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 (Term 5 – Term 4) & BSN-G (Aug – May); and all annual comprehensive information
Fall Meeting: Annual summary for ABSN (grad cohort) and MSN-CNL/NE (July 1 – June 30)

Cohort graduating summer 2018: ABSN

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
- consistent with the relevant professional nursing standards and guidelines for the preparation of nursing professionals.

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	BSN-level Program Outcomes were revised by faculty in May of 2017 and integrated into course syllabi.

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 • NE	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 student outcomes are reviewed and periodically revised, as appropriate, to reflect:
- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
Mission, goals and expected student outcome 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 Administrator, Nursing Program Coordinators, Clinical Coordinator, and Nursing Programs Assessment Committee	Annual Review	Review actual achievement rate for identified criteria with established thresholds Total graduates for period divided by (total admissions for period two years previous).	HLC: full accreditation MSBN: full approval CCNE: Full accreditation Certification and NCLEX pass rates: 80%	Spring Spring Spring ABSN	Met Met Met 100%	No

program for achievement of program outcomes				(summer 2016 grads)			
				BSNG & ABSN Graduation rates: 80%	ABSN	Met 11/13= 84.6%	Two students academically not successful
				Achievement of individual course student outcomes/ objectives: 80%	ABSN	Met 97.8% comp NU304-100 NU307-91.4 NU308-100 NU309-98.3 NU313-100 NU321-90.5 NU322-100 NU334-93 NU336-98.1 NU451-100 NU452-100 NU456-100 NU461-100	
				Student evaluation of self-achievement of	ABSN	Not applicable	This element was eliminated. There are multiple other data points that

					program outcomes: 2.25 or lower			cover this content.
					Student evaluation of program facilitation of program outcomes achievement: 2.25 or lower	ABSN	Met: 1.355	
					Student acceptance of employment as RN: 50% at graduation	ABSN	Met 100% reported by graduation	
					Facility representative evaluations of students and instructors participating in clinical experiences indicate congruence with the expectations for students and faculty in the	ABSN	Met	

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 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.	Spring	Met	
					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.)	Spring	1 employer survey returned	Action plan is that employer surveys are hand-delivered to local providers who have hired grads, and we can include any extemporaneous comments we are told when out and about, even informally.

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

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
Faculty outcomes in	Faculty handbook, Scholarly activities	Program Administrator,	Annual Review	Review job descriptions	80% of full time faculty will be	ABSN	Met	No

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
teaching, scholarship, service, and practice compared to mission, goals, and expected outcomes	specific to nursing faculty; NLN Core Competencies of Nurse Educators, Faculty files, SEIs, surveys, faculty job descriptions	Nursing Program Coordinators, Clinical Coordinator, Dean of University		Annual faculty evaluation (includes self-evaluation, Department Chair evaluation of faculty, and response from Dean's office) Student evaluations of instruction (SEI) surveys from alumni	rated positively on teaching, scholarship, service, and practice in annual faculty evaluation Mean SEI score for faculty will 4.0 or greater Mean SEI score for Clinical Instructors is 4.0 or higher for the quality indicators for clinical education.	 ABSN ABSN	 Met 4.49 Met 4.57	

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

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	Program Administrator, Nursing Program Coordinators	Annual Review	Review of committee assignments and meeting minutes	Faculty will participate in program and university –wide governance	ABSN	Met ABSN faculty attend staff meetings. Due to location, faculty not on university wide committees.	No

	Nursing Department Faculty meetings (both CLAS and CGES)								
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 will participate in program governance	ABSN	Not Met	All students are invited to participate in program governance activities and attend these meetings. The list of staff meetings is made available at the start of each cohort. Information is sent to students from program coordinator. To date, students have not elected to participate in this aspect of program governance.

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

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.	ABSN	Met	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.

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.	ABSN ABSN	Met Met	

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, as a resource of the program, enable the achievement of the mission, goals, and expected program outcomes.

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

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
Fiscal and physical resources including: personnel resources, fiscal/budget resources, physical plant resources, clinical resources	Personnel resources: Faculty load assignment grid

Fiscal/budget resources: University budget (CLAS and CGES), Department of Nursing Budget

Physical plant resources: any existing building blueprints, classroom space availability grids

Clinical resources: Mid-Missouri Coordinating Council clinical assignment grid | 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, fiscal, 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. | 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 30:1 in the classroom (online or on ground) and 8:1 in the clinical setting.

