

**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, a 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.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
Surveys and data sources are used to determine program effectiveness	Student Surveys: SEIs, student evaluation of program, program effectiveness at supporting the achievement of student learning outcomes, Graduate Surveys, Alumni Surveys, Employer surveys  Direct Data Sources: Grading rubrics for individual course assignments	Program Administrator, Nursing Program Coordinator, and BSN-level Assessment Committee	Annual Review	Review surveys and data sources	Program Evaluation policy and plan is reviewed annually for effectiveness and revised as needed.	met	met	
					Surveys and other data are used to collect information about student, graduate, alumni, and employer satisfaction, program effectiveness, and demonstrated achievements of graduates.	met	met	
					All surveys are reviewed annually	met	met	
					100% of Graduates from the preceding calendar year are sent surveys in January	met	met	

					50% of alumni are sent surveys in the January of the third year after graduation	met	met	
					Employer surveys are sent until we have responses for 5% of program graduates, not to exceed 15 attempts per program.	Not met: policy revised and put into effect for Jan 2019	met: 100%	

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

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
Program completion rates demonstrate program effectiveness	Program database section that tracks attrition and graduation rates.	Program Administrator, Nursing Program Coordinator	Ongoing (Minimum of Annually)	Review of data sources.	Completion rate will be 70% or higher, calculated at 150% of program length (3 years) excluding student who have identified factors such as family obligations, relocation, financial barrier, and decisions to change majors or to transfer to another institution of higher education	met: 80.8%	met: 97.7% 337 started; 116 did not complete for personal reasons; 5 did not complete for academic reasons	

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

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

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

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
Employment rates demonstrate program effectiveness.	review of Graduate surveys	Program Administrator, Nursing Program Coordinator	Ongoing (Minimum of Annually)	Review of student-reported employment post program completion	70% of graduates report RN employment on the graduate survey (6-12 months post-graduation)	met: 100%	met: 100%	

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

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
Discrepancies between actual and CCNE expected outcomes (program completion rates 70%, licensure 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 student outcome data in comparison to benchmarks for achievement of	If aggregate student data do not demonstrate evidence of program effectiveness, a detailed plan for improvement is developed and provided at	met	met	

				mission, goals, and expected outcomes.  Review meeting minutes and Program Evaluation Plan	programmatic meetings and available through the Program Administrator's office.			
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Key Element IV-G: Aggregate faculty outcomes demonstrate program effectiveness.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
Aggregate faculty outcomes demonstrate program effectiveness.	CV of faculty, CMU Faculty handbook, BSN Completion and Health Sciences Faculty Handbook, Faculty transcripts and/or CEU certificates, SEI reports, report of scholarly activities in Annual faculty evaluations, Faculty	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  Faculty Outcomes: Nursing Faculty	Evaluation of faculty outcomes is consistent with the institution's and program's definition of faculty role expectations.  Job duties and role responsibilities are reviewed with faculty annually	met	met	

Qualification forms, Approval letters from MoSBN for contingency faculty.

demonstrate a commitment to teaching excellence. Nursing Faculty participate in Programmatic and Institutional Governance as assigned

Aggregate SEI rate of 4.0 or higher

met:  
4.53

met: 4.51

FT

4.33

4.42

PT

4.55

4.56

100%, as assigned

met

met

Nursing Faculty participate in scholarly activities as identified by the Division of Health Professions.

90%

FT

100%

100%

PT

100%

100%

Nursing Faculty are academically and/or experientially prepared to teach assigned courses.

100%

FT

100%

100%

PT

100%

100%

Nursing Faculty demonstrate service to the institution, the department, or the community

100%

FT

100%

100%

There is

				congruence between expectations of the faculty in their roles and evaluation of faculty performance	PT  The CMU Faculty Evaluation Plan is utilized to organize faculty evaluations	100%  met	100%  met	
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Key Element IV-H: Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
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Discrepancies between actual and expected outcomes inform areas for improvement.	Faculty meeting minutes and "Action" column on Program Evaluation Plan	Program Administrator, Nursing Program Coordinator, 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	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.	met	met	
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Key Element IV-I: Program outcomes demonstrate program effectiveness.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
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Analysis of actual and expected outcomes demonstrate program effectiveness	Minutes from departmental faculty meetings, annual Program Evaluation Meeting minutes  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 Coordinator, Clinical Coordinator, and BSN-level Assessment Committee	Ongoing (Minimum of Annually)	Compare actual outcomes to expected outcomes (benchmarks set in this Program Evaluation Plan) and analyze differences  Discuss analysis in "Results/Action" sections (or attached Action Plans) of the Program Evaluation Plan	Aggregate outcome data is analyzed and compared with expected outcomes. Analysis is shown in the "Results" column of the Program Evaluation Plan	met	met	
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Key Element IV-1a: Program-determined benchmarks in addition to CCNE and MoSBN standards and those reported elsewhere in this document.

