**CENTRAL METHODIST UNIVERSITY**

**DEPARTMENT OF NURSING**

**SYSTEMATIC PROGRAM EVALUATION PLAN**

**PROGRAMS: BSN-Generic (BSN-G) and Accelerated BSN (A-BSN), BSN-Completion (BSN-C),**

**MSN-Clinical Nurse Leader (MSN-CNL), and MSN-Nurse Educator (MSN-NE)**

**Spring Meeting: Annual summary for BSN-C (Apr 31 - May 1) & BSN-G (Aug – May)**

**Fall Meeting: Annual summary for ABSN (grad cohort) and MSN-CNL/NE (grad cohort) (July 31 – Aug 1)**

**CCNE 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 quality.

Key Element I-A: The mission, goals, and expected program outcomes of the program are:

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| University Mission Statement, University Values, Nursing Department Philosophy, and Program Outcomes  | University website, University catalogs (CLAS and CGES); Student Handbooks for BSN-G & ABSN, BSN-C,& CNL; Department of Nursing syllabi | Program Administrator, Nursing Program Coordinators, Clinical Coordinator, and Nursing Programs Assessment Committee  | Annual Review | Review website, catalogs, handbooks, syllabi | Congruency between all documents; professional standards evident in documents  | Spring | Met | No |
| *Essentials of Baccalaureate Education for Professional Nursing Practice*  (AACN, 2008),  *Essentials of Master’s Education in Nursing* (AACN, 2011) | Nursing Program Outcomes for:Bachelors level* BSN-G
* ABSN
* BSN-C

Masters level* CNL
* ANE
 | Program Administrator, Nursing Program Coordinators, Clinical Coordinator, and Nursing Programs Assessment Committee | Annual Review | Review of Program Outcomes, syllabi | Consistency between documents; professional standards evident in documents | Spring | Met | No |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Mission, goals and expected program outcomes compared with professional standards | Professional accreditation reports (HLC, CCNE, MOSBN); certification and NCLEX pass rates; graduation rates; job placement rates; achievement of student outcomes/course objectives; student rating of self and program for achievement of program outcomes | Program Administrator, Nursing Program Coordinators, Clinical Coordinator, and Nursing Programs Assessment Committee | Annual Review | Review actual achievement rate for identified criteria with established thresholds  | HLC: full accreditationMoSBN: full approvalCCNE: Full accreditationCertification and NCLEX pass rates: 80%Graduation rates: 70%Achievement of individual course student outcomes/ objectives: 80%Student evaluation of program facilitation of program outcomes achievement: 2.25 or lower Student acceptance or continuance of employment utilizing knowledge/skills gained in program: 50% at graduation 90% at time of report of post-graduate survey (sent in December for all graduates). | SpringSpringSpringBSNG Spring;ABSN & MSNFallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallSpring | MetMetMetMet: 100%Not Met: 68%Mostly met:NU304 97.7%NU307 57%NU308 84.6%NU309 87.2%NU312 91.6%NU313 86.3%NU321 82.9%NU322 90.2%NU334 84.2%NU336 96.6%NU451 100%NU452 82%NU456 95.6%NU461 100%Met Met 77.5%Met: 100% | Watch for trends. Small numbers in spring 19 admitting cohort makes the percentage an inaccurate assessment. First semester students must be able to move from concrete to conceptual thinking strategies, and are acclimating to the typical nursing student workload. |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Mission, goals, and expected outcomes compared with expectations of the community of interest | Professional accreditation reports (HLC, CCNE, MOSBN); certification and NCLEX pass rates; graduation rates; job placement rates; Advisory Board minutes; Graduate/alumni/Employer survey reports  | Advisory Board chairperson; Program Administrator, Nursing Program Coordinators, Clinical Coordinator, and Nursing Programs Assessment Committee | Annual Review | Documented discussion of thresholds and achievement rates with Advisory Board; Graduate/alumni/Employer surveys  | Advisory board reviews and approves mission, goals, and expected outcomes.Alumni, and employer surveys indicate mission, goals, and program outcomes are congruent with expectations in practice environment: 80% rate extremely well or well. (All surveys sent out in Dec. of each year.) | SpringSpring | MetMet:Alumni 88%Employer 100% | Need to continue to work with Advisory Board responsiveness. |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Faculty outcomes in teaching, scholarship, service, and practice compared to mission, goals, and expected outcomes | Faculty handbook, Scholarly activities specific to nursing faculty; NLN Core Competencies of Nurse Educators, Faculty files, SEIs, surveys, faculty job descriptions | Program Administrator, Nursing Program Coordinators, Clinical Coordinator, Dean of University | Annual Review | Review job descriptionsAnnual faculty evaluation (includes self-evaluation, Department Chair evaluation of faculty, and response from Dean’s office)Student evaluations of instruction (SEI)surveys from alumni | Congruency between all documents80% of faculty will be rated positively on teaching, scholarship, service, and practice in annual faculty evaluationMean SEI score for faculty will 4.0 or greaterMean SEI score for Clinical Instructors is 4.0 or higher for the quality indicators for clinical education.Graduate surveys: 80% or more of returned surveys rate faculty characteristics at ‘extremely well’ or ‘well’ | BSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNG Spring; ABSN FallBSNG Spring; ABSN FallBSNC & BSNG Spring; MSN & ABSN Fall | MetMet Met 4.4Met 4.6Met 4.4 | No  |

