implement comprehensive care through adopting nursing strategies for primary and secondary prevention of illnesses in individuals, families and communities.

Appendix III-A-2. Congruency between Mission and Undergraduate Program Learning Outcomes and Course Learning Outcomes

<p>To think critically, develop professional attitudes and leadership skills, and appreciate the value of life-long learning and freedom of speech.</p>	<p>Demonstrate effective use of personal, interpersonal and group communication skills in practice.</p>	<ul style="list-style-type: none"> • NURS 201 Introduction to Nursing Practice: CLO8. Utilize effective methods of communication when interacting with clients, families, colleagues, and members of the health care team. • NURS 202 Health Assessment: CLO2. Demonstrate effective communication skills (verbal and written) necessary to elicit a thorough health history. • NURS 300 Nursing Care of Adults and Older Adults I: CLO11. Demonstrate effective communication skills with patient, family, instructor, and health care members. • NURS 304 Nursing Care of the Expectant Family: CLO13. Apply professional and therapeutic verbal and non-verbal communication effective in the care of childbearing women and their families. • NURS 410 Leadership and Management in Nursing: CLO6. Utilize effective organizational and interpersonal communication in managing the care of a group of clients in a variety of health care settings.
<p>Provide learning opportunities that will enable students to develop into competent nurses delivering high-quality, compassionate nursing care guided by ethical principles.</p>	<p>Espouse principles of professional ethics and personal integrity in nursing.</p>	<ul style="list-style-type: none"> • NURS 202 Health Assessment: CLO11. Recognize ethical and legal concerns that are specific to nursing assessment. • NURS 300 Nursing Care of Adults and Older Adults I: CLO13. Incorporate ethical nursing principles in the patient plan of care. • NURS 302 Nursing Care of Adults and Older Adults II: CLO11. Describe ethical implications involved in the care of the ill client. • NURS 306 Nursing Care of the of Children: CLO4. Relate ethical principles in determining alternatives to ethical dilemmas in the nursing care of children.

Appendix III-A-2. Congruency between Mission and Undergraduate Program Learning Outcomes and Course Learning Outcomes

		<ul style="list-style-type: none">• NURS 400 Introduction to Critical Care: CLO3. Analyze legal and ethical dilemmas and contemporary issues related to critical illness.• NURS 406 Nursing Research: CLO4. Elaborate on ethical considerations in research practice.• NURS 410 Leadership and Management in Nursing: CLO4. Evaluate quality of care in selected clinical situations taking into consideration the impact of current, historical, political, economic, ethical, legal, and professional forces on health care.• NURS 410 Leadership and Management in Nursing: CLO10. Conform to laws, ethical principles, and standards of nursing practice.
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Appendix III-A-3. MSN Program Curricula

Masters of Sciences in Nursing – Nursing Administration and Management Track

Year One	Fall Semester	Cr.	Spring Semester	Cr.
	NURS 500 Theories, Concepts, and Ethical frameworks for Advanced Nursing Practice	2	NURS 502 Advanced Nursing Research	3
	NURS 501 Advanced Nursing Practice: Scope and Roles	2	NURS 520 Managing Quality with Teams	3
	NURS 530 Statistical Reasoning and Application in Research	2	NURS 525 Leadership Theories and Applications for Nurse Managers	3
	NURS 507 Essentials of Nursing Administration and Management	2		
	NURS 531 Practical Applications of Budgeting in Nursing	1		
	Total Credits	9	Total Credits	9
Year Two	Fall Semester	Cr.	Spring Semester	Cr.
	NURS 527 Systems Approach to the Development and Evaluation of Health Care Services	3	NURS 508 Advanced Practice in Nursing Administration	4
	NURS 533 Advanced Health and Nursing Informatics	3	NURS 599 [Thesis]	6
	MNGT 332 Human Capital Management	3	OR N598[Project] and Elective	
	NURS 526 Comprehensive Exam	0		
	Total Credits	9	Total Credits	10

Grand Total 37 Credits

Appendix III-A-3. MSN Program Curricula

Masters of Sciences in Nursing – Adult Gerontology Clinical Nurse Specialist Track

Year One	Fall Semester	Cr.	Spring Semester	Cr.
	NURS 500 Theories, Concepts, and Ethical frameworks for Advanced Nursing Practice	2	NURS 502 Advanced Nursing Research	3
	NURS 501 Advanced Nursing Practice: Scope and Roles	2	NURS 503 Advanced Health Assessment	3
	NURS 530 Statistical Reasoning and Application in Research	2	PHRM 314 Advanced Pharmacology and Therapeutics	3
	NURS 504 Advanced Pathophysiology	3		
Total Credits	9	Total Credits	9	
Year Two	Fall Semester	Cr.	Spring Semester	Cr.
	NURS 505A Advanced Practice in Adult- Gerontology I	4	NURS 505B Advanced Practice Adult-Gerontology II	4
	NURS 527 Systems Approach to the Development and Evaluation of Health Care Services	3	NURS 526 Comprehensive Exam	0
			NURS 599 Thesis or NURS 598 Project + Elective	6
	Total Credits	7	Total Credits	10
	Summer Semester	Cr.		
	NURS 506 Advanced Practice in Adult- Gerontology III	4		
Total Credits	4			

Grand total: 39 Credits

Appendix III-A-3. MSN Program Curricula

Master of Science in Nursing – Psychiatric Mental Health Clinical Nurse Specialist Track

Year One	Fall Semester	Cr.	Spring Semester	Cr.	
	NURS 500 Theories, Concepts, and Ethical frameworks for Advanced Nursing Practice	2	NURS 502 Advanced Nursing Research	3	
	NURS 501 Advanced Nursing Practice: Scope and Roles	2	NURS 512 Advanced Psychiatric and Mental Health Assessment	2	
	NURS 530 Statistical Reasoning and Application in Research	2	PHRM 314 Advanced Pharmacology and Therapeutics	3	
	NURS 504 Advanced Pathophysiology	3	NURS 503A Advanced Health Assessment for Mental Health	1	
			NURS 516 Psychopathology and Human Behavior	3	
	Credits	9	Credits	12	
Year Two	Fall Semester	Cr.	Spring Semester	Cr.	
	N527 Systems Approach to the Development and Evaluation of Health Care Services	3	NURS 518 Group and Family Psychotherapy	3	
	NURS 517 Models of Treatment Psychotherapy	3	NURS 526 Comprehensive Exam	0	
			NURS 599 Thesis OR	6	
			NURS 598 Project + Elective		
		Credits	6	Credits	9
	Summer Semester	Cr.			
NURS 519 Clinical Residency in Acute Psychiatric Care	4				
Credits	4				

Grand Total: 40 Credits

Appendix III-A-3. MSN Program Curricula

Master of Science in Nursing Program – Community and Public Health Nursing Track

Year One	Fall Semester	Cr.	Spring Semester	Cr.
	NURS 500 Theories, Concepts, and Ethical frameworks for Advanced Nursing Practice	2	NURS 502 Advanced Nursing Research	3
	NURS 501 Advanced Nursing Practice: Scope and Roles	2	NURS 522 Principles and Practice of Community Health Nursing	3
	NURS 530 Statistical Reasoning and Application in Research	2	PHRM 314 Advanced Pharmacology and Therapeutics	3
	NURS 504 Advanced Pathophysiology	3	NURS 503 Advanced Health Assessment	3
	EPHD 300 Principles of Epidemiology	2		
	Credits	11	Credits	12
Year Two	Fall Semester	Cr.	Spring Semester	Cr.
	NURS 523 Advanced Community Assessment	3	NURS 524 Clinical Residency in Community Health Care	4
	NURS 527 Systems Approach to the Development and Evaluation of Health Care Services	3	NURS 599 Thesis OR NURS 598 Project + Elective	6
	NURS 526 Comprehensive Exam	0		
	Credits	6	Credits	10

Grand Total: 39 Credits

American University of Beirut Hariri School of Nursing

Course Title

Course Syllabus

Semester

Course Number and Title

Number of Credits

Timing

Course Coordinator

Course Description

Course Learning Outcomes

Prerequisites

Required Textbook

Teaching Personnel

Theory

Clinical

Teaching Facilities

Teaching Methods

Learning Assessment

Your course grade will be divided as follows [*exams should reflect 50 to 70% of the total course grade depending on the number of credits*]:

Topic	Grade
Moodle Participation	
Exam I/MidTerm Exam	
<i>Quizzes</i>	
<i>Careplans</i>	
<i>Presentations</i>	
Exam II/Final Exam	
OSCE	10%
Clinical Evaluation	P/F
Final Grade	/100

Appendix III-B-1. Undergraduate Course Syllabi Template

Your grade will be posted in letter grade format according to the below scale [as per AUB]:

Course Grade /100	Letter Grade	Course Grade /100	Letter Grade
93-100	A+	69-71	C+
87-92	A	66-68	C
83-86	A-	63-65	C-
79-82	B+	61-62	D+
75-78	B	60	D
72-74	B-	<60	F

Course Policies

1. Attendance of course lectures is mandatory as per AUB policy.
2. All course requirements must be completed by student before grades are submitted for credit.
3. Students who miss over one fifth of lecture hours and/or two clinical days (in case of a clinical absence, a medical report from AUBMC UHS **only** to justify the absence is a **must**) will be asked to drop the course.
4. A student who misses an exam (based on a sick report from AUBMC UHS **ONLY**) *may* request a make-up examination. **The final decision for such requests will be taken by the course coordinator.**
5. Students will pass the course IF:
 - a. they get an average grade greater than 70 on the course exams **AND**
 - b. they get a course average of 70 and above **AND**
 - c. they get “**P**” on the clinical evaluation **AND**
 - d. they get a “**P**” on the OSCE
6. No makeups will be done for a student who fails to meet the course requirements.
7. All students should adhere to the uniform policy of the School of Nursing during clinical.
8. Any student who is late or absent from a clinical assignment has to make up the experience.
9. **A student who is absent from clinical due to illness is expected to inform the instructor by 7 am on the day of clinical assignment.**
10. Late submission of assignments results in a deduction of 5 points per day from the grade.
11. Students are expected to abide by AUB’s policy on student code of conduct (p. 3) as stipulated in the following website:
<http://pnp.aub.edu.lb/general/conductcode/index.html>

Student Code of Conduct

Students are expected to abide by AUB's policy on student code of conduct. In particular, while taking a test or examination, students shall rely on their own mastery of the subject and not attempt to receive help in any way not explicitly approved by the instructor; for example, students shall not try to use notes, study aids, or another's work. Such cheating includes trying to give or obtain information about a test, trying to take someone else's exam, or trying to have someone else take one's own exam.

In addition, whenever students draw on another's work, they must specify what they borrowed, whether facts, opinions, or quotations, and where they borrowed it from. Using another person's documented ideas or expressions in one's writing without acknowledging the source constitutes plagiarism. **Plagiarism is not tolerated and consequences following AUB policies found in the student code of conduct found on Moodle.**

Students are also expected to be honest in all dealings with the University. Certain kinds of dishonesty, though often associated with academic work, are of a different category than cheating or plagiarism. These kinds of dishonesty include (but are not limited to) the following:

- A. Misrepresenting personal circumstances to an instructor (for example, in requesting a makeup exam or special due date for an assignment, or in explaining an absence).
- B. Forging parts of, or signature on, official documents (including both, university documents and relevant outside documents, such as doctors' notes).
- C. Taking credit for work in a team-project when little or no contribution to the work of the team has been made.

Disciplinary actions taken for student misconduct can range from warning to suspension, to expulsion from the University.

Additionally, students are expected to be honest in all their actions during clinical practice and shall follow the Nurses Code of Ethics. Upholding ethical nursing practice incorporates: respecting clients dignity and freedom of choice; acting to promote the good of the clients; treating clients fairly and equally; telling the truth and admitting error in due time; maintaining confidentiality; and more important, doing no harm to patients by sustaining safe nursing practice.

Students with Special Needs

If you have documented special needs and anticipate difficulties with the content or format of the course due to a physical or learning disability, please contact me and/or your academic advisor, as well as the Counseling Center in the Office of Student Affairs (Ext. 3196), as soon as possible to discuss options for accommodations. Those seeking accommodations must submit the Special Needs Support Request Form along with the required documentation.

Students with Learning Disabilities

AUB strives to make learning experiences as accessible as possible. If you anticipate or experience academic barriers due to a disability (including mental health, chronic or temporary

Appendix III-B-1. Undergraduate Course Syllabi Template

medical conditions), please inform me immediately so that we can privately discuss options. In order to help establish reasonable accommodations and facilitate a smooth accommodations process, you are encouraged to contact the Accessible Education Office: accessibility@aub.edu.lb; Ext 3246; West Hall, 314.

Non-Discrimination Policy Title IX – AUB

AUB is committed to facilitating a campus free of all forms of discrimination including sex/gender-based harassment prohibited by Title IX. The University's non-discrimination policy applies to, and protects, all students, faculty, and staff. If you think you have experienced discrimination or harassment, including sexual misconduct, we encourage you to tell someone promptly. If you speak to a faculty or staff member about an issue such as harassment, sexual violence, or discrimination, the information will be kept as private as possible, however, faculty and designated staff are required to bring it to the attention of the University's Title IX Coordinator. Faculty can refer you to fully confidential resources, and you can find information and contacts at www.aub.edu.lb/titleix. To report an incident, contact the University's Title IX Coordinator Trudi Hodges at 01-350000 ext. 2514, or titleix@aub.edu.lb.

An anonymous report may be submitted online via EthicsPoint at www.aub.ethicspoint.com.