Fiscal resources are adequate to support and maintain | ABSN

ABSN

ABSN | Met

Met
15:1 classroom
6:1 clinical

Met | |

Surveys				functioning of all nursing programs, including provisions for growth.		
				Physical plant resources are adequate to accommodate planned and actual cohort numbers for each nursing program.	ABSN	Met
				BSN-G & ABSN clinical site evaluations indicate 80% or more of students are satisfied with clinical settings	ABSN	Met 100%
				Mean SEI scores of 4.0 of higher indicate students feel that faculty provide appropriate	ABSN	Met 4.57

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
				support and services				
				Graduate surveys will indicate that 80% or more of students are "satisfied" or better with University-level support services, Program-level services, and Program effectiveness.		ABSN	Met	

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

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	Description of services: Library, Center for Learning and Teaching, Technology Services Description of resources: Library, Center for Learning	Director of Information Resources, Director of Center for Learning and Teaching, VP for Information Services, Program	Annual Review	Review resources to determine if there are any deficiencies in academic support services. Review alumni survey results to determine	Academic support services are adequate to facilitate student learning and success in both the traditional classroom and	ABSN	Met	

| | and Teaching, Technology Services

Surveys | Administrator, Nursing Program Coordinators | | alumni perceptions of adequacy of academic support services. | 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. | ABSN

ABSN | Met

Met 98.53% | |

Key Element II-C: The chief nurse administrator:

- 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 academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
Academic, experiential, 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 administrator Review 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)	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.	ABSN ABSN ABSN	Met Met Met 100%	No

				Faculty evaluation of chief nurse administrator (nursing faculty evaluates performance of Division Chair)				
				Review student evaluations of instruction (SEI) (if pertinent)				
				Review graduate surveys				

Key Element II-D: Faculty members 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.

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	Ongoing	Review of updated faculty CVs	Faculty academic and experiential preparation for all nursing	ABSN	Met	No

				Annual faculty evaluation (includes self-evaluation, Department Chair evaluation of faculty, and response from Dean's office)	programs meets requirements of the university, MSBN, and CCNE			
		and Dean of the University						
					80% of full time faculty in all nursing programs will attend or participate in at least one continuing education activity, pertinent to their courses taught, per year.	ABSN	Met 100%- 3 out of 4 in doctorate level coursework, 1 completed FNP	
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 students	Full time faculty teaching load in all nursing programs averages 12 hours per semester; faculty may, with Chair approval, teach overload for additional pay	ABSN	Met	No
					Student-to-faculty ratios do	ABSN	Met	

				Review SEIs to determine student perceptions of adequacy of numbers of faculty	not exceed 30:1 in NU courses in the classroom (online or on ground) and 8:1 in the clinical setting.			
				Review graduate survey results to determine student perceptions of adequacy of numbers of faculty.	Mean SEI score for faculty will be 4.0 or greater in the areas of "professor was available outside of class for help" and "professor provided results of graded assignments in a timely fashion."	ABSN	Met 4.71	

Key Element II-E: Preceptors, when used by the program as an extension of the faculty, are academically and experientially qualified for their role in assisting in the achievement of the mission, goals, and expected student outcomes.

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."	ABSN ABSN	Met Met 100%	No

Key Element II-F: 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.

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.	ABSN ABSN	Met Met	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 the 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, and with the roles for which the program is preparing its graduates.

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-level curriculum and learning outcome statements to ensure congruency with program's mission, goals and expected student outcomes	BSN-level 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 student outcomes.	ABSN	Met	

Key Element III-B: 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).
- Master's program curricula incorporate professional standards and guidelines as appropriate.
    a. 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.
    b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

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*	ABSN	Met	No

Key Element III-C: 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.

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.	ABSN	Met	No
					Students will complete pre-requisites for the major and general education coursework.	ABSN	Met	
					Courses in the baccalaureate curricula are sequenced in a way to allow student development from knowledge to application and analysis.	ABSN	Met	

Key Element III-D: Teaching-learning practices and environments support the achievement of expected student outcomes.