Key Element I-E: Faculty and students participate in program governance.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Faculty participation in program and university-wide governance | Faculty Handbook, Nominations committee assignments, Meeting minutes from various university-wide committees, Minutes from Nursing Department Faculty meetings (both CLAS and CGES) | Program Administrator, Nursing Program Coordinators | Annual Review | Review of committee assignments and meeting minutes | Faculty will participate in program and university –wide governance | Spring | Met  | No  |
| Student participation in program governance | Nursing Department Student Handbook, Meeting Minutes from Nursing Department Faculty meetings (both CLAS and CGES) | Program Administrator, Nursing Program Coordinators | Annual Review | Review of meeting minutes | Students have the opportunity to participate in program governance | BSNG Spring; ABSN Fall | MetStudents have the opportunity to participate in any/all departmental and programmatic meetings.  | No  |

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

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Academic policies: admission, transfer, academic conduct, scholastic standards, (retention and progression) | University catalogs (CLAS and CGES), Nursing Department Student Handbook, University website, individual course syllabi | Program Administrator, Nursing Program Coordinators Nursing Programs Assessment Committee, Nursing Department Curriculum Committee (BSN-G) | Annual Review | Review policies for congruency; Review Nursing Department-specific academic policies for fairness and equitability and ability to improve programs | Academic policies of the University and the Department of Nursing are congruent. Nursing Department-specific academic policies are fair, equitable, and reflective of ongoing attempts at program improvement and increasing professional standards.  | BSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN Fall | Met Met  | No  |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Definition of formal complaint and procedures for filing complaint  | University catalog, student handbooks, and individual course syllabi | Program Administrator, Nursing Program Coordinators, Nursing Faculty | Annual Review | Review website, catalogs, handbooks, syllabi | Consistency between documents; documents are accessible to students, faculty, etc. | **Spring** | Met  | **No**  |
| Formal complaints are reviewed systematically | Complaint records, meeting minutes | Program Administrator, Nursing Program Coordinators, Nursing Faculty | Annual Review | Review of meeting minutes | All formal complaints are immediately investigated and responded to. An annual report of program complaints goes from the Program Coordinator/Director to the Division Chair, and then from the Division Chair to the Provost. | BSNC & BSNG Spring; MSN & ABSN Fall | Met No formal complaints received for the BSNG in AY18-19 | **No**  |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| University and program documents and publications | University catalogs(CGES and CLAS), university website, Nursing Student Handbooks, marketing brochures | Program Administrator, Nursing Program Coordinators Director of Admissions, Director of Marketing | Annual Review | Review of documents and publications | Information in all documents and publications is accurate.  | BSNC & BSNG Spring; MSN & ABSN Fall | Met  | Technology issues communicated with senior administration. Old versions of CARs periodically replace current versions with no warning or notification. |

**CCNE 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.

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Fiscal resources including: personnel resources, fiscal/budget resources | Personnel resources: Faculty load assignment gridFiscal/budget resources: University budget (CLAS and CGES), Department of Nursing BudgetSurveys  | Program Administrator, Nursing Program Coordinators, Nursing Programs Assessment Committee, VP and Dean of the University, VP of Finance/CFO, Nursing Department Clinical Coordinator | Annual Review | Review resources to determine if there are any deficiencies in personnel or fiscal, resources.Review graduate survey results to determine student perceptions of adequacy of these resources.  | Full time faculty teaching load averages 12 hours per semester; faculty may elect, with Chair approval, to teach overload for pay Student-to-faculty ratios in NU courses do not exceed 25:1 in the classroom (online or on ground) Fiscal resources are adequate to support and maintain functioning of all nursing programs, including provisions for growth. Mean SEI scores of 4.0 of higher indicate students feel that faculty provide appropriate support and servicesGraduate surveys will indicate that 80% or more of students are “satisfied” or better with University-level support services, Program-level services, and Program effectiveness.  | BSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallSpringBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN Fall | Met Met MetMet 4.4MetU-wide support svcs: 90%Prog support svcs: 91%Prog Eff: 88% | No  |

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Physical and clinical site resources including: physical plant resources, clinical resources | Physical plant resources: any existing building blueprints, classroom space availability gridsClinical resources: Mid-Missouri Coordinating Council clinical assignment gridSurveys  | Program Administrator, Nursing Program Coordinators, Nursing Programs Assessment Committee, VP and Dean of the University, VP of Finance/CFO, Nursing Department Clinical Coordinator | Annual Review | Review resources to determine if there are any deficiencies in physical plant or clinical resources.Review graduate survey results to determine student perceptions of adequacy of these resources. Review Clinical SEIs to review student perceptions of the adequacy of clinical sites. | Student-to-faculty ratios in NU courses do not exceed 8:1 in the clinical setting; 6:1 in high-acuity clinical settings. Physical plant resources are adequate to accommodate planned and actual cohort numbers for each nursing program. BSN-G & ABSN clinical site evaluations indicate 80% or more of students are satisfied with clinical settingsMean SEI scores of 4.0 of higher indicate students feel that faculty provide appropriate support and servicesGraduate surveys will indicate that 80% or more of students are “satisfied” or better with University-level support services, Program-level services, and Program effectiveness.  | BSNG Spring; ABSN FallBSNG Spring; ABSN FallBSNG Spring; ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN Fall | MetMetMetMet 4.4Met U-wide support svcs: 90%Prog support svcs: 91%Prog Eff: 88% | No  |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Academic support services: Library, Center for Learning and Teaching, Technology Services, Admission and Advising Services | Description of services: Library, Center for Learning and Teaching, Technology ServicesDescription of resources: Library, Center for Learning and Teaching, Technology ServicesDescription of resources: Admission and Advising ServicesSurveys | Director of Information Resources, Director of Center for Learning and Teaching, VP for Information Services, Program Administrator, Nursing Program Coordinators, Admissions Director, Student Advisors | Annual Review | Review resources to determine if there are any deficiencies in academic support services.Review alumni survey results to determine alumni perceptions of adequacy of academic support services. | Academic support services are adequate to facilitate student learning and success in both the traditional classroom and online learning environments.Academic support services are solvent enough to support planned growth in programs. Graduate surveys will indicate that 80% or more of graduates are “satisfied” or better with overall performance of support services. | SpringSpringSpring | MetIT 84.6%Library 96%\*Class environ 84.6%Financial Aid 96%MetMet 90%  | Faculty teaching NU304 have concerns with source availability. |