Student Outcomes:

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
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The nursing graduate demonstrates professional nursing leadership evidenced by the monitoring and improvement of physical, fiscal, and human resources.	Foliotek reports	Faculty and Program Coordinator	Results are reported annually in the aggregate	Review of documents	80% of students demonstrate the outcome	Met: 93.8%	met: 94%	
The nursing graduate can formulate research questions, critically analyze evidence, and apply evidence to practice.	Foliotek reports	Faculty and Program Coordinator	Results are reported annually in the aggregate	Review of documents	80% of students demonstrate the outcome	met: 92.4%	met: 92.4%	
The nursing graduate demonstrates the ability to effectively use technology to analyze, manage, and communicate data information.	Foliotek reports	Faculty and Program Coordinator	Results are reported annually in the aggregate	Review of documents	80% of students demonstrate the outcome	met: 91.8%	met: 92%	

<p>The nursing graduate can provide nursing care based on current knowledge, theory, and evidence to promote safety, holism, adaptation, and quality care as evidenced by the ability to: a) design and implement care based on the nursing process; b) collaborate as a member of the interdisciplinary health care team; and c) incorporate the principles of communication, client education, and client advocacy into practice.</p>	<p>Foliotek reports</p>	<p>Faculty and Program Coordinator</p>	<p>Results are reported annually in the aggregate</p>	<p>Review of documents</p>	<p>80% of students demonstrate the outcome</p>	<p>met: 92.2%</p>	<p>met: 92.5%</p>	
<p>The nursing graduate displays behaviors as a member of the profession of nursing based on standards of practice and professional codes of ethics.</p>	<p>Foliotek reports</p>	<p>Faculty and Program Coordinator</p>	<p>Results are reported annually in the aggregate</p>	<p>Review of documents</p>	<p>80% of students demonstrate the outcome</p>	<p>met: 93.1%</p>	<p>met: 92.4%</p>	

Program Outcomes

annual attrition, for any reason, is less than 15%	Reports derived from CARs, programmatic tracking documents	Program Administrator, Program Coordinator, Nursing Advisors	Annually	Data analyst runs institutional report, Administrative Assistant tracks program participants.	Less than 15%	Met: 9.3%	not met: 36% attrition. 32.4% did not complete for personal reasons, 3.6% did not complete for academic reasons	
Program Report of total number of students participating during the calendar year in the BSNC program.	Reports derived from CARs, programmatic tracking documents	Program Administrator, Program Coordinator, Nursing Advisors	Annually	Data analyst runs institutional report, Administrative Assistant tracks program participants.	total participants reported	new report item in CY2019	627	
Course revision is completed only with approval of the Program Coordinator and is tracked through the Course Review Specialist	Course Objective Achievement and Alignment forms; course syllabi	Assigned course faculty, Program Administrator, Program Coordinator	ongoing, at least annually	Document Review	100% of course revision is approved	met	met	

Policy congruence between pre-licensure and completion programs is maintained as appropriate	Program Evaluation meeting minutes; review of Nursing Student and Nursing Faculty Handbooks	Program Faculty, Program Coordinators, Program Administrator	Ongoing, at least annually	Document Review	100% for policies pertaining to all student populations & teaching/learning environments retain alignment	met	met	
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Faculty Outcomes

Faculty evaluate that the Program Coordinator provides effective leadership.	Faculty evaluation of Program Coordinator	Program Faculty, Program Administrator	Annually	Faculty Survey	Survey aggregate rating $\geq$ 4.0	not completed for 2018	met: 4.56	
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Key Element IV-J: Program outcome data are used, as appropriate, to foster ongoing program improvement.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Results 2018	Results 2019	Results 2020
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 Coordinator, and BSN-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 Coordinator's office.	met	met	

**Action Plan for current year for Standard IV:** Track attrition separately. Benchmark for academic attrition should be 10%, and the benchmark for clinical attrition should be 30%. Action item #2: Monitor nursing, health science, and allied health courses where students are earning less than 80% grade, or are withdrawing from the course. Action item #3: Evaluate assignments within nursing, health science, and allied health courses where more than 10% of students earn less than 80% on individual assignments. Action item #4: All early alerts submitted on PBSN or BSNC majors will be reviewed by the RN-to-BSN Program Coordinator. All follow-up tracking and/or communication will be assigned by the RN-to-BSN Program Coordinator.

and other outcomes

<b>Action Plan (Y/N)</b>
Though more than 15 attempts per program were made to secure responses from employers, the n is still only 2

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Action Plan (Y/N)
no

Action Plan (Y/N)
no

Action Plan (Y/N)
no



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Action Plan (Y/N)
no



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Action Plan (Y/N)
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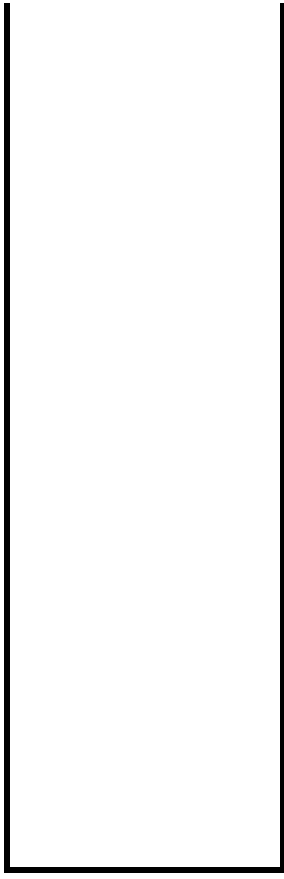
no

Action  
Plan (Y/N)

no

Action  
Plan (Y/N)

no



Action item #1: Track attrition separately.

Benchmark for academic attrition should be 10%, and the benchmark for personal attrition should be 30%.

Action item #2:

Monitor nursing, health science, and allied health courses where students are earning less than 80% for their final grade, or are withdrawing from the course.

Action item #3:

Evaluate assignments within nursing, health science, and allied health courses where more than 10% of students earn less than 80% on individual assignments.



Action item #4: All early alerts submitted on PBSN or BSNC majors will be evaluated by the RN-to-BSN Program Coordinator. All follow-up tracking and/or

no

**Action  
Plan (Y/N)**

no

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for their final  
as where more  
ll be evaluated by