Example Detailed Class Schedule

Date	Time	Topic/Class/Discussion	Speaker
		MidTerm Exam	
		Final Exam	

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

MSN Core Courses Learning Outcomes

MSN PLOs

MSN Core Courses Learning Outcomes	1	2	3	4	5	6	7
NURS 500 Theories, Concepts and Ethical Frameworks for Advanced Nursing Practice							
Explain why the status of nursing knowledge is in question.			•				
Identify the theoretical antecedents of selected theories used in nursing or related social and behavioral science disciplines.	•						
Examine the application of middle range theories in nursing practice, nurse education, health promotion, behavioral change, family functioning, or health maintenance.	•			•			
Demonstrate application of a selected theory to the care of a patient, the organization of advanced nursing practice, education, administration, policy development, or research.			•			•	
Summarize the conclusions of a study conducted by a researcher who used, economic, political and/or an ethical theory to analyze an aspect of healthcare delivery.	•				•		
Describe the relationship between philosophical perspectives, notions of science, and conceptions of nursing knowledge.	•		•				
NURS 501 Advanced Nursing Practice: Scope and Roles	1	2	3	4	5	6	7
Discuss the historical development of Advanced Nursing Practice (APRN).	•				•		
Critically evaluate the context in which scientific knowledge develops.			•				
Describe the roles and competencies of ANP including clinical, consulting, research, leadership, collaboration, change agent and ethical decision-maker.			•	•			
Review the philosophy underlying advanced nursing practice.	•						
Conceptualize and articulate the distinction between advanced and generalist nursing practice.				•	•	•	
Analyze the impact of socio-cultural, economic, and political issues on nursing practice and health care delivery.					•		
Examine the relationship of health care to social and health policy development and implementation.					•		•
Understand the principles underlying comprehensive professional regulation/standardization.			•				
Evaluate research findings on advanced practice roles.	•	•					

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

NURS 502 Advanced Nursing Research	1	2	3	4	5	6	7
Describe key concepts in research methods: Qualitative and Quantitative.	•						
Describe the process of developing a research problem, study aims, and hypothesis.	•						
Review the literature and synthesize findings to develop their research proposals.	•		•				
Explain the importance of ethics in research.	•				•		
Describe the various aspects of research design and methods.	•		•				
Identify the major research traditions for qualitative research and describe the domain of inquiry of each.	•						
Describe the process of Mixed Methods and intervention research.	•		•				
Demonstrate the ability to critique research reports.	•	•	•	•	•	•	•
Develop a research proposal.	•	•	•	•			•
NURS 527 Systems Approach to the Development and Evaluation of Health Care Services	1	2	3	4	5	6	7
Use appropriate measures to assess healthcare needs of a target population or health service problem based on knowledge of current health practices in the country and internationally.	•	•			•	•	
Select appropriate intervention strategy for healthcare needs of a target population or health service problem based on the assessment taking into consideration the epidemiology of the country, healthcare policies, and healthcare systems.		•		•	•	•	•
Set realistic short-term and long-term goals addressing the healthcare needs of a target population or health service problem taking into consideration the socio-cultural, geo-political, and economic attributes of the population.	•			•		•	•
Design a program and/or intervention intended to improve practice and/or healthcare system outcomes based on system's thinking.		•	•	•	•	•	•
Demonstrate knowledge of calculating cost and value of the program/intervention.							•
Examine data required for performance measurement, monitoring, program evaluation, and data-driven decision-making using management information systems for assuring quality for the selected program/intervention.		•	•	•		•	•
Develop a business plan for the proposed program/service.						•	•

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Select appropriate organizational communication forms and change management approach for the various stages of the proposed program/service.	.					.	
NURS 530 Statistical Reasoning and Application in Nursing Research	1	2	3	4	5	6	7
Distinguish the types of data that arise in Nursing research.	.	.					
Perform descriptive techniques commonly used in health care data.	.	.			.		
Describe the concepts of the normal distribution and sampling distributions.	.	.					
Conduct a hypothesis test and find a confidence interval for the difference in means for both matched pairs and independent samples.	.	.			.		
Compare the means of two or more normal populations using ANOVA.	.	.			.		
Conduct a hypothesis test for comparing two proportions for both matched pairs and independent samples.	.	.			.		
Apply appropriate statistical tests related to their field of study.	.	.		.	.
Interpret, summarize, and communicate bio statistical results.	.	.		.	.
Critically appraise bio statistical literature in nursing research.	.	.		.	.
Perform the discussed statistical techniques using SPSS.	.	.		.			

MSN Adult-Gerontology Track Courses Learning Outcomes

MSN PLOs

NURS 503 Advanced Health Assessment	1	2	3	4	5	6	7
Integrate biopsychosocial theoretical perspectives, empirical and experience-based knowledge into in-depth comprehensive health assessments of clients.	.				.		
Distinguish between a comprehensive health assessment and a symptom-focused assessment.			.				
Analyze a presenting symptom or complaint for the development of differential diagnoses.	.		.	.			
Demonstrate advanced communication skills.			.				
Demonstrate advanced physical assessment skills.			.				
Demonstrate critical thinking and diagnostic reasoning skills in documentation of assessment findings.				.			

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Utilize an individualized approach in the assessment that reflects contextual, cultural, and developmental variations.	.		.		.		
NURS 504 Advanced Pathophysiology	1	2	3	4	5	6	7
Demonstrate knowledge of physiological principles such as homeostasis and regulation and their application to pathophysiology associated with disease.	.						
Analyze pathophysiologic mechanisms that underlie commonly encountered diseases and symptoms in adult care.	.			.			
Identify age specific variations in clinical manifestations of diseases.	.						
Identify appropriate treatments based on knowledge of the pathophysiology of disease.	.			.			
Critically evaluate current nursing research in relation to the material covered in class.		.					
NURS 505 A Advanced Practice in Adult Gerontology	1	2	3	4	5	6	7
Discuss epidemiologic trends on the health-illness continuum in adults and older adults.	.						
Analyze current bio-behavioral research related to the prevention and management of adults and older adults with chronic conditions.		.					
Compare and contrast descriptive indices and assessment parameters of health risks and common chronic health problems in adults and older adults.	.	.		.			
Develop nursing and collaborative diagnoses based on appropriate selection of health assessment data.	.		.	.			
Select evidence-based advanced nursing interventions relevant to selected diagnoses and adapted to patient and family needs.	.		.	.	.
Evaluate the effectiveness of the plan of care through identified patient outcomes.			.	.		.	.
Participate in the coordination and management of care of adults and older adults in various health settings with the multidisciplinary health care team.			.			.	.
Demonstrate competence in educating and counseling adults and older adults regarding healthy lifestyles and self-care.						.	
Discuss ethical issues surrounding the care of adults and older adults with chronic illness, and end of life care.					.		.

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

NURS 505 B Advanced Practice in Adult Gerontology	1	2	3	4	5	6	7
Discuss ethical issues surrounding the care of adults and older adults with critical illness, and the role of technologic advances in this regard.					.		
Analyze current bio-behavioral research related to the prevention and management of acute and critical care conditions in adults and older adults.		.					
Analyze and interpret assessment findings of adults and older adults with acute and critical illness.			.	.			
Develop nursing and collaborative diagnoses based on health assessment data.	.		.	.			
Select evidence-based interventions relevant to selected diagnoses and adapted to patient and family needs.		
Evaluate the effectiveness of the plan of care through identified patient outcomes, including patient and family preferences.		
Participate in the coordination and management of care of adults and older adults in acute care settings with the multidisciplinary health care team.			.			.	.
Demonstrate competence in education and counseling of patients/families in the setting of acute and critical illness.						.	
NURS 506 Advanced Practice in Adult Gerontology III (Residency)	1	2	3	4	5	6	7
Plan, implement and evaluate individual and/or group interventions based on integration of theory and empirical evidence to meet the educational and health care needs of clients and their families.	.		.				
Critically evaluate the needs of the organization and individual health care providers in coordinating multidisciplinary care for specific client populations.	
Demonstrate initial competence in the selected advanced practice nurse role in the clinical specialty.
Demonstrate critical thinking skills in clinical problem solving based on theory, research, and clinical knowledge.	.		.	.			
Utilize therapeutic communication techniques that are culturally sensitive with clients, families, and health care providers.			.		.		
Demonstrate professional integrity, accountability, initiative, and autonomy.		

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

MSN Psychiatry-Mental Health Track Courses Learning Outcomes	MSN PLOs						
NURS 503 A Advanced Health Assessment for Mental Health	1	2	3	4	5	6	7
Integrate biopsychosocial theoretical perspectives, empirical and experience-based knowledge into in-depth comprehensive health assessments of clients.	•				•		
Distinguish between a comprehensive health assessment and a symptom-focused assessment.			•				
Analyze a presenting symptom or complaint for the development of differential diagnoses.	•		•	•			
NURS 504 Advanced Pathophysiology	1	2	3	4	5	6	7
Demonstrate knowledge of physiological principles such as homeostasis and regulation and their application to pathophysiology associated with disease.	•						
Analyze pathophysiologic mechanisms that underlie commonly encountered diseases and symptoms in adult care.	•			•			
Identify age specific variations in clinical manifestations of diseases.	•						
Identify appropriate treatments based on knowledge of the pathophysiology of disease.	•			•			
Critically evaluate current nursing research in relation to the material covered in class.		•					
NURS 512 Advanced Psychiatric and Mental Health Assessment	1	2	3	4	5	6	7
Understand the theoretical basis and historical development of psychiatric classification and diagnosis.	•		•		•		•
Identify the categories used to assess the client's mental status.	•		•	•	•		•
Utilize the nursing process as a tool to psychosocial assessment.	•				•		•
Conduct the psychiatric interview in a variety of settings using focused history taking, Mental Status Exam, DSM-5, and diagnostic reasoning.	•		•		•		•
Apply advanced comprehensive mental health assessment of individuals using multidimensional approaches.	•		•	•	•		•
Provide advanced psychological assessment and clinical judgment to populations with different categories of mental illness.	•				•		•
Incorporate research findings in the assessment process.	•		•	•	•		•
Critique the validity of assessment instruments and research on clinical Judgment and decision making.	•	•	•	•	•		•

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Synthesize theoretical constructs from psychological, social, psychiatric.	•		•	•	•		•
Behavioral, biological sciences and research for assessing clients who demonstrate psychological processes and socially dysfunctional patterns.							
NURS 516 Psychopathology and Human Behavior	1	2	3	4	5	6	7
Describe the continuum of adaptive and maladaptive neurobiological responses.	•			•	•		•
Identify behaviors associated with maladaptive neurobiological responses.	•			•	•		•
Apply the DSM- 5 classification system & Mental Status Exam (MSE) to case scenarios.	•	•	•	•	•		•
Understand the role of neurobiological and psychosocial theories in the development of personality, behavior, cognition, and learning	•			•	•		•
Recognize the use of therapies in psychiatric mental health care.	•						
Examine the effect and or sequels of alterations in bio-behavioral processes in adults suffering from psychiatric disorders.	•			•	•		•
Integrate evidence-based research on the etiology and treatment of psychiatric disorders.	•		•	•	•		•
NURS 517 Models of Treatment Psychotherapy (Bio-behavioral Nursing Intervention)	1	2	3	4	5	6	7
Understands the competencies of psychiatric-mental health nursing practice. The scope and standards of practice for APPN.	•	•	•	•	•	•	•
Comprehends basic concepts and models of treatment of psychiatric and mental health disorders.	•	•	•	•	•	•	•
Formulate a tentative assessment based on observations, patient assessment and other relevant sources for planning a therapeutic intervention	•	•	•	•	•	•	•
Provide the best available evidence and in depth- examination of psychotherapeutic models to achieve quality clinical; outcomes	•	•	•	•	•	•	•
Address the contribution of culture to psychotherapy: awareness of culture interfaces with the practice of psychotherapy.	•	•	•	•	•	•	•
Integrate theory and practice in support of psychotherapy for the Advanced Psychiatric Nurse.	•	•	•	•	•	•	•
Apply psychotherapy approaches and techniques for working with individuals with mental disorders	•	•	•	•	•	•	•

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Utilize a model framework for choosing interventions based on evidence-based research, practice guidelines, and clinical judgment.	•	•	•	•	•	•	•
Integrate a framework for understanding how neuroscience is embedded the treatment of mental disorders.	•	•	•	•	•	•	•
Evaluate effectiveness and clinical competence in initiating, conducting and terminating psychotherapeutic activities.	•		•	•			
NURS 518 Group and Family Psychotherapy	1	2	3	4	5	6	7
Describe family theoretical approaches, assessment, intervention, and outcome.	•	•	•	•	•	•	•
Understand group processes and approaches to group therapy.	•	•	•	•	•	•	•
Apply basic concepts and models of treatment for families and groups with a variety of mental health problems and in different settings.	•	•	•	•	•	•	•
Use evidence-based research to explore outcomes for family and group interventions.	•	•	•	•	•	•	•
Examine the responsibilities and qualities of APN nurses as group leaders and family therapists.	•	•	•	•	•	•	•
Demonstrate clinical judgment, ethical decision- making and cultural sensitivity when working with families and groups.	•	•	•	•	•	•	•
Develop a model/ framework for therapeutic interventions based on evidence-based research, practice guidelines, and clinical judgment	•	•	•	•	•	•	•
NURS 519 Clinical Residency in Acute Psychiatric Care (Residency)	1	2	3	4	5	6	7
Plan, implement and evaluate individual family and group interventions based on integration of theory and empirical evidence to meet the educational and health care needs of clients and their families in a variety of psychiatric settings.	•	•	•	•	•	•	•
Critically evaluate the needs of the organization and individual health care providers in coordinating multidisciplinary care for specific client populations.	•	•	•	•	•	•	•
Demonstrate competence in the selected advanced practice nursing roles: clinical practice, education, research, consultancy, leadership, and professional development	•	•	•	•	•	•	•
Demonstrate critical thinking skills in clinical problem solving based on theory, research, and clinical knowledge.	•	•	•	•	•	•	•

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Utilize therapeutic communication techniques that are culturally sensitive with clients, families, and health care providers.	.	.	.	.	.	.	.
Demonstrate professional integrity, accountability, initiative, and autonomy.			.	.	.	.	.