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 surveys	Mean SEI scores (all categories) will exceed 4.0 for all nursing courses and nursing professors in BSN-level programs.	ABSN	Met 4.57	
					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)	ABSN	Met 96.16%	
				Review Mid-MO Coordinating Council minutes to determine numbers and variety of clinical sites	80% or more of students will "agree strongly" or "agree" that simulation opportunities "allowed me to	ABSN	Met	Continue to increase the amount of simulation and hands on learning.

					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)	ABSN	Met 100%
					80% or more of students will meet or exceed the 80% threshold for individual course learning assessments	ABSN	Met 90.4%
					80% or more of students will achieve a score ≥ equivalent of an 80% predictor of success on the	ABSN	Met 100%

					NCLEX utilizing a nationally normed, comprehensive exit predictor exam (BSN-G = ATI & ABSN = HESI)			
					Mean score of 4.0 or higher on SEIs for faculty attributes that support education	ABSN	Met 4.53	
					The attrition rate in program will be at or less than 15% for each program. BSN-G reports by Academic Year; ABSN reports by cohort; and BSN-C reports by term.	ABSN	Met 2 out of 13= 15%	
					The ABSN graduation rate will be 80% or higher. The BSN-C reports the number of graduates by calendar year.	Met	Met 84.6%	2 students unsuccessful

Key Element III-E: The curriculum includes planned clinical practice experiences that:

- Enable students to integrate new knowledge and demonstrate attainment of program outcomes; and
- Are evaluated by faculty.

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	ABSN	Met 100%	No
					80% or more of provider facilities rate communication involving student clinical experiences as 'satisfactory' or better (BSN-G & ABSN)	ABSN	Met 100%	
					80% or more of students indicate they are satisfied with clinical	ABSN	Met 100%	

					provider organizations utilized		
					80% or more of students are 'satisfied' or higher with preceptors (NU451)	ABSN	Met 100%
					80% or more of students are 'satisfied' or higher with clinical instructors	ABSN	Met 89.5%
					80% of students on their evaluation of program facilitation of achievement of program outcomes rate at or better than the 2.5 threshold (lower number is better)	ABSN	Met 1.355

Key Element III-F: The curriculum and teaching-learning practices consider the needs and expectations of the identified community of interest.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
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 Board -Employer/Providers -Graduates -Alumni -Practicum Preceptors (BSN-level) -MSBN -CCNE	ABSN	Met Met 0 surveys returned from employers Met Met Met Met Met	

Key Element III-G: 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.

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	University catalogs (CLAS and CGES), BSN-G, A-BSN, BSN-C, and MSN Student Handbooks,	Program Administrator, Nursing Program Coordinators, Clinical Coordinator,	Ongoing (Minimum of Annually)	Review Curricular Alignment Grids to determine evaluation	Mean SEI scores of 4.0 or higher reflect student satisfaction that faculty evaluates expected	ABSN	Met 4.34	No

student performance	Course syllabi, SEI reports, survey reports, Student assignments, Curriculum Alignment Grids	BSN-level Assessment Committee, MSN-level Assessment Committee		criteria for each course Review archived assignments or portfolios for examples of feedback provided to students Review SEI and graduate survey reports to determine student perceptions of evaluative feedback provided by faculty	individual student learning outcomes and communicates that evaluation in a timely fashion.		
					Portfolios or archived assignments will demonstrate examples of evaluative feedback provided to students.	ABSN	Met
					Mean SEI scores of 4.0 or higher reflect student satisfaction that "course assignments and exams fairly evaluated knowledge".	ABSN	Met 4.40
					Mean SEI scores of 4.0 or higher reflect student satisfaction faculty attributes support knowledge acquisition.	ABSN	Met 4.40

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).	ABSN	Met	
					Clinical evaluation policies (including grading rubrics and clinical evaluation tools) will be as clearly defined as classroom evaluation policies.	ABSN	Met	
					Evaluation policies are defined and consistently applied within each program (BSN-G, ABSN, BSN-C, & MSN)	ABSN	Met	

Key Element III-H: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.

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-BSN departmental 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.	ABSN	Met	No

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.