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Academic and leadership qualifications of chief nurse administrator | CV of chief nurse administrator, Guidelines from MOSBN and CCNE, Faculty handbook, surveys | VP and Dean of the University | Annual Review | Review of CV of chief nurse administratorReview guidelines from MOSBN and CCNE to determine if chief nurse administrator meets qualifications set out by those bodies. Annual evaluation of chief nurse administrator(includes self-evaluation and response from Dean’s office)Faculty evaluation of chief nurse administrator (nursing faculty evaluates performance of Division Chair)Review student evaluations of instruction (SEI) (if pertinent) Review graduate surveys  | Chief nurse administrator meets qualifications as required by MSBN and CCNE. Chief nurse administrator is reappointed to his/her position. 80% of graduates will report chief nursing administrator was responsive to student concerns.SEIs for the Program Administrator are 4.0 or higher, if pertinent. | SpringSpringSpringSpring | MetMetMet 87%Met 4.8 | No  |

Key Element II-E: Faculty are:

* sufficient in numbers 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Faculty academic and experiential preparation | CV of faculty, Guidelines from MOSBN and CCNE, Faculty handbook | Program Administrator, Nursing Program Coordinators, VP and Dean of the University | Ongoing | Review of updated faculty CVsAnnual faculty evaluation (includes self-evaluation, Department Chair evaluation of faculty, and response from Dean’s office) | Faculty academic and experiential preparation for all nursing programs meets requirements of the university, MSBN, and CCNE 80% of faculty in all nursing programs will attend or participate in at least one continuing education activity, pertinent to their courses taught, per year.  | Spring; Spring | Met 100%Met 100% | No  |
| Numbers of qualified faculty and adequacy of those numbers | Faculty load assignment grid, Guidelines from MOSBN | Program Administrator, Nursing Program Coordinators, VP and Dean of the University | Ongoing | Review numbers of faculty (and load assignments) to determine if there are any deficiencies in ability to effectively deliver classroom and clinical education to studentsReview SEIs to determine student perceptions of adequacy of numbers of faculty Review graduate survey results for comments indicating students feel classes are too large. | Full time faculty teaching load in all nursing programs averages 12 hours per semester; faculty may, with Chair approval, teach overload for additional payStudent-to-faculty ratios do not exceed 25:1 in NU courses in the classroom (online or on ground) and 8:1 in the clinical setting; 6:1 in high-acuity clinical settings. Mean SEI score for faculty will 4.0 or greaterin the areas of “professor was available outside of class for help” and “professor provided results of graded assignments in a timely fashion.” | SpringBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN Fall | Met MetMet 4.3 | No  |

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Academic and experiential qualifications of preceptors | MOSBN preceptor guidelines (State of MO Nursing Practice Act and Rules, Statute: Chapter 335-0111), Preceptor licensure information and verification (available on MOSBN website), BSN Preceptor Handbook, MSN Preceptor Handbook | Program Administrator, Nursing Program Coordinators*,* Clinical Coordinator (BSN) | Annual Review | Review academic and experiential qualifications of preceptors | Academic and experiential qualifications of preceptors are congruent with MSBN preceptor guidelines. 80% or more of precepted students in the BSN-level programs will rate their preceptor as “good” or “excellent” in “providing the right amount of supervision and assistance” and “was competent and knowledgeable.” | BSNG Spring;ABSN FallBSNG Spring; ABSN Fall | Met Met 96.3% | No  |

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Institutional and program support for faculty teaching, scholarship, service, and practice | Faculty handbook, budgets for CLAS and CGES | VP and Dean of the University, Program Administrator, Nursing Program Coordinators | Annual Review | Review policies regarding faculty teaching, scholarship, service, and practice.Review faculty utilization of resources for development.  | Policies regarding faculty teaching, scholarship, service, and practice are in place, current, and readily available to faculty.  80% of faculty utilize development resources for scholarly endeavor/support.  | SpringBSNG Spring; ABSN and MSN Fall | Met Met 100% | No  |

**CCNE 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.

Key Element 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;
* consider the needs of the program–identified community of interest.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| BSN-level curriculum and learning outcomes  | University catalog (CLAS & CGES), Nursing Student Handbooks, BSN-level syllabi | Program Administrator, Nursing Program Coordinators*,*  BSN-level Curriculum Committee (all BSN-level full time faculty | Ongoing | Review BSN-levelcurriculum and learning outcome statements to ensure congruency with program’s mission, goals and expected student outcomes | BSN-levelcurricula clearly reflect expected learning outcomes (in the form of course objectives and program outcomes) that are congruent with the program’s mission, goals, and student outcomes.  | BSNC & BSNG Spring; ABSN Fall | **Met** | **Note: BSN faculty are currently drafting a conceptual- based curriculum in response to industry standard and NGN.** |
| MSN level-curriculum and learning outcomes | University catalog (CGES), MSN Student Handbook, MSN syllabi | Program Administrator, Nursing Program Coordinators*,*  MSN-level Curriculum Committee | Ongoing | Review MSN curriculum and learning outcome statements to ensure congruency with program’s mission, goals and expected aggregate student outcomes | MSN curricula clearly reflect expected learning outcomes (in the form of course objectives and program outcomes) that are congruent with the program’s mission, goals, and aggregate student outcomes.  | MSN Fall |  |  |

Key Element 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).