MSN Nursing Administration Track Courses Learning Outcomes

MSN PLOs

NURS 507 Essentials of Nursing Administration and Management	1	2	3	4	5	6	7
Describe management roles and responsibilities in nursing services based on standards of nursing administration practice by ANA 2009.	.					.	
Examine techniques for improving organizational effectiveness.				.			
Analyze nursing units and services addressing organizational structure, recruitment and staffing issues.			.	.	.		
Conduct a situation analysis addressing common administrative nursing problem.			.	.	.		
Write strategic goals.				.	.	.	
Present ideas of how to proactively involve staff in managing change.						.	
NURS 525 Leadership Theories and Approaches for Nurse Managers	1	2	3	4	5	6	7
Classify leadership behaviors observed in others.							
Evaluate the evidence made for claims for leadership effectiveness.	.				.		
Differentiate the defining characteristics of leader-member exchange theory, authentic leadership, servant leadership, self-leadership, shared and distributed leadership, identity theory, emotional intelligence, and transformational leadership.	.				.	.	
Explain how the “new theories of leadership” reflected on during the course complement the full-spectrum leadership model.	.				.	.	
Design leadership interventions to overcome challenges posed in case studies of healthcare organizations.			.		.	.	
Apply leadership behaviors in the work setting.						.	
Give feedback on leadership behaviors to peers.						.	
Identify personal leadership strengths and developmental needs.						.	

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Set short-term, medium-term and long-term leadership goals.	•	•	•	•		•	
NURS 531 Practical Applications of Budgeting in Nursing	1	2	3	4	5	6	7
Describe the various sources of funding of health care delivery.				•	•		
Understand financial statements for purposes of decision-making.				•			
Identify tools and techniques for preparing a budget for different settings				•		•	
Develop budgets for revenues, and expenses (including staffing budget).				•		•	
Evaluate the financial status of a department or operating unit using volume adjusted variance analysis.				•	•		
NURS 520 Managing Quality with Teams	1	2	3	4	5	6	7
Relate the process excellence approach to management.	•	•	•	•		•	•
Compare organizational quality initiatives based on Deming, TQM, Lean, and Six Sigma	•		•	•		•	•
Examine the elements of doing work effectively through teams.	•				•		•
Justify the match of team tools to team purpose.	•	•	•	•			•
Conduct process improvement activity based on process mapping.		•		•			•
Become familiar with local and external accrediting bodies.		•				•	•
Analyze different approaches to risk management to achieve patient safety goals.	•	•	•	•	•	•	•
NURS 533 Advanced Nursing and Health Informatics	1	2	3	4	5	6	7
Discuss the significance of healthcare informatics within healthcare delivery and the roles and responsibilities involved in nursing informatics.	•						•
Demonstrates appropriate use of a variety of information and communication technologies to deliver safe nursing care to diverse populations in a variety of settings.			•	•			•
Use e digital health tools to engage and teach patients and others.			•		•	•	•
Describe patient safety and quality issues arising from rapid deployments of EHR.			•	•			•
Assess the ethical and legal issues related to the use of information technology, including copyright, privacy, and confidentiality issues.					•		•

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

NURS 508 Advanced Practice in Nursing Administration (Residency)	1	2	3	4	5	6	7
Develop a practical understanding of how administrative and clinical factors interrelate in health care organizations, their suppliers, payers, and regulatory bodies.						•	
Refine a personal code of ethics and a philosophy based on a dedication to high ideals and standards of performance that are essential for the effective nursing administrator.					•		
Maintain a high level of confidentiality both within and outside the setting, with regard to the organization's information.					•		
Apply concepts and principles learned in the didactic portion of the program.	•		•				
Strengthen leadership, judgment, problem solving, and other administrative skills.			•				
Analyze the dynamics of an organization or health care system in relation to the quality of client care provided.					•		
Evaluate the strengths, inadequacies, and constraints of the health care delivery system and the role of the nursing administrator in maximizing the quality of services and resources available and accessible in the system.				•		•	
Analyze the congruence of personal strengths and individual career goals.							

MSN Nursing Community and Public Health Track Courses Learning Outcomes

MSN PLOs

NURS 503 Advanced Health Assessment	1	2	3	4	5	6	7
Integrate biopsychosocial theoretical perspectives, empirical and experience-based knowledge into in-depth comprehensive health assessments of clients.	•				•		
Distinguish between a comprehensive health assessment and a symptom-focused assessment.			•				
Analyze a presenting symptom or complaint for the development of differential diagnoses.	•		•	•			
Demonstrate advanced communication skills.			•				
Demonstrate advanced physical assessment skills.			•				
Demonstrate critical thinking and diagnostic reasoning skills in documentation of assessment findings.				•			

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Utilize an individualized approach in the assessment that reflects contextual, cultural and developmental variations	.		.		.		
NURS 504 Advanced Pathophysiology	1	2	3	4	5	6	7
Demonstrate knowledge of physiological principles such as homeostasis and regulation and their application to pathophysiology associated with disease.	.						
Analyze pathophysiologic mechanisms that underlie commonly encountered diseases and symptoms in adult care.	.			.			
Identify age specific variations in clinical manifestations of diseases.	.						
Identify appropriate treatments based on knowledge of the pathophysiology of disease.	.			.			
Critically evaluate current nursing research in relation to the material covered in class.		.					
NURS 522 Principles and Practice of Community Health Nursing	1	2	3	4	5	6	7
Elicit the role of the advanced community-based practice nurse in practice setting.	.						
Integrate multilevel approaches to promote community health utilizing health promotion theories and models	.	.			.	.
Analyze the role of advanced practice nursing in health education.			.	.	.	.	.
Analyze the application of management of chronic diseases	.	.	.	.	.	.	.
Analyze the role of the advanced practice nurse in the management of preventive services	.	.	.	.	.	.	.
Identify innovative strategies for improving community-based nursing practice	.	.		.		.	.
NURS 523 Advanced Community Assessment	1	2	3	4	5	6	7
Explore the role of the Advanced Practice Nurse in the community.	.						
Discuss strategies for community assessment.	.	.			.	.	.
Develop skills in the interpretation of assessment data.		.	.	.	.		.
Translate community assessment findings into interventions.		.	.	.	.		.
Plan, implement and evaluate community-based interventions.	.	.	.	.	.	.	.
NURS 524 Clinical Residency in Community Health Care	1	2	3	4	5	6	7

Appendix III-F-1: MSN Program Learning Outcomes (PLOs) and Course Learning Outcomes (CLOs) Grid

Write individual objectives approved by the faculty and preceptor that are consistent with the course objectives.	•						
Demonstrate evaluative and analytical thinking and diagnostic reasoning in assessment and decision-making.		•	•	•			•
Design, implement and evaluate therapeutic community and public health nursing interventions to meet the needs of clients in collaboration with the clinicians.			•	•	•	•	•
Implement staff/client/family/community health promotion based on a plan including objectives, outline and evaluation.	•		•	•	•	•	•
Identify an area of practice and review related research findings.		•		•	•		•
Develop an evidence-based implementation proposal including critical appraisal of the literature, analysis of the feasibility of the application of the research findings and implementation plan.		•	•	•	•	•	•
Identify problem areas in community and public health practice and suggest evidence-based solutions.		•	•	•	•	•	•

Appendix III-G-1. BSN Course Learning Outcomes, Course Specific Teaching-Learning Practices, and Assessment Measures

Learning Outcomes	Course Teaching-Learning Practices	Assessment Measures
<p>NURS 201 Introduction to Nursing Practice. CLO2. Demonstrate a scientific understanding and the skill of measuring vital signs and delivering oxygen</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • Vital Signs • Oxygenation / Perfusion • Computer assisted instructions from Mosby’s Nursing skills <p>Clinical</p> <ul style="list-style-type: none"> • SimLab demonstration and return demonstration of vital signs • Simlab demonstration and discussion of the use of multiple oxygenation devices (pulse oximeter, incentive spirometry, NC, FM...) • Clinical practice <p>Moodle Discussion Board</p> <ul style="list-style-type: none"> • Moodle knowledge testing with multiple trials 	<p>Class Assessment</p> <ul style="list-style-type: none"> • In Class or online discussions • Exam questions <p>Clinical Assessment</p> <ul style="list-style-type: none"> • Simlab assessment • Formative evaluations • Summative evaluation
<p>NURS 202 Health Assessment CLO3. Develop a systematic approach for carrying out a comprehensive health history.</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • The Health History • Assessing Psychosocial Health • Assessing Spirituality • Assessing Nutrition <p>Clinical</p> <ul style="list-style-type: none"> • Sim Lab Practice Sessions 2 hours /week • Clinical hospital setting inpatient and outpatient exposure two final rotations per semester 	<p>Class Assessment</p> <ul style="list-style-type: none"> • Inclass Discussions • Readiness Assessment Tests • Exam Questions <p>Clinical Assessment</p> <ul style="list-style-type: none"> • Summative Evaluation • Formative Evaluations • Clinical Evaluation

Appendix III-G-1. BSN Course Learning Outcomes, Course Specific Teaching-Learning Practices, and Assessment Measures

<p>NURS 302 Nursing Care of Adults and Older Adults II CLO6. Demonstrate sound clinical judgement and competence when providing comprehensive nursing care to adult and older adult clients.</p>	<p>Lectures/Power Point Presentations and Book Chapters/Readings</p> <ul style="list-style-type: none"> • Critical Thinking Exercises <p>Clinical</p> <ul style="list-style-type: none"> • Clinical Reasoning Exercises • Simulation Scenarios 	<p>Class Assessment</p> <ul style="list-style-type: none"> • In Class Discussions • Moodle Forums • Exam Questions <p>Clinical Assessment</p> <ul style="list-style-type: none"> • Summative Evaluation • Formative Evaluations • Patient Outcome • Anecdotal Records
<p>NURS 400 Introduction to Critical Care Nursing CLO9. Demonstrate safe nursing care and evidence-based interventions relevant to critically ill adults and their families.</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • This will be the focus of all NURS 400 lectures. • Evidence Based Practice Focal Sessions. <p>Clinical</p> <ul style="list-style-type: none"> • This will be the focus of all NURS 400 clinical rotations. 	<p>Class Assessment</p> <ul style="list-style-type: none"> • Inclass Discussions • Exam Questions <p>Clinical Assessment</p> <ul style="list-style-type: none"> • Summative Evaluation • Formative Evaluations • Clinical Review and Care Planning Assignment

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

Course	Learning Outcomes	Course Teaching-Learning Practices and Assessment Measures
<p style="text-align: center;">NURS 505B Advanced Practice in Adult Gerontology II</p>	<p>CLO1. Discuss ethical issues surrounding the care of adults and older adults with critical illness, and the role of technologic advances in this regard.</p>	<ul style="list-style-type: none"> • Class Discussion: Case studies are used as the basis for discussing clinical topics and ethical dilemmas. Also student discuss their clinical experiences, including ethical dilemmas that they encountered. • Term paper assignment: Each student will select a clinical topic, using a case study or clinical problem, based on his/her clinical area of interest to develop the paper requirement for this course. This theoretical paper should review and synthesize the state of bio-behavioral knowledge on the problem chosen, with consideration of demographic, genetic and environmental influencing factors and evidence based interventions for the identified problem.
	<p>CLO2. Analyze current bio-behavioral research related to the prevention and management of acute and critical care conditions in adults and older adults.</p>	<ul style="list-style-type: none"> • Lectures and power point presentations • Reading assignments on Moodle • Student presentations: Students are expected to give a presentation related to one of the topics covered in the course • Term paper assignment: Each student will select a clinical topic, using a case study or clinical problem, based on his/her clinical area of interest to develop the paper requirement for this course. This theoretical paper should review and synthesize the state of bio-behavioral knowledge on the problem chosen, with consideration of demographic, genetic and environmental influencing factors and evidence based interventions for the identified problem.
	<p>CLO3. Analyze and interpret assessment findings of adults and older adults with acute and critical illness.</p>	<ul style="list-style-type: none"> • Class discussions: Lectures are focused on assessment and management of adults and older adults with acute health problems • Precepted clinical experience: The focus in this practicum is on developing the advanced clinical practice and education roles of the clinical nurse specialist • Weekly clinical log: Presentation of cases encountered in the clinical rotation • Patient write-ups: Students are required to submit 2 patient write ups from the cases encountered in the clinical setting, based on the nursing process.
	<p>CLO4. Develop nursing and collaborative diagnoses based on health assessment data.</p>	<ul style="list-style-type: none"> • Class discussions: Lectures are focused on assessment and management of adults and older adults with acute health problems • Precepted clinical experience: The focus in this practicum is on developing the advanced clinical practice and education roles of the clinical nurse specialist

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

	<ul style="list-style-type: none"> • Weekly clinical log: Presentation of cases encountered in the clinical rotation • Patient write-ups: Students are required to submit 2 patient write-ups from the cases encountered in the clinical setting, based on the nursing process.
<p>CLO5. Select evidence-based interventions relevant to selected diagnoses and adapted to patient and family needs.</p>	<ul style="list-style-type: none"> • Class discussions: Lectures are focused on assessment and management of adults and older adults with acute health problems • Precepted clinical experience: The focus in this practicum is on developing the advanced clinical practice and education roles of the clinical nurse specialist • Weekly clinical log: Presentation of cases encountered in the clinical rotation • Patient write-ups: Students are required to submit 2 patient write-ups from the cases encountered in the clinical setting, based on the nursing process.
<p>CLO6. Evaluate the effectiveness of the plan of care through identified patient outcomes, including patient and family preferences.</p>	<ul style="list-style-type: none"> • Class discussions: Lectures are focused on assessment and management of adults and older adults with acute health problems • Precepted clinical experience: The focus in this practicum is on developing the advanced clinical practice and education roles of the clinical nurse specialist • Weekly clinical log: Presentation of cases encountered in the clinical rotation • Patient write-ups: Students are required to submit 2 patient write-ups from the cases encountered in the clinical setting, based on the nursing process. • Term paper assignment: Each student will select a clinical topic, using a case study or clinical problem, based on his/her clinical area of interest to develop the paper requirement for this course. This theoretical paper should review and synthesize the state of bio-behavioral knowledge on the problem chosen, with consideration of demographic, genetic and environmental influencing factors and evidence based interventions for the identified problem
<p>CLO7. Participate in the coordination and management of care of adults and older adults in acute care settings with the multidisciplinary health care team.</p>	<ul style="list-style-type: none"> • Precepted clinical experience: The focus in this practicum is on developing the advanced clinical practice and education roles of the clinical nurse specialist • Weekly clinical log: Presentation of cases encountered in the clinical rotation • Patient write-ups: Students are required to submit 2 patient write-ups from the cases encountered in the clinical setting, based on the nursing process.

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

		<ul style="list-style-type: none"> • Clinical Mini Project: Each student prepares and presents one mini project by the end of the semester. The project may be a clinical pathway, clinical assessment tool, or a patients/staff teaching session.
	<p>CLO8. Demonstrate competence in education and counseling of patients/families in the setting of acute and critical illness.</p>	<ul style="list-style-type: none"> • Precepted clinical experience: The focus in this practicum is on developing the advanced clinical practice and education roles of the clinical nurse specialist • Clinical Mini Project: Each student prepares and presents one mini project by the end of the semester. The project may be a clinical pathway, clinical assessment tool, or a patients/staff teaching session.
Course	Learning Outcomes	Course Teaching-Learning Practices and Assessment Measures
<p style="text-align: center;">NURS 501</p> <p style="text-align: center;">Advanced Nursing Practice: Scope and Roles</p>	<p>CLO1. Discuss the historical development of Advanced Practice Nursing (APN).</p>	<ul style="list-style-type: none"> • Lectures: Conceptualizations and Definition of Advanced Practice Nursing + Role Development of Advanced Practice Nursing + Evolving and Innovative Opportunities + International Development for Advanced Practice Nursing. • Book/Readings: Tracy and O’Grady Chapters 2, 3, 4, 5, and 6. • Assessment/Assignments: Final seminar where students are expected to present about an advanced role in a specialty of their choice. They are then asked to discuss its evolution internationally and in Lebanon. • Moodle Discussion Board: Students are asked to interview one of the first Advanced Practice Nurses at the American University of Beirut Medical Center/Lebanon and discuss the History of Advanced Practice Nursing in Lebanon. They will also comment on the development of the role in comparison with the evolution of this role in the international literature.
	<p>CLO2. Critically evaluate the context in which scientific knowledge develops.</p>	<ul style="list-style-type: none"> • Lectures: All lectures and guest speakers. • Book/Readings: Tracy and O’Grady • Assessment: All assignments reflect this competency.

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

<p>CLO3. Describe the roles and competencies of the APRN including clinical, consulting, research, leadership, collaboration, change agent and ethical decision-maker.</p>	<ul style="list-style-type: none"> • Lectures: Competencies of Advanced Practice Nursing in Direct Clinical Practice + Evidence Based Practice + Guidance and Coaching + Consultation+ Leadership + Collaboration. • Book/Readings: Tracy and O’Grady Chapters 7 through 12 • Assessment: Paper on Role Development [Throughout the course, students will be interviewing/e-meeting Advanced Practice Nurses and comparing the role of the Advanced Practice Nurse to the theoretical components of the role as outlined in the literature. This assignment builds on the learning in class to look more closely at what is required for the successful implementation of a new advanced practice role in a health care setting/specialty of your choice. They are expected to write a maximum 5-page paper discussing the issue of role clarity, implementation, and change management at the local level].
<p>CLO4. Review the philosophy underlying advanced nursing practice.</p>	<ul style="list-style-type: none"> • Lectures: Conceptualizations and Definition of Advanced Practice Nursing + Role Development of Advanced Practice Nursing. • Book/Readings: Tracy and O’Grady Chapters 2, 3, and 4 • Assignment: Students are asked to submit a one-page paper commenting on the below statement talking about healthcare collaboration from your own experiences: “Physicians are the white people of healthcare professions. We do not always have an appreciation or interest for the roles/experiences of other professionals on our care teams. We are worried that others (Nurse Practitioners or Physician Assistants) will take away our privilege. We need to lateralize the hierarchy.” Uche Blackstock, MD.
<p>CLO5. Conceptualize and articulate the distinction between advanced and generalist nursing practice.</p>	<ul style="list-style-type: none"> • Lectures: Conceptualizations and Definition of Advanced Practice Nursing + Role Development of Advanced Practice Nursing + The Clinical Nurse Specialist. • Book/Readings: Tracy and O’Grady Chapters 2, 3, 4, and 14. • Moodle Discussion Board: Students are expected to explore experiences of Clinical Nurse Specialists in competencies related to Direct Care by interviewing two CNSs in a practice setting. Students will explore the 3 spheres of influence and advanced practice nursing

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

	<p>competencies with the CNS as it relates to her/his roles in practice. The students are then asked to lead a discussion group that allows other students to share their points of view.</p>
<p>CLO6. Analyze the impact of socio-cultural, economic, and political issues on nursing practice and health care delivery.</p>	<ul style="list-style-type: none"> • Lectures: Role Development of Advanced Practice Nursing + Clinical Nurse Specialist Example from Lebanon + Evolving and Innovative Opportunities + International Development for Advanced Practice Nursing + Understanding Regulatory Requirements in Lebanon. • Book/Readings: Tracy and O’Grady Chapters 4, 5, and 6 • Assessment: Paper 1 on International Development for Advanced Practice Nursing [Students are asked to submit a one-page paper reflecting on one difficulty they expect to face as Advanced Practice Nurses working in Lebanon] and/or Role Clarity Paper [Students are asked to submit a one-page paper commenting on the statement talking about healthcare collaboration from your own experiences: “Physicians are the white people of healthcare professions]. In addition to the final seminar where students are expected to present about an advanced role in a specialty of their choice. They are then asked to discuss its evolution internationally and in Lebanon. • Moodle Discussion Board: Students are asked to interview one of the first Advanced Practice Nurses at the American University of Beirut Medical Center/Lebanon and discuss the History of Advanced Practice Nursing in Lebanon. They will also comment on the development of the role in comparison with the evolution of this role in the international literature.
<p>CLO7. Examine the relationship of health care to social and health policy development and implementation.</p>	<p>Lectures: Competencies of Advanced Practice Nursing in Direct Care and Leadership. Book/Readings: Tracy and O’Grady Chapters 7 and 11. Moodle Discussion Board: Students are expected to explore experiences of Clinical Nurse Specialists in competencies related to Direct Care by interviewing two CNSs in a practice setting. Students will explore the 3 spheres of influence and advanced practice nursing competencies with the CNS as it relates to her/his roles in practice. The students are then asked to lead a discussion group that allows other students to share their points of view.</p>

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

	<p>CLO8. Detail the principles underlying comprehensive professional regulation and standardization.</p>	<ul style="list-style-type: none"> • Lectures: Conceptualizations and Definition of Advanced Practice Nursing + International Development for Advanced Practice Nursing + Understanding Regulatory and Credentialing Requirements [Given by the past President of the Order of Nurses in Lebanon] + Evolving and Innovative Opportunities. • Book/Readings: Tracy and O’Grady Chapters 2, 3, 5, and 6 • Assessment: Paper on International Development for Advanced Practice Nursing [Students are asked to submit a one-page paper reflecting on one difficulty they expect to face as Advanced Practice Nurses working in Lebanon]. • Moodle Discussion Board: Students are asked to interview one of the first Advanced Practice Nurses at the American University of Beirut Medical Center/Lebanon and discuss the History of Advanced Practice Nursing in Lebanon. They will also comment on the development of the role in comparison with the evolution of this role in the international literature.
	<p>CLO9. Evaluate research findings on advanced practice roles.</p>	<ul style="list-style-type: none"> • Lecture: Integrative Review of APRN Outcomes • Book/Readings: Tracy and O’Grady Chapter 23 • Assessment: Final Course Seminar on Advanced Practice Nurses Examples where students are asked to provide research evidence on the outcomes of Advanced Practice Nurses in their area of. Specialty. • Moodle Discussion Board: Each student will analyze one research study comparing outcomes of Advanced Practice Nurses and physicians in their area of specialty. They will address study aim, type, methods, outcome measured, and results.
Course	Learning Outcomes	Course Teaching-Learning Practices and Assessment Measures
NURS 502 Advanced Nursing	<p>CLO1. Describe key concepts in research methods: Qualitative and Quantitative.</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Class Assessment</p> <ul style="list-style-type: none"> • In Class or online discussions

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

	<ul style="list-style-type: none"> • Exam questions and discussions post exam.
<p>CLO2. Describe the process of developing a research problem, study aims, and hypothesis.</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Assignments</p> <ul style="list-style-type: none"> • Students prepare problem statement, research questions, and hypotheses and present those in class.
<p>CLO3. Review the literature and synthesize findings to develop their research proposals</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Assignments</p> <ul style="list-style-type: none"> • Literature Search: Each student identifies a nursing practice problem in his/her field and submits a summary of the search method used related to the research problem, with a statement of the problem or research question, the database used, keywords and limits, and a list of 10-15 relevant research-based articles (published within the last 5-10 years), using APA format. • This write-up section is then developed and integrated into the final research proposal.
<p>CLO4. Collect and analyze preliminary data to develop their research proposals</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Assignments</p> <ul style="list-style-type: none"> • Students would then analyze and present preliminary data in their proposals.
<p>CLO5. Explain the importance of ethics in research.</p>	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Assignments</p>

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

	<ul style="list-style-type: none"> • Students complete the required web-based courses offered by the Collaborative Institutions Training Initiatives (CITI) Program. • A signed and dated copy of the CITI certificate is submitted to the course coordinator with a copy kept in records. • Students would work in teams, under the supervision of designated faculty, to apply to IRB for collecting data (on a small sample) relevant to their research question.
CLO6. Describe the various aspects of research design and methods.	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions: Students are questioned and guided on appropriate design and methodology during class lectures, article critiques, midterm exam, individual meetings on proposal development, and proposal presentations, and complete proposal paper.
CLO7. Identify the major research traditions for qualitative research and describe the domain of inquiry of each.	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Assignments</p> <ul style="list-style-type: none"> • Presentation of qualitative research article critique
CLO8. Describe the process of Mixed Methods and intervention research.	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Assignments</p> <ul style="list-style-type: none"> • Presentation of critique of mixed methods article.
CLO9. Demonstrate the ability to critique research reports.	<p>Lectures and Book Chapters/Readings</p> <ul style="list-style-type: none"> • In Class Lectures • Discussions <p>Assignments</p> <ul style="list-style-type: none"> • Students follow guidelines on article critique for a 20-minute in-class oral presentation of a research article, followed by a 10-minute class discussion. The

Appendix III-G-2. MSN Course Learning Outcomes, Course Teaching-Learning Practices, and Assessment Measures

		critique covers all major aspects of the research, and considerations for utilization of study findings.
	CLO10. Develop a research proposal.	<p>Assignments</p> <ul style="list-style-type: none"> • Every Student will be asked to submit a research proposal in 2 phases: Phase 1 includes introduction, literature review, theoretical framework, and references. Phase 2 is the complete proposal including detailed methods.

Appendix III-G-3: Sample Clinical Objectives for the residency Course in Adult Gerontology

NURS 506: Residency in Adult Gerontology Clinical Objectives

Student: Hratch Moskofian

July 2019

Hratch is planning to do his clinical residency in critical care under the supervision of Ms. Sabat Jamous, clinical nurse specialist (CNS) at the AUB Medical Center. The clinical objectives are listed below. The overall aim is to develop beginning competency in the various roles of the clinical nurse specialist (clinician, educator, manager, researcher, and consultant) specialized in the care of adult patients who have critical problems.

Hratch would like to rotate with the critical care CNS. In addition he is interested in rotating with the pain CNS, the clinical educator responsible for critical care, the palliative care team, and the case managers for ED and inpatients. Specific objectives include:

- Manage a load of critical care patients within the APN framework
- Identify clinical pathways, guidelines, and protocols that are applied in the management of patients presenting with critical illness.
- Participate in the development of protocols as available for ICU patients
- Participate in multidisciplinary groups such as the critical care council
- Get exposed to the pain management of patients by rotating with the pain team led by the CNS
- Get acquainted with the end of life care provided to mechanically ventilated patients by rotating with the palliative care team at AUBMC.
- Participate in patient and family education, including developing education material as applicable.
- Participate in staff education by rotating with a clinical educator.
- Get exposed to the transfer and case management of patients by rotating with case managers
- Get involved in evidence based practice projects with the advanced practice nurse as available such as the early mobility or the delirium project.
- Identify a clinical issue and develop a research utilization plan for it

Appendix III-I-1. Rubric Used in Evaluating Oral Presentations

Student _____ Course _____ Date _____

Intended Outcome: the student will use clear and concise communication in the oral form.