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| BSN-level curriculum, learning outcomes, and professional nursing standards and guidelines  | University catalogs (CLAS and CGES), Nursing Student Handbooks, BSN-level syllabi, *The Essentials of Baccalaureate Education for Professional Nursing Practice* | Program Administrator, Nursing Program Coordinators*,*  BSN-level Curriculum Committee | Ongoing | Review BSN-level curricula and learning outcome statements to ensure congruency with *The Essentials of Baccalaureate Education for Professional Nursing Practice* (See Standard Alignment Grids) | BSN-level curricula clearly reflect expected learning outcomes (in the form of course objectives and program outcomes) that are congruent with *The Essentials of Baccalaureate Education for Professional Nursing Practice* | BSNC & BSNG Spring; ABSN Fall | **Met**  | **No**  |

Key Element 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).

* 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).
* 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| MSN-CNL curriculum, learning outcomes, and professional nursing standards and guidelines | University catalog (CGES), MSN-CNL Student Handbook, MSN-CNL syllabi, *The Essentials of Master’s Education for Advanced Practice Nursing* | Program Administrator, Nursing Program Coordinators*,*  MSN-level Curriculum Committee | Ongoing | Review MSN-level curriculum and learning outcome statements to ensure congruency with *The Essentials of Master’s Education for Advanced Practice Nursing*(See Standard Alignment Grids) | MSN curricula clearly reflect expected learning outcomes (in the form of course objectives and program outcomes) that are congruent with *The Essentials of Master’s Education for Advanced Practice Nursing* | MSN Fall |  |  |

Key Element 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).

* Graduate-entry DNP program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
* DNP program curricula incorporate professional standards and guidelines as appropriate.

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

b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).

Key Element III-E: Post-graduate APRN certificate 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).

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

* Baccalaureate curricula build upon a foundations 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| BSN-G, A-BSN*,* and BSN-C curricular structure | University catalogs (CLAS and CGES), BSN-G, A-BSN,and BSN-C Student Handbooks | Program Administrator, Nursing Program Coordinators*,*  BSN-level Curriculum Committee | Annual Review | Review course sequencing and curricular structure | The baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.Students will complete pre-requisites for the major and general education coursework.Courses in the baccalaureate curricula are sequenced in a way to allow student development from knowledge to application and analysis.  | SpringSpringSpring | Met Met Met | No  |
| MSN-CNL curricular structure | University catalog (CGES), MSN-CNL Student Handbook | Program Administrator, Nursing Program Coordinators*,*  MSN-level Curriculum Committee | Annual Review | Review course sequencing and curricular structure | The MSN curricula build on a foundation comparable to baccalaureate level nursing knowledge. Students will complete baccalaureate requirements prior to admission into the MSN program (a BSN portfolio may be used to demonstrate the completion of baccalaureate requirements). | FallMSN Fall |  |  |