Performance Area	Rating = 4	Rating = 3	Rating = 2	Rating = 1	Score
Content	Includes most relevant and significant information to explain the topic. Uses empirical evidence as appropriate	Generally focuses on most relevant information but also attends to less pertinent ones; misses the details of some important concepts.	Makes an effort to focus on relevant information; has difficulty explaining the most subtle data. Little empirical evidence is used	Has difficulty explaining the health problem; appears not to know which data or information are (is) of utmost importance. Very few empirical references used.	
Organization	Follows logical sequence and provides explanations/ elaboration.	Follows logical sequence, but fails to elaborate.	Does not follow logical sequence (jumps around in presentation).	There is no logical sequence of information.	
Eye Contact	Seldom returns to notes, maintaining eye contact with audience throughout the presentation.	Maintains eye contact with audience most of the time, but frequently returns to notes.	Reads most of report, but occasionally makes eye contact with audience.	Reads entire report, making no eye contact with audience.	
Delivery	Speaks clearly and loud enough for all in audience to hear, makes no grammatical errors, and pronounces all terms correctly and precisely.	Speaks clearly and loud enough to be heard by most in audience, makes relatively few grammatical errors, and pronounces most terms correctly.	Presenter's voice is relatively clear, but too low to be heard by those in the back of the room. Presenter makes several major grammatical errors, and mispronounces some terms.	Mumbles, mispronounces terms, and makes serious and persistent grammatical errors throughout presentation. Presenter speaks too quietly to be heard by many in audience.	
Interaction with audience	Maintains adequate interaction with audience	Interacts with audience when clarifying some aspects of the presentation	Occasionally interacts with audience	Fails to interact effectively with audience	
Overall Score = Total out of 20					

Appendix III-I-2. Rubric for Evaluating Patient Write Up

Criteria	Exceeds expectations (EE)	Meets expectations (ME)	Needs improvement (NI)	Inadequate (I)
Organization of write-up	All information is organized in logical sequence; follows acceptable format References up to date.	Information generally organized in logical sequence; follows acceptable format References are mostly secondary sources.	Errors in format; information intermittently organized. No research references.	Errors in format; information disorganized No references included.
Thoroughness of history	Thoroughly documents all pertinent history components; includes critical as well as supportive information	Documents most pertinent history components; includes critical information.	Fails to document most pertinent history components. Lacks some critical information or rambling in history	Minimal history; critical information missing.
Thoroughness of physical exam	Thoroughly documents all pertinent examination components.	Documents most pertinent examination components.	Documents some pertinent examination components.	Physical examination cursory; misses several pertinent components.
Diagnostic reasoning	Assessment consistent with collected data. Clear justification for diagnosis. Notes all secondary problems. Cost effective when ordering diagnostic tests.	Assessment consistent with collected data. Clear justification for diagnosis. Notes most secondary problems.	Assessment mostly consistent with collected data. Fails to clearly justify diagnosis or note secondary problems or orders inappropriate diagnostic tests	Assessment not consistent with collected data. Fails to clearly justify diagnosis or note secondary problems or orders inappropriate diagnostic tests.
Treatment plan/patient education	Treatment plan and patient education address all issues raised by diagnoses; excellent insight into patient's needs. Evidence based decisions. Cost effective treatment	Treatment plan and patient education addresses most issues raised by diagnoses.	Treatment plan and patient education fail to address most issues raised by the diagnoses.	Minimal treatment plan and/or patient education addressed.

Exceeds expectations (18-20): 3 EE, 2 ME, no NI/Inadequate

Meets expectations (15-17): 4 ME, 1 NI/Inadequate

Needs Improvement (10-14): 2 NI/Inadequate

Inadequate/Fail (< 10): > 2 NI/any inadequate

Appendix III-I-2. Rubric for Evaluating Patient Write Up

NURS 506 Clinical Residency in Adult Gerontology

Evaluation of Clinical Residency

Semester:

Student name:

I. Summary of residency objectives and activities

II. Preceptor evaluation:

Competence	Not competent	Competent	Very competent
Performs comprehensive assessment to select patients			
Identifies patients' problems using a holistic approach			
Develops, implements and monitors plan of care for a case load of patients in area of specialty			
Identifies and communicates resources to optimize patient/family outcomes			
Initiates appropriate referrals, resource utilization			
Participates in problem solving related to patient concerns			
Participates actively in multidisciplinary patient care conferences			
Provides patient teaching based on learning needs			
Delivers formal and informal staff teaching based on needs assessment			
Reviews and evaluates incorporation of new products and technologies into practice			
Reviews research evidence critically for applicability to practice			
Critically evaluates care delivery and recommends modifications based on outcomes data			
Engages in quality improvement activities			
Evaluates cost effectiveness of selected patient-care interventions			

Appendix III-I-3. Evaluation of Clinical Residency in the Adult Gerontology CNS Track

Comments by preceptor:

Course coordinator name and signature

Date

Preceptor name and signature

Date

Appendix III-J-1. Course Summary Evaluation Form
Course Evaluation Summary Form

Course Number and Title: NURS 400 Critical Care in Nursing

Instructor: Angela Massouh

Semester: Fall 2020

Number of Students: 53

Grades

90-100: 10 students

80-89: 38 students

70-79: 4 students

60-70: None

Text Used

Sole, M. L., Klein, D.G., & Moseley, M.J. (2008). *Introduction to Critical Care Nursing* (7th ed.) St. Louis: Elsevier Saunders.

Comments: I have reviewed two books so far; this is the best I saw for a course on the introduction to critical care.

Paper(s) Required

1. Clinical Review [Pass/Fail]
2. Reflection and Appraisal [10% of the course grade]
3. Careplan [20% of the course grade]

Student Presentations Required

None

Exams/ Tests (type and % of grade)

Two Moodle-based exams that make up 55% of the course grade.

Care Plans Required

Two care plans that make up 20% of the course grade

Clinical Practice/Clinical Labs

11 clinical days or 84 clinical hours and 10 Simulation Hours

Teaching Strategies Used

1. PowerPoint Lectures
2. Moodle
3. Reflections on select clinical reviews
4. SimLab and clinical scenarios
5. Evidence-based focus
6. Clinical Review

Appendix III-J-1. Course Summary Evaluation Form

ICE Scores:

Instructor: 4.2

Course Mean [Online]: 4.3

Learning Outcomes: 4.4

Comments (unusual characteristics of class/semester events)

This was a very tough semester given the revolution and disruption of classes. Comments regarding unavailability of faculty for feedback are inaccurate as I had optional online office hours weekly which many students took. When students were on clinical, I had face to face remedial classes with students who requested support.

I was also asked by students not to put them on the spot when on Zoom and address them with my questions. So, some students participated more than others. This was merely due to the fact that I was trying to accommodate them.

Comments regarding my inability to accommodate their request for individual exam review was outside my control. Students wanted to come to my office and check their exams one by one. This is both not feasible and poses a huge exposure for me during COVID. Online individual exam review was not an option as students can copy the exam questions. Alternatively, I reviewed the exam with the whole class on Zoom using one of the students Moodle exam page [after getting her approval of course]. we took 2 hours to cover major mistakes and address thinking errors. This is not ideal as students might have forgotten what they answered but it still serves the purpose.

Strengths (3 top selections and written)

- Course contents and materials were easily accessible and presented in a variety of formats [4.5]
- The provided online course material was organized and easy to navigate [4.4]
- Overall, I had a positive online experience in this course [4.4]

Areas for Improvement (3 lowest and written)

- Instructor was accessible for feedback [4.0]
- Instructor evaluated work fairly using clear grading criteria [4.1]
- The instructor facilitated teamwork [4.1]

Feedback from other sources:

Preceptors involved in NURS 400 have consistently highlighted the organization of this course and the fact that innovation in teaching methods are used in this course. Preceptors, who evaluate the transfer of theoretical knowledge to the clinical attest to the strength of the theory component of this course.

Faculty of subsequent course(s):

Others (agencies, employers, graduate surveys, student town meetings, student class representatives):

I have been receiving positive input from AUBMC regarding the clinical competency and good critical thinking of our students specifically those who work in critical care areas.

Students who had taken this course volunteered in critical care areas to relief nurses in COVID-19 pandemic. AUBMC really appreciated their involvement and depended on them.

Appendix III-J-1. Course Summary Evaluation Form

Course objectives/content in alignment with AACN Essentials and Program Outcomes:

1. Describe the impact of the critical care environment on the client
2. Relate the human responses to critical illness to the underlying pathophysiology
3. Analyze legal and ethical dilemmas related to critical illness
4. Demonstrate initiative and self-direction in acquiring knowledge and seeking learning opportunities.
5. Utilize knowledge from the humanities and sciences, nursing theory and research findings in planning the care of critically ill adults.
6. Demonstrate beginning competence in hemodynamic and cardiac monitoring.
7. Demonstrate beginning competence in respiratory therapy.
8. Analyze and interpret physical and psychosocial assessment findings relevant to critically ill adults and their families.
9. Demonstrate safe nursing care and evidence-based interventions relevant to critically ill adults and their families.
10. Attend to the psychosocial and learning needs of critically ill adults and their families utilizing effective communication techniques.
11. Demonstrate professional behavior in relation to clients and members of the health team in terms of applying the ethical principles pertaining to the nursing profession.

Summary

Course Strengths

Theory

- Use of latest EBP knowledge
- Integration of clinical protocols and guidelines
- Independent learning and accountability of students
- Interactive Moodle based course layout

Clinical

- Strong clinical experience
- Challenging assignments
- Simulation exercises
- Reflections on select clinical reviews
- Varied rotations
- Experienced faculty members who are experts in their fields; most of them are Clinical Nurse Specialists or MScN students
- Simulation Lab scenarios

Areas for Improvement

Theory

- Space out lectures that are hard.
- Include more short review sessions to address hard to grasp concepts.
- Add more case studies throughout the course.

Appendix III-J-1. Course Summary Evaluation Form

- Decrease open ended questions in the exam. This can be tested out in case studies in OSCE.

Clinical

- Better arrangement of clinical sites and more time for prelab.
- More follow-up on clinical objectives with all course preceptors.

Strategies for Improvement:

- Revision of preceptor selection.
- Include more short review sessions to address hard to grasp concepts.
- EBP focus discussions in SimLab as well as clinical seminars.
- More time within the course for practice sessions.

Submitted by **Angela Massouh**

Appendix III-J-1. Course Summary Evaluation Form

Course Evaluation Summary Form

Course Number and Title: NURS 503: Advanced Health Assessment

Instructor: Angela Massouh

Semester: Spring 2020

Number of Students: 16

Grades

90-100: 6 students

80-89: 7 students

70-79: 2 students

60-70: None

Text Used

- Dains, J.E., Ciofu-Baumann, L., & Scheibel, P. (2019). *Advanced health assessment and clinical diagnosis in primary care*. (6th ed.). St. Louis, Missouri: Mosby Elsevier.
- Bickley, L.S. (2019). *Pocket Guide to Bate's Guide to physical examination and history taking*. (8th ed.). Philadelphia: Wolters Kluwer Health Lippincott Williams & Wilkins.

Paper(s) Required

1. Biweekly Clinical Logs [Pass/Fail]
2. Symptom Focused Health Appraisal [10% of the course grade]
3. Comprehensive Case Study [20% of the course grade]

Student Presentations Required

Clinical Case Presentation [Pass/Fail]

Exams/ Tests (type and % of grade)

1 Moodle Based Final Exam [40% of the course grade] and one clinical OSCE [20% of the course grade].

Care Plans Required

No

Clinical Practice/Clinical Labs

12 clinical days and 9 Simulation Lab hours

Teaching Strategies:

- Classroom Discussions
- Case Presentations
- Use of audiovisual resources: Videotapes and CD-ROM for self-study.
- Practicum in health assessment in Simulation Lab, Specialty Clinics, and Primary Care Settings.

Appendix III-J-1. Course Summary Evaluation Form

ICE Scores:

Instructor: 4.9

Course Mean [Online]: 4.5

Learning Outcomes: 4.4

Comments (unusual characteristics of class/semester events)

Some of the evaluation points on this ICE were irrelevant. This course was all conducted via Zoom, but students rated their experience using WebEx and Adobe Connect among others. The only pertinent tools were Zoom [4.3] and Assignments on Moodle [4.5].

Strengths (3 top selections and written)

- The instructor was prepared for class [4.9]
- The instructor demonstrated knowledge of the subject [4.9]
- The instructor communicated his/her subject well [4.9]

Areas for Improvement (3 lowest and written)

- Technical support (IT Help Desk) was available when needed [3.6]
- Technical support (IT Help Desk) enhanced my learning experience [3.6]
- This course increased my interest in the subject [4.3]
- The online activities made studying for the course interesting and engaging [4.4]

Feedback from other sources:

I am expecting feedback from the faculty correcting this cohort's comprehensive exam.

Faculty of subsequent course(s):

Others (agencies, employers, graduate surveys, student town meetings, student class representatives):

I have been receiving positive input from AUBMC regarding the clinical competency and good critical thinking of our students.

Course objectives/content in alignment with AACN Essentials and Program Outcomes:

1. Integrate biopsychosocial theoretical perspectives, empirical and experience-based knowledge into in-depth comprehensive health assessments of clients.
2. Distinguish between a comprehensive health assessment and a symptom-focused assessment.
3. Analyze a presenting symptom or complaint for the development of differential diagnoses.
4. Demonstrate advanced communication skills.
5. Demonstrate advanced physical assessment skills.
6. Demonstrate critical thinking and diagnostic reasoning skills in documentation of assessment findings.
7. Utilize an individualized approach in the assessment that reflects contextual, cultural and developmental variations.
8. Understand the principles underlying comprehensive professional regulation and standardization.

Summary

Course Strengths

Theory

- Independent learning and accountability of students
- Detailed assignments and course logistics
- Just in time teaching approach
- Rich Learning Assessment Modalities
- Instruction method

Clinical

- Detailed assignments and course logistics
- Just in time teaching approach
- Rich Learning Assessment Modalities

Areas for Improvement

Theory

- Less guest speakers

Clinical

- Better clinical rotations as these were disrupted due to COVID.

Strategies for Improvement:

- Redesign the course to be delivered face to face.

Submitted by **Angela Massouh**

Appendix IV-A-1

AMERICAN UNIVERSITY OF BEIRUT

HARIRI SCHOOL OF NURSING

Comprehensive Evaluation Plan

To model excellence in research	Continue efforts to establish a Center for Nursing Research	Research Center in Place	Dean-HSON	Yes							Not established due to lack of funding
		Endowed research chair appointed	Dean-HSON	Yes							
	Enhance faculty research	Number of funded research projects	Chair-RC	40	18	18	22	43	37	34	29
		Number of project applications per year	Chair-RC	10	9	8	12	15	12	16	14
		Number of scholarly presentations at scientific conferences	Chair-RC	40	10	12	12	29	34	12	4
		Number of publications in peer-reviewed journals	Chair-RC	40	29	19	29	36	36	32	22
		Number of interdisciplinary research activities	Chair-RC	40	17	18	20	41	37	35	30
		HSON ranking of 100 by US News World Report for Best Nursing Schools Master's	Dean-HSON	100	No data	157	149 out of 503	147 out of 503	No data	No data	171 out of 578
	Recruit PhD holder faculty in needed research areas	Number of faculty with PhD	Dean-HSON	70%	11 (55%)	12 (60%)	12 (60%)	15 (65%)	16 (67%)	16 (67%)	15 (68%)
		Number of faculty	Dean-HSON	30	20 FT 2 PT	20 FT 1 PT	20 FT 2 PT	23 FT 3 PT	24 FT 3 PT	24 FT 2 PT	22 FT 2 PT

		Full time (FT) and part time (PT)									
To achieve planned growth in high quality students	Enhance marketing strategies to increase student enrollment	Number of students enrolled in BSN, MSN and PhD program	SSO	380	245	227	214	204	226	259	254
		Number of MSN applications	GSC chair & SSO	50	47	31	38	32	38	32	37
		Number of MSN student enrollment	GSC chair & SSO	25	23	12	19	9	17	16	5
		Number of BSN applications	UG admission chair & SSO	200	349	341	356	490	417	610	420
		Number of BSN student enrollment	UG admissions chair & SSO	50	54	39	55	55	60	78	72
		% international BSN students	SSO	10%	19%	19%	21%	23%	26%	12%	12%
		% international MSN students	SSO	15%	6%	7%	10%	11%	8%	11%	10%
	Enhance student satisfaction rates with instruction and advising	Instructor course evaluation score	Executive officer	4.5/5	4.20	4.1	4.18	4.21	4.31	4.35	4.06
		BSN student satisfaction rates with instruction	SSO	75%	73%	70%	66%	64%	71%	72%	76%
		BSN student satisfaction rates with advising	SSO	65%	67%	54%	46%	55%	59%	65%	65%
		MSN student satisfaction rates with instruction	SSO	80%	81%	97%	77%	74%	85%	91%	77%
		MSN student satisfaction	SSO	70%	70%	93%	61%	68%	79%	80%	76%

		rate with advising									
		BSN overall satisfaction with program	SSO	75%	82%	80%	70%	71%	77%	81%	83%
		MSN overall satisfaction with program	SSO	80%	73%	100%	79%	76%	89%	100%	80%
	Increase the number of scholarships for undergraduate and graduate students	Number of students benefiting from AUBMC bursaries	SSO	30%	NA	NA	NA	NA	NA	NA	NA Resume negotiations with AUBMC to reinstate bursaries
		Number of students benefiting from the Master Card Foundation scholarship	SSO	10	Master Card Foundation Program Started in 2017			3 students: 2 Undergraduate, 1 Graduate	4 students: 2 Undergraduate, 2 Graduate	7 students: 2 Undergraduate, 5 Graduate	5 Graduate students
		Number of students benefiting from other scholarships (HSON, Pierre Abu Khater, etc..)	SSO	50	32 (Hariri Endowed) +2 (Darwaza)	23 (Hariri Endowed) +1 (Abou Khater)	31(Hariri Endowed)	32(Hariri Endowed)+ 2(Darwaza)	40(Hariri Endowed)	33(Hariri Endowed)	3 (Abou Khater)
Contribute to the enhancement of the health and wellbeing of the community and the environment	Strengthen HSON engagement in community and outreach activities	Number of community projects	Executive officer and Dean-HSON	5	3	3	3	3	4	4	
		Number of graduates students' projects having a community focus	Graduate Studies Committee chair	5	2	3	4	2	2	5	3
	Develop community engagement strategies targeting	Number of initiatives in collaboration with the Order of	Executive Officer and Dean-HSON	5	3	3	3	3	3	3	3

	health care needs	Nurses in Lebanon									
	Enhance service learning education and activities	Number of designated service learning courses	Chair-UG curriculum committee	3	3	3	3	3	3	3	3
Achieve status of free standing faculty	Develop a long-range financial plan that includes both cost-saving and revenue enhancement strategies	Recruitment plan in place for faculty and students	Dean-HSON and SSO	Ongoing						Freeze on employment at AUB	Freeze on employment at AUB
		Number of HSON endowments for scholarships	Dean-HSON, SSO & executive/financial officer	4	3	3	3	3	3	3	4
		% increase in revenues from new academic programs	Dean-HSON	10%	-	-	-	-	-	-	No new programs except for the PhD. All students sponsored by HSON
	Refine the organizational	New organogram for HSON in Place	Dean-HSON	In place				Organogram refined			
	Maintain a balanced faculty workload by linking teaching assignments, research activities and service contributions to promotion and tenure opportunities	HSON faculty workload policy review	Dean-HSON	By 2022							Task Force for workload appointed
		Faculty satisfaction	Executive officer	80%				A survey was done for all AUB faculty but due to the small number of responses no data per			The AUB Faculty satisfaction survey schedules for 2019 was not conducted due to the current situation in the country

							faculty were provided				
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**HARIRI SCHOOL
OF NURSING**

**NEW STUDENT ORIENTATION
MSN PROGRAMS AND GROUP ADVISING**

FALL 2018-2019

Graduate Programs

Dr. Samar Noureddine

*Professor and
MSN Convener*



American University of Beirut



RAFIC HARIRI SCHOOL OF NURSING



MASTER OF SCIENCE IN NURSING

- The MSN program prepares nurses for advanced nursing practice roles and uses research-based knowledge to guide practice.
- In addition to training advanced practice nurses for clinical, management, and administration positions, the graduate program also offers students the opportunity to work with faculty on research projects on a wide range of topics.



WHY STUDY AT AUB SCHOOL OF NURSING?

1. HSON is 113 years old, the first in the Middle East
2. The first School of Nursing outside the USA to be accredited by the Commission on Collegiate Nursing Education (CCNE)
3. Programs registered with the New York State Department of Education
4. Unique clinical and research experiences
5. Opportunities for presentations at local and international conferences
6. Opportunities for publications of student projects in peer-reviewed journals
7. Partnerships with Johns Hopkins University, University of Maryland and University of Michigan Schools of Nursing



GRADUATE PROGRAMS



FACTS ABOUT THE MSN PROGRAM



Launched in
Fall 2003-04

Accredited by
the CCNE in
2007 and
reaccredited in
2012 for 10
years.

Graduated
180 MSN
students
since 2005.

Total number of
MSN students
expected In the
fall is 54.

7%
International
students

TRACKS OF THE MSN PROGRAM

Adult
Gerontology
Clinical
Nurse
Specialist

39 credits

Nursing
Administration
and
Management

37 credits

Psychiatric
Mental
Health
Clinical
Nurse
Specialist

40 credits

Community &
Public Health
Nursing

40 credits

An optional minor in nursing education for the clinical tracks.(12 Extra Credits)



PROGRESS IN THE MSN PROGRAM

- Orientation
- Advising
- On line registration
- Completion of course work
- Comprehensive exam (November or April)
- Residencies (local or abroad; specialty certification)
- Project or thesis
- Graduation!



MSN CURRICULUM

Core courses



Specialty-Specific courses



Electives



Residency



Project or Thesis



CORE COURSES

- NURS 500 Theories, Concepts and Ethical Frameworks for Advanced Nursing Practice (2 Cr.)
- NURS 501 Advanced Nursing Practice: Scope and Roles (2 Cr.)
- NURS 530 Statistical Reasoning & Application in Nursing (2 Cr.)
- NURS 502 Advanced Nursing Research (3 Cr.)
- NURS 527 Systems Approach to the Development and Evaluation of Health Care Services (3 Cr.)

Total 12 credits



ADULT GERONTOLOGY COURSES

- NURS 503 Advanced Health Assessment (3 Cr.)
- NURS 504 Advanced Pathophysiology (3 Cr.)
- NURS 505A Advanced Practice in Adult Gerontology I (4 Cr.)
- NURS 505B Advanced Practice in Adult Gerontology II (4 Cr.)
- NURS 506 Advanced Practice in Adult Gerontology III (4 Cr.)
- PHRM 314 Advanced Pharmacology (3 Cr.)

Total 21 credits



NURSING ADMINISTRATION AND MANAGEMENT SPECIALTY COURSES

- NURS 507 Essentials of Nursing Administration and Management (2 Cr.)
- NURS 520 Managing Quality with Teams (3 Cr.)
- NURS 525 Leadership Theories and Applications for Nurse Managers (3 Cr.)
- NURS 531 Practical Applications for Budgeting in Nursing (1 Cr.)
- NURS 533 Advanced Health and Nursing Informatics (3 Cr.)
- MNGT 332 Human Capital Management (3 Cr.)
- NURS 508 Advanced Practice: Nursing Administration (4 Cr.)

Total 19 credits



PSYCHIATRY MENTAL HEALTH COURSES

- NURS 503A Advanced Health Assessment for Mental Health (1 Cr.)
- NURS 504 Advanced Pathophysiology (3 Cr.)
- NURS 512 Advanced Psychiatric and Mental Health Assessment (2 Cr.)
- PHRM 314 Advanced Pharmacology (3 Cr.)
- NURS 516 Psychopathology and Human Behavior (3 Cr.)
- NURS 517 Models of Treatment –Psychotherapy (3 Cr.)
- NURS 518 Group and Family Psychotherapy (3 Cr.)
- NURS 519 Clinical Residency in Psychiatric Care (4 Cr.)

Total 22



COMMUNITY & PUBLIC HEALTH NURSING COURSES

- EPHD 300 Principles of Epidemiology (3 Cr.)
- NURS 503 Advanced Health Assessment (3 Cr.)
- NURS 504 Advanced Pathophysiology (3 Cr.)
- PHRM 314 Advanced Pharmacology (3 Cr.)
- NURS 522 Principles & Practice of Community Health Nursing (3 Cr.)
- NURS 523 Advanced Community Assessment (3 Cr.)
- NURS 524 Clinical Residency in Community Health Care (4 Cr.)

Total 22 credits



COMPREHENSIVE EXAM (NURS 526)

- All students must sit for & pass the comprehensive exam
- The purpose is to evaluate students' breadth & depth of knowledge, as well as their ability to synthesize and analyze information
- Taken after most of the course work is completed and before doing the residency & project/thesis
- Offered twice a year: fall and spring semesters



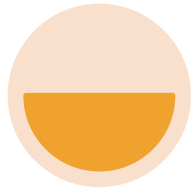
PROJECT/THESIS (N598/N599)

- Students may elect to do a project focused on research, education, or administration.
- Along with the project, students take 3 credits of elective courses to help them towards the project.
- Students have 2 semesters to complete their projects.
- Alternatively, students may opt for a thesis, which entails the conceptualization, planning and actual conduction of an original research study.
- Students have up to 4 semesters to complete their thesis.