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| BSN- level teaching-learning practices/ environments and student outcomes | SEI reports for each course, graduate survey reports, clinical site evaluations, simulation evaluations, preceptor evaluations, Course summaries (or exemplars), NCLEX-RN exam report, course assessment reports, HESI-Exit exam reports, scores on Senior Thesis, Department of Nursing Administrative Database (attrition rates, graduation rates, survey reports) | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, BSN-level Curriculum Committee | Ongoing (Minimum of Annually) | Review data from:SEI reports, survey reports, Clinical site evaluations, simulation evaluations, preceptor evaluations, course summaries, Course Objective Achievement Reports, NCLEX-RN reports, HESI reports, Senior Thesis scores, Attrition reports, employer surveysReview Mid-MO Coordinating Council minutes to determine numbers and variety of clinical sites | Mean SEI scores (all categories) will exceed 4.0 for all nursing courses and nursing professors in BSN-level programs. Mean SEI scores for clinical placement evaluations are 4.0 or higher regarding student satisfaction with their clinical site placement and clinical instructor (BSN-G and ABSN)80% or more of students will “agree strongly” or “agree” that simulation opportunities “allowed me to gain a better understanding of how to critically think during patient care” and “reinforced lecture content and helped with my retention of the concepts and information.” (BSN-G & ABSN)80% or more of graduates will pass the NCLEX-RN exam on their first attempt (BSN-G & ABSN). BSNG reported for the previous May & December graduating cohorts, and ABSN reported for the previous year’s graduating cohort80% or more of students will meet or exceed the 80% threshold for individual course learning assessments 80% or more of students will achieve a score of 850 or greater on the HESI-Exit Exam (ABSN) or a 65% or higher prediction of NCLEX pass on the ATI Comp Exit Exam (BSNG)Mean score of 4.0 or higher on SEIs for faculty attributes that support educationThe attrition rate in program will be at or less than 15% for each program. BSN-G reports by semester; ABSN and BSN-C report by term.The BSN-G and ABSN graduation rates at 150% of program length will be 70% or higher. The BSN-C reports the number of graduates by calendar year. | BSNC & BSNG Spring; ABSN FallBSNG Spring; ABSN FallBSNG Spring; ABSN FallBSNG Spring; ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNG Spring; ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; ABSN FallBSNC & BSNG Spring; ABSN Fall | **Met 4.4****Met 4.6****Met** **However, one student comment pointed out semantics confusion between simulation and skills check-offs; simulations are not graded, skills check-offs are.****Met 100% (reported for calendar year 2018)****Mostly met**NU304 97.7%NU307 57%NU308 84.6%NU309 87.2%NU312 91.6%NU313 86.3%NU321 82.9%NU322 90.2%NU334 84.2%NU336 96.6%NU451 100%NU452 82%NU456 95.6%NU461 100%Met 92.5%**Met 4.4****Met 8%****Fl 18 6%****Sp 19 9%****Not met: 68%** | Watch for trends. Small numbers in spring 19 admitting cohort makes the graduation percentage an inaccurate assessment. First semester students must be able to move from concrete to conceptual thinking strategies, and are acclimating to the typical nursing student workload. |
| MSN teaching-learning practices/environments and student outcomes | SEI reports for each course, survey reports, clinical site evaluations, online course evaluations (specific to online learning), course summaries (exemplars), course assessment reports, CNL certification exam reports; Department of Nursing Administrative Database (attrition rates, graduation rates, surveys reports) | Program Administrator, Nursing Program Coordinators, MSN-level Curriculum Committee | Ongoing (Minimum of Annually) | Review data from:SEI reports, survey reports, clinical site evaluations, online course evaluations, course summaries (exemplars), Course Objective Achievement Reports, CNL certification exam reports, and NE practice test reports | Mean SEI scores (all categories) will exceed 4.0 for all nursing courses and nursing professors in MSN program.80% or more of students will report that the program prepared them to meet the designated program outcomes. 80% or more of students will meet or exceed the 80% threshold for individual course learning assessments The MSN/CNL certification pass rate meets or exceeds 80% on the first attempt.The MSN/NE students will pass the practice CNE exam at or above 70% on the first attempt.The annual academic attrition rate in program will be at or less than 15%.The graduation rate from the program will be 70% or higher. | MSN FallMSN FallMSN FallMSN FallMSN FallMSN FallMSN Fall |  |  |
| Curriculum and teaching-learning practices compared with needs and expectations of the community of interest | Advisory board meeting minutes, Employer Satisfaction Surveys, Accreditation reports from MSBN and CCNE, preceptor evaluations of students | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, BSN and MSN-level Curriculum Committees | Annual Review | Review Advisory board meeting minutes, Employer Satisfaction Surveys, and Accreditation reports from MSBN and CCNE, preceptor evaluations of students | The curriculum and teaching-learning practices will meet the needs and expectations of the identified community of interest. Advisory BoardEmployer/ProvidersGraduatesAlumniPracticum Preceptors (BSN-level)MSBNCCNE  | Spring | MetAdv Bd – curriculum, PO approvedEmpl- grads well prepared 100%Grads- 88.5% would recommendAlum- met Pos 86%Preceptor evals of students were goodMSBN-full approvalCCNE – full accreditation | No Advisory Board has experienced issues with meeting regularly. Heather, Hope, and Megan will work to establish a plan for fall19/spring 20. |

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| BSN-level students in each track have the opportunity to develop professional competencies in practice settings. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.  | Faculty evaluation of student clinical performance, provider facility evaluation of clinical groups and instructors, student evaluation of clinical placements, student evaluation of preceptor, student evaluation of clinical instructor, student self-evaluation of achievement of program outcomes. | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, BSN-level Curriculum Committee | Ongoing (Minimum of Annually) | Review data from Faculty evaluation of student clinical performance, provider facility evaluation of clinical groups and instructors, student evaluation of clinical placements, student evaluation of preceptor, student evaluation of clinical instructor, and student self-evaluation of achievement of program outcomes. | 100% of students who earned a passing grade in a course with a clinical component passed the clinical component with a ‘satisfactory’ or higher rating 80% or more of provider facilities rate communication involving student clinical experiences as ‘satisfactory’ or better (BSN-G & ABSN)80% or more of students indicate they are satisfied with clinical provider organizations utilized80% or more of students are ‘satisfied’ or higher with preceptors (NU451)80% or more of students are ‘satisfied’ or higher with clinical instructors | BSNC & BSNG Spring; ABSN FallBSNG Spring;ABSN FallBSNG Spring; ABSN FallBSNG Spring; ABSN FallBSNG Spring; ABSN Fall | Met 100%Met 100%Met Met 96.3%Met  | No  |
| MSN-level students have the opportunity to develop professional competencies in practice settings. The design, implementation, and evaluation of clinical practice experiences are aligned to student and program outcomes.  | Faculty evaluation of student achievement of clinical outcomes, student evaluation of preceptor, student self-evaluation of achievement of program outcomes. | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, MSN-level Curriculum Committee | Ongoing (Minimum of Annually) | Review data from faculty evaluation of student achievement of clinical outcomes, student evaluation of preceptor, student self-evaluation of achievement of program outcomes. | 100% of students who earned a passing grade in a course with a clinical component passed the clinical component with a ‘satisfactory’ or higher rating  | MSN Fall |  |  |