Total 6 credits

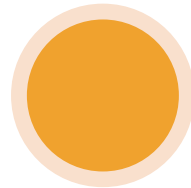


LENGTH OF THE MSN PROGRAM



Part-Time

Maximum of 4
Years



Full Time

2 Years



SAMPLE CURRICULUM PLAN-FULL TIME: ADULT-GERONTOLOGY CNS

	Fall semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530 NURS 504	<u>2</u> <u>2</u> <u>2</u> <u>3</u> 9	NURS 502 NURS 503 PHRM 314	<u>3</u> <u>3</u> <u>3</u> 9		
Year 2	N505A N527	<u>4</u> <u>3</u> 7	NURS 505B NURS 526 Comprehensive Exam NURS 599 (thesis) or N598 and elective	<u>4</u> <u>0</u> <u>6</u> 10	NURS 506	<u>4</u> <u>4</u>
					Total credits	39



SAMPLE CURRICULUM PLAN-FULL TIME: PSYCHIATRIC MENTAL HEALTH CNS

	Fall Semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530	2 2 <u>2</u> 6	NURS 502 NURS 512 NURS 503 A NURS 516 PHRM 314	3 2 1 3 <u>3</u> 12		
Year 2	NURS 504 NURS 527 NURS 517	3 3 <u>3</u> 9	NURS 518 NURS 526 Comprehensive Exam NURS 599 Thesis or NURS 598 Project + Elective	3 0 6 or <u>3+3</u> 9	NURS 519 Total Credits	<u>4</u> 4 40

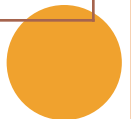
SAMPLE CURRICULUM PLAN-FULL TIME: NURSING ADMINISTRATION AND MANAGEMENT TRACK

	Fall semester	Credit s	Spring semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530 NURS 507 NURS 531	2 2 2 2 <u>1</u> 9	NURS 502 NURS 520 NURS 525	3 3 <u>3</u> 9		
Year 2	NURS 527 NURS 533 MNGT 332 NURS 526 Comprehens ive exam	3 3 3 <u>0</u> 9	NURS 508 NURS 599 (thesis) or N598 and elective	4 <u>6</u> 10	Total credits	37



SAMPLE CURRICULUM PLAN-FULL TIME: COMMUNITY & PUBLIC HEALTH NURSING

	Fall semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 504 EPHD 300 NURS 530	2 2 3 3 <u>2</u> 12	NURS 522 NURS 502 NURS 503 PHRM 314	3 3 3 <u>3</u> 12		
Year 2	NURS 527 NURS 523 NURS 526 Comprehensive Exam	3 3 <u>0</u> 6	NURS 524 NURS 599 OR NURS 598 + elective	4 6 or <u>3 + 3</u> 10	Total credits	40



CAREER OPPORTUNITIES

Managers or Directors of:

- Nursing Departments
- Health Care Organizations
- Non-governmental organizations (WHO, UN agencies)

Clinical nurse specialists in hospitals and other health care agencies

Clinical Educators in hospital nursing departments

Faculty members in schools of nursing

Research Positions



RESOURCES AT AUB

- Libraries:
 - Jafet
 - Saab Medical
- Computing and Networking Services
- Academic Computing & Processes Systems
- Writing center
- Bookstore
- Food services
- Health Services
- Counseling Services



FINANCIAL ASSISTANCE

Educational allowance from AUBMC

The hospital pays 60% and the student 40% of tuition

http://www.aub.edu.lb/hr/policies/Documents/Benefits_Booklet.pdf

Financial Aid

Financial aid (typically covering 15% - 20% of tuition fees) based first on demonstrated need and then on academic performance

<http://www.aub.edu.lb/faid/Pages/index.aspx>

Graduate Assistantship

Tuition coverage with or without stipend based on academic performance and work at the school either in research, teaching or administration

<http://www.aub.edu.lb/graduatecouncil/Documents/GFAP-Policy-June2018-Approved.pdf>

Student Services

Ms. Lynn Berbary Najem

*Student Services and
Recruitment Officer*



Student Services Office



Student Services and Staff

Who we are?

- **Ms. Lynn Berbary Najem** – Student Services and Recruitment Officer
- **Ms. Patricia Assaf**– Executive /Financial Officer
- **Ms. Randa Farha**– Simulation Lab Coordinator
- **Ms. Mira Abdallah**– Administrative and Student Services Assistant
- **Ms. Nisrine Ghalayini**– Administrative Assistant (Graduate Division)
- **Ms. Janet Zeinaty**– Secretary (Undergraduate Division)
- **Mr. Toufic Arout**– Computer Lab Administrator
- **Mr. Rabih Daher**– Clerk Messenger



Student Services Office

What we do?

Student Recruitment and Orientation

Student Admissions – Inquiries about undergraduate and graduate programs

HSON Awards , Scholarships and Graduate Assistantship

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Student Services Office

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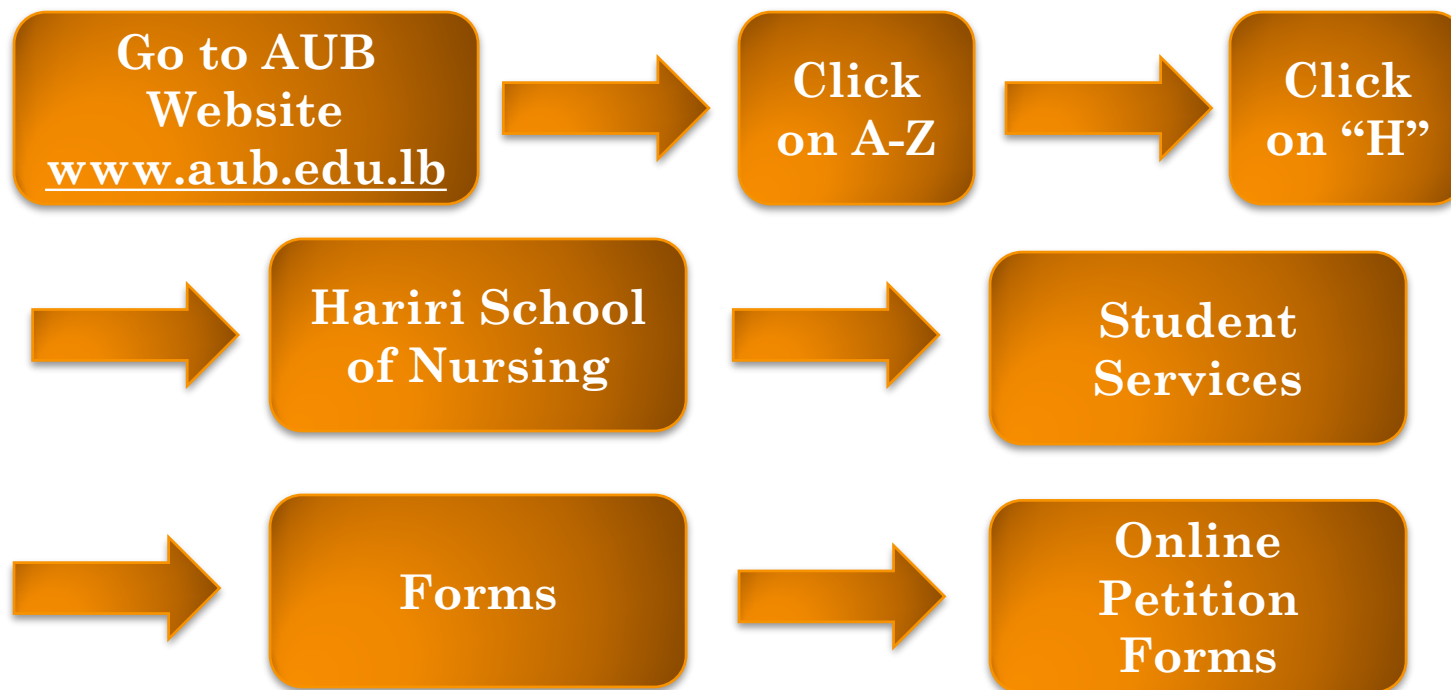
Career Guidance- work opportunities

Student related activities such as student elections, NSS activities , graduation parties etc.

Program evaluation and satisfaction surveys

Requests for Credentials

Student Services Office Online Petition Forms




Student Services Office Online Petition Forms

Login Page:

OPFS link: opfs.aub.edu.lb/petition/f?p=101

American university of Beirut

Online Petition and Forms System



The Online Petition and Forms System is a web application that automates the process of submitting petitions and forms. Active students can submit their petition forms online and track their progress. Decision makers can view corresponding submitted forms and record their decision electronically and forward them to the registrar or other parties.

Active

If you are an Active student, staff or faculty member, please login using your AUBsis ID and Pin

Login

ID

Pin

Inactive

If you are an inactive **FAS** student (who has left AUB for one semester or more), click on one of the two choices below:

1. [Undergraduate Student](#)
2. [Graduate Student](#)

For academic inquiries please contact the student section in your faculty.
For technical inquiries please contact as-opfs@aub.edu.lb

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Student Services Office

Online Petition Forms

	Title	Workflow	Level
1	General petition	Advisor- Student Services Office- Chair of GSC	Graduates
2	Extension of Residency	Advisor- Student Services Office- Chair of GSC- Graduate Council	Graduates
3	Leave of Absence	Advisor- Student Services Office- Chair of GSC-Graduate Council	Graduates

CONTACT DETAILS

- Student Services Office: Mrs. Lynn Berbary Najem (4th floor) or Miss Nisrine Ghalayini (5th floor)

-  : 01-350000 Ext: 5954/1

-  : www.aub.edu.lb/~webson/

-  : schnsg@aub.edu.lb

-  : www.facebook.com/AUBHSON





**HARIRI SCHOOL
OF NURSING**

**NEW STUDENT ORIENTATION
MSN PROGRAMS AND GROUP ADVISING**

FALL 2019-2020

Graduate Programs

Dr. Samar Noureddine

*Professor and
MSN Convener*



American University of Beirut



RAFIC HARIRI SCHOOL OF NURSING



MASTER OF SCIENCE IN NURSING

- The MSN program prepares nurses for advanced nursing practice roles and uses research-based knowledge to guide practice.
- Students are trained in advanced practice for clinical, management, and administration positions
- Students also have the opportunity to work with faculty on research projects on a wide range of topics.



FACTS ABOUT HSON

1. HSON is 114 years old, the first School of Nursing in the Middle East
2. The first School of Nursing outside the USA to be accredited by the Commission on Collegiate Nursing Education (CCNE)
3. HSON programs are registered with the New York State Department of Education
4. Unique clinical and research experiences are provided
5. Opportunities for student presentations at local and international conferences
6. Opportunities for publications of student projects/theses in peer-reviewed journals
7. Partnerships with Johns Hopkins University, University of Maryland and the University of Michigan Schools of Nursing



FACTS ABOUT THE MSN PROGRAM



Launched in
Fall 2003-04

Accredited by
the CCNE in
2007 and
reaccredited in
2012 for 10
years.

Graduated
192 MSN
students
since 2005.

Total number of
MSN students
expected In the
fall is 54.

7%
International
students

TRACKS OF THE MSN PROGRAM

Adult
Gerontology
Clinical
Nurse
Specialist

39 credits

Nursing
Administration
and
Management

37 credits

Psychiatric
Mental
Health
Clinical
Nurse
Specialist

40 credits

Community &
Public Health
Nursing

39-40 credits

An optional minor in nursing education for the clinical tracks
(12 Extra Credits)



PROGRESS IN THE MSN PROGRAM

- Orientation
- Advising
- On line registration
- Completion of course work
- Comprehensive exam (November or April)
- Clinical/administrative residencies (local or abroad; specialty certification)
- MSN project or thesis
- Graduation!



MSN CURRICULUM

Core courses



Specialty-Specific courses



Electives



Residency



Project or Thesis



CORE COURSES

- NURS 500 Theories, Concepts and Ethical Frameworks for Advanced Nursing Practice (2 Cr.)
- NURS 501 Advanced Nursing Practice: Scope and Roles (2 Cr.)
- NURS 530 Statistical Reasoning & Application in Nursing (2 Cr.)
- NURS 502 Advanced Nursing Research (3 Cr.)
- NURS 527 Systems Approach to the Development and Evaluation of Health Care Services (3 Cr.)

Total 12 credits



ADULT GERONTOLOGY SPECIALTY COURSES

- NURS 503 Advanced Health Assessment (3 Cr.)
- NURS 504 Advanced Pathophysiology (3 Cr.)
- NURS 505A Advanced Practice in Adult Gerontology I (4 Cr.)
- NURS 505B Advanced Practice in Adult Gerontology II (4 Cr.)
- NURS 506 Advanced Practice in Adult Gerontology III (4 Cr.)
 - Residency
- PHRM 314 Advanced Pharmacology (3 Cr.)

Total 21 credits



NURSING ADMINISTRATION AND MANAGEMENT SPECIALTY COURSES

- NURS 507 Essentials of Nursing Administration and Management (2 Cr.)
- NURS 520 Managing Quality with Teams (3 Cr.)
- NURS 525 Leadership Theories and Applications for Nurse Managers (3 Cr.)
- NURS 531 Practical Applications for Budgeting in Nursing (1 Cr.)
- NURS 533 Advanced Health and Nursing Informatics (3 Cr.)
- MNGT 332 Human Capital Management (3 Cr.)
- NURS 508 Advanced Practice: Nursing Administration (4 Cr.)
 - Administrative residency

Total 19 credits



PSYCHIATRY MENTAL HEALTH SPECIALTY COURSES

- *NURS 503A Advanced Health Assessment for Mental Health (1 Cr.)*
- *NURS 512 Advanced Psychiatric and Mental Health Assessment (2 Cr.)*
- *NURS 504 Advanced Pathophysiology (3 Cr.)*
- *PHRM 314 Advanced Pharmacology (3 Cr.)*
- *NURS 516 Psychopathology and Human Behavior (3 Cr.)*
- *NURS 517 Models of Treatment –Psychotherapy (3 Cr.)*
- *NURS 518 Group and Family Psychotherapy (3 Cr.)*
- *NURS 519 Clinical Residency in Psychiatric Care (4 Cr.)*

Total 22



COMMUNITY & PUBLIC HEALTH SPECIALTY NURSING COURSES

- EPHD 300 Principles of Epidemiology (2 Cr.)
- NURS 503 Advanced Health Assessment (3 Cr.)
- NURS 504 Advanced Pathophysiology (3 Cr.)
- PHRM 314 Advanced Pharmacology (3 Cr.)
- NURS 522 Principles & Practice of Community Health Nursing (3 Cr.)
- NURS 523 Advanced Community Assessment (3 Cr.)
- NURS 524 Clinical Residency in Community Health Care (4 Cr.)

Total 21 credits



COMPREHENSIVE EXAM (NURS 526)

- All students must sit for & pass the comprehensive exam
- The purpose is to evaluate students' breadth & depth of knowledge, as well as their ability to synthesize and analyze information
- Taken after most of the course work is completed and before doing the residency & project/thesis
- Offered twice a year: Fall and Spring semesters



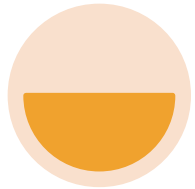
PROJECT/THESIS (N598/N599)

- Students may elect to do a 3-credit worth project focused on research, education, or administration.
 - Along with the project, students take 3 credits of elective courses to help them towards the project.
 - Students have 2 semesters to complete their projects.
- Alternatively, students may opt for a thesis, which entails the conceptualization, planning and actual conduct of an original research study.
 - Students have up to 4 semesters to complete their thesis.

Total 6 credits

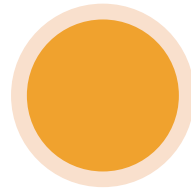


LENGTH OF THE MSN PROGRAM



Part-Time

Maximum of 4
Years



Full Time

2 Years



SAMPLE CURRICULUM PLAN-FULL TIME: ADULT-GERONTOLOGY CNS

	Fall semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530 NURS 504	2 2 2 <u>3</u> 9	NURS 502 NURS 503 PHRM 314	3 3 <u>3</u> 9		
Year 2	N505A N527	4 <u>3</u> 7	NURS 505B NURS 526 Comprehensive Exam NURS 599 (thesis) or N598 and elective	4 0 <u>6</u> 10	NURS 506 Total credits	<u>4</u> 4 39



SAMPLE CURRICULUM PLAN-FULL TIME: PSYCHIATRIC MENTAL HEALTH CNS

	Fall Semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530	2 2 <u>2</u> 6	NURS 502 NURS 512 NURS 503 A NURS 516 PHRM 314	3 2 1 3 <u>3</u> 12		
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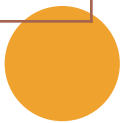
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	Fall semester	Credit s	Spring semester	Credits	Summer	Credits
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SAMPLE CURRICULUM PLAN-FULL TIME: COMMUNITY & PUBLIC HEALTH NURSING

	Fall semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 504 EPHD 300 NURS 530	2 2 3 2 <u>2</u> 11	NURS 522 NURS 502 NURS 503 PHRM 314	3 3 3 <u>3</u> 12	Elective?	1?
Year 2	NURS 527 NURS 523 NURS 526 Comprehensive Exam	3 3 <u>0</u> 6	NURS 524 NURS 599 OR NURS 598 + elective	4 6 or <u>3 + 3</u> 10	Total credits	39-40



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Student Services

Ms. Lynn Berbary Najem

*Student Services and
Recruitment Officer*



Student Services Office



Student Services and Staff

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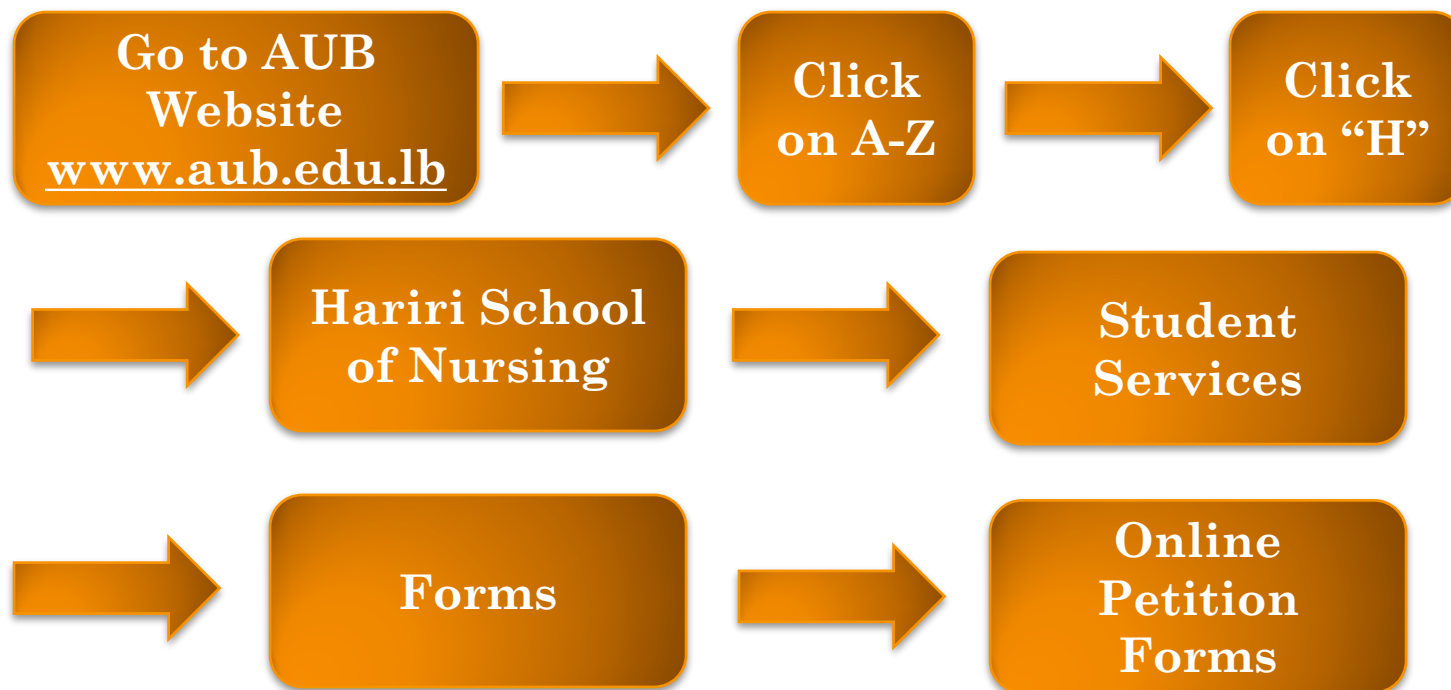
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American university of Beirut

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Active

If you are an Active student, staff or faculty member, please login using your AUBsis ID and Pin

Login

ID

Pin

Inactive

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- [Graduate Student](#)

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-  : www.facebook.com/AUBHSON





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OF NURSING**

**NEW STUDENT ORIENTATION
MSN PROGRAMS AND GROUP ADVISING**

FALL 2020-2021

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Dr. Samar Noureddine

Professor,

Associate Dean for Academic Affairs and

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American University of Beirut



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Launched in
Fall 2003-04

Accredited by
the CCNE in
2007 and
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2012 for 10
years.

Graduated
200 MSN
students
since 2005.

Total number of
MSN students
expected In the
fall is 54.

7%
International
students

TRACKS OF THE MSN PROGRAM

Adult
Gerontology
Clinical
Nurse
Specialist

39 credits

Nursing
Administration
and
Management

37 credits

Psychiatric
Mental
Health
Clinical
Nurse
Specialist

40 credits

Community &
Public Health
Nursing

39 credits

An optional minor in nursing education (12 Extra Credits)



PROGRESS IN THE MSN PROGRAM

- Orientation
- Advising
- On line registration
- Completion of course work
- Comprehensive exam (November or April)
- Clinical/administrative residencies (local or abroad)
- MSN project or thesis
- Graduation!
- Specialty certification



MSN CURRICULUM

Core courses



Specialty-Specific courses



Electives



Residency



Project or Thesis



CORE COURSES

- NURS 500 Theories, Concepts and Ethical Frameworks for Advanced Nursing Practice (2 Cr.)
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Total 12 credits



ADULT GERONTOLOGY SPECIALTY COURSES

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 - Residency

Total 21 credits



NURSING ADMINISTRATION AND MANAGEMENT SPECIALTY COURSES

- NURS 507 Essentials of Nursing Administration and Management (2 Cr.)
- NURS 520 Managing Quality with Teams (3 Cr.)
- NURS 525 Leadership Theories and Applications for Nurse Managers (3 Cr.)
- NURS 531 Practical Applications for Budgeting in Nursing (1 Cr.)
- NURS 533 Advanced Health and Nursing Informatics (3 Cr.)
- MNGT 332 Human Capital Management (3 Cr.)
- NURS 508 Advanced Practice: Nursing Administration (4 Cr.)
 - Administrative residency

Total 19 credits



PSYCHIATRY MENTAL HEALTH SPECIALTY COURSES

- **NURS 503A Advanced Health Assessment for Mental Health (1 Cr.)**
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- **PHRM 314 Advanced Pharmacology (3 Cr.)**
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- **NURS 517 Models of Treatment –Psychotherapy (3 Cr.)**
- **NURS 518 Group and Family Psychotherapy (3 Cr.)**
- **NURS 519 Clinical Residency in Psychiatric Care (4 Cr.)**

Total 22



COMMUNITY & PUBLIC HEALTH SPECIALTY NURSING COURSES

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- NURS 503 Advanced Health Assessment (3 Cr.)
- NURS 504 Advanced Pathophysiology (3 Cr.)
- PHRM 314 Advanced Pharmacology (3 Cr.)
- NURS 522 Principles & Practice of Community Health Nursing (3 Cr.)
- NURS 523 Advanced Community Assessment (3 Cr.)
- NURS 524 Clinical Residency in Community Health Care (4 Cr.)

Total 21 credits



COMPREHENSIVE EXAM (NURS 526)

- All students must sit for & pass the comprehensive exam
- Students register for NURS 526 (0 credits) during the semester in which they take the exam
- The purpose is to evaluate students' breadth & depth of knowledge, as well as their ability to synthesize and analyze information
- Taken after most of the course work is completed and before doing the residency & project/thesis
- Offered twice a year: Fall and Spring semesters



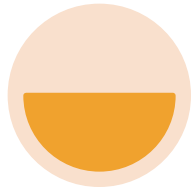
PROJECT/THESIS (N598/N599)

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 - Students have 2 semesters to complete their projects.
- Alternatively, students may opt for a thesis, which entails the conceptualization, planning and actual conduct of an original research study.
 - Students have up to 4 semesters to complete their thesis.

Total 6 credits

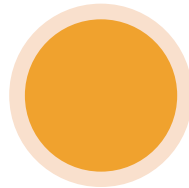


LENGTH OF THE MSN PROGRAM



Part-Time

Maximum of 4
Years



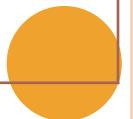
Full Time

2 Years



SAMPLE CURRICULUM PLAN-FULL TIME: ADULT-GERONTOLOGY CNS

	Fall semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530 NURS 504	2 2 2 <u>3</u> 9	NURS 502 NURS 503 PHRM 314	3 3 <u>3</u> 9		
Year 2	N505A N527	4 <u>3</u> 7	NURS 505B NURS 526 Comprehensive Exam NURS 599 (thesis) or N598 and elective	4 0 <u>6</u> 10	NURS 506 Total credits	<u>4</u> 4 39



SAMPLE CURRICULUM PLAN-FULL TIME: PSYCHIATRIC MENTAL HEALTH CNS

	Fall Semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530	2 2 <u>2</u> 6	NURS 502 NURS 512 NURS 503 A NURS 516 PHRM 314	3 2 1 3 <u>3</u> 12		
Year 2	NURS 504 NURS 527 NURS 517	3 3 <u>3</u> 9	NURS 518 NURS 526 Comprehensive Exam NURS 599 Thesis or NURS 598 Project + Elective	3 0 6 or <u>3+3</u> 9	NURS 519 Total Credits	<u>4</u> 4 40



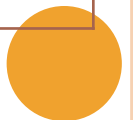
SAMPLE CURRICULUM PLAN-FULL TIME: NURSING ADMINISTRATION AND MANAGEMENT TRACK

	Fall semester	Credits	Spring semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 530 NURS 507 NURS 531	2 2 2 2 <u>1</u> 9	NURS 502 NURS 520 MNGT 332 or equivalent NURS 525	3 3 3 <u>3</u> 9		
Year 2	NURS 527 NURS 533 NURS 526 Comprehensive exam	3 3 <u>0</u> 9	NURS 508 NURS 599 (thesis) or N598 and elective	4 <u>6</u> 10	Total credits	37



SAMPLE CURRICULUM PLAN-FULL TIME: COMMUNITY & PUBLIC HEALTH NURSING

	Fall semester	Credits	Spring Semester	Credits	Summer	Credits
Year 1	NURS 500 NURS 501 NURS 504 EPHD 300 NURS 530	2 2 3 2 <u>2</u> 11	NURS 522 NURS 502 NURS 503 PHRM 314	3 3 3 <u>3</u> 12		
Year 2	NURS 527 NURS 523 NURS 526 Comprehensive Exam	3 3 <u>0</u> 6	NURS 524 NURS 599 OR NURS 598 + elective	4 6 or <u>3 + 3</u> 10	Total credits	39



CAREER OPPORTUNITIES

Managers or Directors of:

- Nursing Departments
- Health Care Organizations
- Non-governmental organizations (WHO, UN agencies)

Clinical nurse specialists in hospitals and other health care agencies

Clinical Educators in hospital nursing departments

Faculty members in schools of nursing

Research Positions



RESOURCES AT AUB

- Libraries:
 - Jafet
 - Saab Medical
- Computing and Networking Services
- Academic Computing & Processes Systems
- Writing center
- Bookstore
- Food services
- Health Services
- Counseling Services



FINANCIAL ASSISTANCE

Educational allowance from AUBMC

The hospital pays 60% and the student 40% of tuition

http://www.aub.edu.lb/hr/policies/Documents/Benefits_Booklet.pdf

Financial Aid

Financial aid (typically covering 15% - 20% of tuition fees) based first on demonstrated need and then on academic performance

<http://www.aub.edu.lb/faid/Pages/index.aspx>

Graduate Assistantship

Tuition coverage with or without stipend based on academic performance and work at the school either in research, teaching or administration

<http://www.aub.edu.lb/graduatecouncil/Documents/GFAP-Policy-June2018-Approved.pdf>

CONTACT DETAILS

- Student Services Office: Mrs. Lynn Berbary Najem (4th floor) or the Graduate Division Administrative Assistant Miss Nisrine Ghalayini (5th floor)



○ : 01-350000 Ext: 5954 or 5951



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○ : www.facebook.com/AUBHSON