Key Element 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.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Faculty evaluation of and communication of individual student performance | University catalogs (CLAS and CGES), BSN-G, A-BSN, BSN-C, and MSN Student Handbooks, Course syllabi, SEI reports, survey reports, Student assignments, Curriculum Alignment Grids | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, BSN-level Assessment Committee, MSN-level Assessment Committee | Ongoing (Minimum of Annually) | Review Curricular Alignment Grids to determine evaluation criteria for each courseReview archived assignments or portfolios for examples of feedback provided to studentsReview SEI and graduate survey reports to determine student perceptions of evaluative feedback provided by faculty | Mean SEI scores of 4.0 or higher reflect student satisfaction that faculty evaluates expected individual student learning outcomes and communicates that evaluation in a timely fashion. Mean SEI scores of 4.0 or higher reflect student satisfaction that faculty use appropriate assignments and evaluation methods to show achievement of outcomes and objectivesPortfolios or archived assignments will demonstrate examples of evaluative feedback provided to students. Mean SEI scores of 4.0 or higher reflect student satisfaction that “course assignments and exams fairly evaluated knowledge”. Mean SEI scores of 4.0 or higher reflect student satisfaction faculty attributes support knowledge acquisition. | BSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN Fall | Met 4.25Met 4.34Met Met 4.34Met 4.4 | No  |
| Evaluation (grading) policies and procedures for both classroom and clinical performance defined | University catalogs (CLAS and CGES), BSN-G, A-BSN, BSN-C, and MSN Student Handbooks, Course syllabi | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, BSN-level Assessment Committee, MSN-level Assessment Committee | Ongoing (Minimum of Annually) | Review all documents to determine clarity of evaluation policies and procedures | Evaluation policies and procedures will be clearly defined in relevant documentation (catalogs, handbooks, and syllabi). Clinical evaluation policies (including grading rubrics and clinical evaluation tools) will be as clearly defined as classroom evaluation policies. Evaluation policies are defined and consistently applied within each program (BSN-G, ABSN, BSN-C, & MSN) | BSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN FallBSNC & BSNG Spring; MSN & ABSN Fall | MetMet Met  | No  |

Key Element III-J: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Reports** | **Results** | **Action****Plan (Y/N)** |
| Evaluation schedules of curriculum and teaching-learning practices | Minutes from BSN-G and A-BSNdepartmental faculty meetings (monthly and May special meeting), Minutes from BSN-C and MSN faculty meetings (these meetings may be held virtually), Guidelines as defined by Program Evaluation Plan (this document) | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, BSN-level Assessment and Curriculum Committees, MSN-level Assessment and Curriculum Committees | Ongoing (Minimum of Annually) | Review meeting minutes | Curriculum and teaching-learning practices will be evaluated at regularly scheduled intervals, as defined by the Program Evaluation plan, to foster ongoing improvement. Changes are data-driven. | BSNC & BSNG Spring; MSN & ABSN Fall | Met  | No. However, BSN-level faculty are developing a conceptually-based curriculum in response to industry standards and anticipate changes in NGN. |

**CCNE Standard IV: Program Effectiveness: Aggregate Student and Faculty 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 improvement.

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| BSN-G & ABSN surveys and data sources are used to determine program effectiveness | Student Surveys: SEIs for each course, Course summaries, Clinical evaluation surveys for clinical courses, Preceptor evaluation surveys Graduate SurveysAlumni SurveysEmployer surveys Standardized Exam Data: HESI Specialty exam reports, HESI-Exit exam reports, NCLEX-RN pass rate reports, MSN/CNL certification pass rate reportsDirect Data Sources: Grading rubrics for individual course assignments and the students’ completed assignments, Clinical and Simulation Evaluation Tools (student performance).  | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, and BSN-level Assessment Committee | Annual Review | Review surveys and data sources | Surveys and other data are used to collect information about student, graduate, alumni, and employer satisfaction and demonstrated achievements of graduates.Surveys and other data sources will provide appropriate information for analysis 100% of students will receive (be sent) surveys and 50% of alumni will be sent surveys to complete.Employer surveys will be sent until we have responses for 5% of graduates for each program, to not exceed 15 attempts per program. (Graduate, Alumni, and Employer surveys are sent annually in December. Alumni are surveyed in their 3rd year following graduation.) | SpringSpringSpringSpringSpring | MetMetMetMetMet  | No  |
| BSN-C surveys and data sources are used to determine program effectiveness | Student Surveys: SEIs for each course, Course summaries Graduate surveysAlumni Surveys Employer surveysDirect Data Sources: Grading rubrics for individual course assignments and copies of students’ completed assignments  | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, and BSN-level Assessment Committee | Annual Review | Review surveys and data sources | Surveys and other data are used to collect information about student, alumni, and employer satisfaction and demonstrated achievements of graduates.Surveys and other data sources will provide appropriate information for analysis 100% of students will receive (be sent) surveys and 50% of alumni will be sent surveys to complete.Employer surveys will be sent until we have responses for 5% of graduates from each program, not to exceed 15 attempt per program.Program will track number of graduates who report post-program employment as RN with employers who prefer BSN-level preparation.(Graduate, Alumni, and Employer surveys are sent annually in December. Graduate, Alumni, and Employer surveys will be sent annually in December. Alumni are surveyed in their 3rd year following graduation.) | SpringSpringSpringSpringSpringSpring |  |  |
| MSN surveys and data sources are used to determine program effectiveness | Student Surveys: SEIs for each course, Course summaries, Clinical evaluation surveys for each clinical courseGraduate surveysAlumni SurveysEmployer surveysStandardized Exam Data: CNL Certification exam reports Direct Data Sources: Grading rubrics for individual course assignments and archived examples of students’ completed assignments, Clinical Evaluation Tools  | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, and MSN-level Assessment Committee | Annual Review | Review surveys and data sources  | Surveys and other data are used to collect information about student, graduate, alumni, and employer satisfaction and demonstrated achievements of graduates.Surveys and other data sources will provide appropriate information for analysis 100% of graduates will receive (be sent) surveys and 50% of alumni will be sent surveys to complete.Employer surveys will be sent until responses are received for 5% of graduates from each program, not to exceed 15 attempts per program.(Graduate, Alumni, and Employer surveys are sent annually in December. Alumni are surveyed in their 3rd year following graduation. The grad survey for MSN graduates who complete the program later in the year than Term 5 is delayed 1 year to allow them time to find jobs that require their new skill-set and knowledge base.) | SpringSpringSpringSpring |  |  |

Key Element IV-B: Program completion rates demonstrate program effectiveness.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Attrition and graduation rates demonstrate program effectiveness. | Program database section that tracks attrition and graduation rates. | Program Administrator, Nursing Program Coordinators | Ongoing (Minimum of Annually) | Review of data sources. | BSN-G: Academic year attrition rate will be less than 15%. Graduation rate will be 70% or higher, calculated at 150% of program length.ABSN: Cohort attrition rate will be less than 15%.Graduation rate will be 70% or higher.BSN-C: Term-to Term attrition rate will be less than 15%. Annual ‘snapshot’ reported at 150% program length.MSN: Cohort academic attrition rate will be less than 15%.Graduation rate will be 70% or higher. | SpringSpringFallFallSpringSpringFallFall  | **Met 8%****Not met 68%** | Watch for trends. Small numbers in spring 19 admitting cohort makes the percentage an inaccurate assessment. First semester students must be able to move from concrete to conceptual thinking strategies, and are acclimating to the typical nursing student workload. |

Key Element IV-C: Licensure pass rates demonstrate program effectiveness.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Licensure rates demonstrate program effectiveness. | Reports of NCLEX pass rates; | Program Administrator, Nursing Program Coordinators | Ongoing (Minimum of Annually) | Review of NCLEX pass rate reports  | 80% first-time NCLEX pass rate. BSNG reported for the previous May & December graduating cohorts; ABSN reported for the previous cohort. 75% second-time NCLEX pass rate | BSNG Spring;ABSN fall BSNG Spring;ABSN Fall | Met 100%NA | No  |

Key Element IV-D: Certification pass rates demonstrate program effectiveness.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Certification rates demonstrate program effectiveness. | Reports of pass rate for CNL certification and NE practice exam results. | Program Administrator, Nursing Program Coordinators | Ongoing (Minimum of Annually) | Review CNL certification pass rate reports. | 80% CNL certification pass rate70% NE practice test pass rate | FallFall |  |  |

Key Element IV-E: Employment rates demonstrate program effectiveness.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Employment rates demonstrate program effectiveness. | Student reports of employment from Graduate surveys. | Program Administrator, Nursing Program Coordinators | Ongoing (Minimum of Annually) | Review of student-reported employment post program completion. | 50% BSN-G and ABSN student report an offer of employment as an RN at the time of graduation90% of graduates report RN employment at receipt of graduate survey (6-12 months post-graduation)90% of BSN-C and MSN graduates report employment as an RN that utilizes their advanced degree at time of graduate survey (6-12 months). | BSNG Spring; ABSN FallSpringSpring | Met 77.5%Met 100% | No  |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| 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. | Faculty meeting minutes (all programs) and “Action” column on Program Evaluation Plan | Program Administrator, Nursing Program Coordinators, Nursing Faculty | Ongoing (Minimum of Annually) | Review of all outcome data in comparison to benchmarks for achievement of mission, goals, and expected outcomes. Review meeting minutes and Program Evaluation Plan to ensure | If aggregate student data do not demonstrate evidence of program effectiveness, a detailed plan for improvement will be developed and provided at programmatic meetings and available through the Program Administrator’s office. If there is not sufficient space in the Meeting Minutes or Program Evaluation Plan to describe plan for ongoing program improvement, a separate “Program Improvement Plan” document may be created in response.  | BSNC & BSNG Spring; MSN & ABSN Fall | Met  | No  |

Key Element IV-G: Aggregate faculty outcomes demonstrate program effectiveness.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Aggregate faculty outcomes demonstrate program effectiveness. | CV of faculty, Faculty handbook, Faculty transcripts and/or CEU certificates, SEI reports, Annual faculty evaluations  | Program Administrator, Program Coordinators, and Dean of the University | Annual Review | Review of and aggregation of data regarding faculty outcomes in teaching, scholarship, service, and practice. Review faculty role descriptions and responsibilities | Evaluation of faculty outcomes is consistent with the institution’s and program’s definition of faculty role expectations.There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.  | SpringSpring | Met Met  | No  |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Discrepancies between actual and expected outcomes inform areas for improvement. | Faculty meeting minutes (all programs) and “Action” column on Program Evaluation Plan | Program Administrator, Nursing Program Coordinators, Nursing Faculty | Ongoing (Minimum of Annually) | Review of all outcome data in comparison to benchmarks for achievement of mission, goals, and expected outcomes. Review meeting minutes and Program Evaluation Plan to ensure | If aggregate faculty data do not demonstrate evidence of program effectiveness, a detailed plan for improvement will be developed and provided at programmatic meetings and available through the Program Administrator’s office. If there is not sufficient space in the Meeting Minutes or Program Evaluation Plan to describe plan for ongoing program improvement, a separate “Program Improvement Plan” document may be created in response.  | BSNC & BSNG Spring; MSN & ABSN Fall | Met  | No  |

Key Element IV-I: Program outcomes demonstrate program effectiveness.

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Analysis of actual and expected student outcomes demonstrate program effectiveness. | Minutes from BSN-G and A-BSNdepartmental faculty meetings (monthly and May special meeting), Minutes from BSN-C and MSN-CNL faculty meetings (these meetings may be held virtually), Guidelines as defined by Program Evaluation Plan (this document), Results and Action columns of Program Evaluation Plan (this document), Any tables or graphs created to provide visual representation of analyzed data  | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, and BSN-level and MSN-level Assessment Committees | Ongoing (Minimum of Annually) | Compare actual student outcomes to expected student outcomes (benchmarks set in this Program Evaluation Plan) and analyze differencesDiscuss analysis in “Results/Action” sections (or attached Action Plans) of the Program Evaluation Plan | Aggregate student outcome data will be analyzed and compared with expected student outcomes. Analysis will be shown in “Results” section of Program Evaluation Plan. Major benchmarks for analysis are as follows:BSN-Gand A-BSN: Surveys and SEI benchmarks as discussed in previous sections of the Program Evaluation Plan80% of graduates will pass NCLEX-RN exam on their first attempt. Reported for previous calendar year.80% or more of students will successfully achieve course-level assessment thresholds.80% or more of students will achieve a score of 850 or greater on the HESI-Exit Exam (ABSN) or ≥ 65% on the ATI Comprehensive Exit Exam (BSNG) 100% of students will achieve a grade of B or higher on their Senior Thesis In-year/cohort attrition rate will be less than 15%. Graduation rate will be 70% or higher.BSN-C: Survey and SEI benchmarks as discussed in previous sections of the Program Evaluation Plan80% or more of graduating students will report that the course prepared them to meet the designated program outcomes. 100% of students will achieve a grade of B or higher on their Senior ThesisTerm-to-Term attrition rate will be less than 15%. Number of graduating students is reported annually.MSN:80% or more of students will report that the course prepared them to meet the designated program outcomes. 80% of MSN-CNL graduates who attempt will pass the CNL certification exam on their first attempt.70% of MSN-NE graduates who attempt will pass the CNE practice exam on their first attempt.Annual academic attrition rate will be less than 15%.Graduation rate will be 70% or higher. | BSNC & BSNG Spring;ABSN & MSN FallBSNG Spring;ABSN FallBSNG Spring;ABSN FallBSNG Spring;ABSN FallBSNG Spring;ABSN FallBSNG Spring;ABSN FallBSNG Spring;ABSN FallBSNG Spring;ABSN FallBSNC SpringBSNC SpringBSNC SpringBSNC SpringBSNC SpringMSN FallMSN FallMSN FallMSN FallMSN Fall | **Met** **Met** **Met 100%****Mostly met**NU304 97.7%NU307 57%NU308 84.6%NU309 87.2%NU312 91.6%NU313 86.3%NU321 82.9%NU322 90.2%NU334 84.2%NU336 96.6%NU451 100%NU452 82%NU456 95.6%NU461 100%**Met 92.5%****Met** **Met 8%****Not met 68%** | **No** Area included previously in this action plan**.**Area included previously in this action plan**.** |

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

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| **Evaluation Component** | **Documentation** | **Responsible Person/People** | **Frequency of Assessment** | **Assessment Method** | **Benchmark** | **Report** | **Results** | **Action****Plan (Y/N)** |
| Aggregate outcome data is analyzed and used to foster ongoing program improvement | Faculty meeting minutes (all programs) and “Action” column on Program Evaluation Plan | Program Administrator, Nursing Program Coordinators,Clinical Coordinator, BSN-level Assessment and Curriculum Committees, MSN-level Assessment and Curriculum Committees | Ongoing (Minimum of Annually) | Review of all outcome data in comparison to benchmarks for achievement of mission, goals, and expected outcomes. Review meeting minutes and Program Evaluation Plan to ensure | If aggregate student, faculty, and program outcome data do not demonstrate evidence of program effectiveness, a detailed plan for improvement will be developed and provided at programmatic meetings and available through the Program Administrator’s office. If there is not sufficient space in the Meeting Minutes or Program Evaluation Plan to describe plan for ongoing program improvement, a separate “Program Improvement Plan” document may be created in response.  | BSNC & BSNG Spring; ABSN & MSN Fall | Met  | No  |

Action Plan

BSNG, Corresponds to Spring 2019 SPEP

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| Area/Issue | Plan: Action to be taken | Responsible Party |
| Nursing Advisory Board has not been consistent with meeting regularly.  | Need to continue to work with Advisory Board responsiveness.  | Megan, Hope, Heather |
| BSNG graduation for AY18-19 was 68%, slightly below the threshold of 70% | Watch for trends. Small numbers in spring 19 admitting cohort makes the percentage an inaccurate assessment. First semester students must be able to move from concrete to conceptual thinking strategies, and are acclimating to the typical nursing student workload.Last year, with good effect, students who were required to repeat any NU course were also registered for NU260A Nursing Student Success (1). With the next admitted cohort (fall 19), we will also enroll students who petition for admittance to this course. These students meet one-on-one with the Student Success Coordinator to develop a plan for success.All faculty were encouraged to consider adding course policies that require the student to regularly with the course faculty member if the student’s cumulative test score within the course falls below (faculty established threshold) to review content, remediate, discuss study or test taking strategies, or other activities as necessary to improve student success. | MeganHope, may assign weekly activities out to academic advisor, if appropriate.All BSN-level faculty |
| Library resource availability for nursing research | Faculty teaching NU304 have concerns with nursing research source availability.MSN faculty are experiencing the same type of issue. | Angie Cornelius has communicated these concerns with Cynthia Dudenhoffer. Roxanne/Jaime will monitor this and communicate issues with Cynthia Dudenhoffer as the semester progresses. |
| Information available in all documents and publications are consistent and accurate. | Technology issues communicated with senior administration. Old versions of CARs periodically replace current versions with no warning or notification. | Senior Staff, Web Administrator |
| Programmatic changes are data-driven:NCLEX examination for licensure of RNs is probably changing by 2023 to more rigorously test students for the ability to think critically and demonstrate appropriate clinical judgement. | BSN-level faculty are developing a conceptually-based curriculum in response to industry standards and anticipated changes in NGN. | All BSN-level full time faculty |