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 Surveys Alumni Surveys Employer surveys Standardized Exam Data: HESI Specialty exam reports, HESI-Exit exam reports, NCLEX-RN pass rate reports, MSN/CNL certification pass rate reports	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.	ABSN ABSN ABSN	Met Met Met	No

	Direct Data Sources: Grading rubrics for individual course assignments and the students' completed assignments, Clinical and Simulation Evaluation Tools (student performance).				Employer surveys will be sent to at least 10 facilities where graduates are employed. (Graduate, Alumni, and Employer surveys are sent annually in December. Alumni are surveyed in their 3rd year following graduation.)	ABSN ABSN	Met Met	

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

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)		ABSN: Academic year attrition rate will be less than 15%. Graduation rate will be 80% or higher.	ABSN ABSN	Met 9% Met 100%	No

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

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
Licensure and certification rates demonstrate program effectiveness.	Reports of NCLEX pass rates; reports of pass rate for CNL certification and NE practice exam results.	Program Administrator, Nursing Program Coordinators	Ongoing (Minimum of Annually)	Review of NCLEX pass rate reports and CNL certification pass rate reports.	80% first-time NCLEX pass rate (for previous Academic Year grads) 75% second-time NCLEX pass rate	ABSN ABSN	Met 100% Met NA – 100% first time pass rate last 2 years	No

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

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% of ABSN students report an offer of employment as an RN at the time of graduation 90% of graduates report RN employment at receipt of graduate survey (6-12 months post-graduation)	ABSN ABSN	Met 92.3% Met	No

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

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-BSN departmental 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 differences Discuss 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: ABSN: Surveys and SEI benchmarks as discussed in previous sections of the Program Evaluation Plan 80% of graduates will pass NCLEX-RN exam on their first attempt 80% or more of students will	ABSN ABSN ABSN ABSN	Met Met Met MET	No .

					successfully achieve course-level assessment thresholds.		97.8%	
					80% or more of students will achieve a score ≥ the equivalent of an 80% prediction of success on the NCLEX utilizing a nationally normed, standardized, comprehensive exit exam (BSNG-ATI; ABSN-HESI)	ABSN	Met 100%	
					100% of students will achieve a grade of B or higher on their Senior Thesis	ABSN	Met 100%	
					In-year/cohort attrition rate will be less than 15%.	ABSN	Met 14%	
					Graduation rate will be 80% or higher.	ABSN	Met 86.6%	

Key Element IV-F: Faculty outcomes, individually and in the aggregate, demonstrate program effectiveness.

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
Faculty outcomes, individually and in the aggregate, 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.	ABSN ABSN	Met Met	No

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

Evaluation Component	Documentation	Responsible Person/People	Frequency of Assessment	Assessment Method	Benchmark	Report	Results	Action Plan (Y/N)
Formal complaints (grievances) and program quality and effectiveness	University catalogs (CLAS and CGES), Student Handbooks (BSN-G, A-BSN, BSN-C, MSN), Program Complaint	Program Administrator, Program Coordinators, and Dean of the University	Ongoing	Review of grievance policy and all formal grievances received	Grievance policies and procedures present and used to foster program quality and effectiveness.	ABSN	Met	No

| | | | | | All grievances will be reviewed and used, as appropriate, to foster program quality and effectiveness. | ABSN | Met | |
| | | | | | Nursing programs will demonstrate 100% compliance with CMU grievance policies. | ABSN | Met | |

Key Element IV-H: Data analysis is used to foster ongoing program improvement.

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	ABSN	Met	No

					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.			

Each Fall, the ABSN faculty meet for the annual assessment of the program. All considered actions are reviewed to consistency between the two CMU pre-licensure nursing programs. The following action plan results from the faculty review and analysis of multiple data points concerning the ABSN program at CMU. Each May, the traditional BSN program meets to discuss the annual assessment of that program. At that time, the two action plans are again reviewed to insure that consistent standards, assessments. and expectations are held across both programs.

Issue	Action	Responsible Party
You will need to reflect the discussion by the ABSN faculty for areas of concern or where you did not meet standard. You will also need to include any of the action items from the May meeting that affect both the ABSN and the BSNG. Anything that you guys decide here that should impact both programs will need to be discussed and reflected on the Spring 19 BSNG action plan.		
Key Element I-B: The mission, goals, and expected student outcomes are reviewed and periodically revised, as appropriate, to reflect: • **professional nursing standards and guidelines; and** • **the needs and expectations of the community of interest.** 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.)	Clinical Coordinator hand-delivering surveys to local hospitals who have employed our graduates for the next survey period.	Clinical Coordinator
Key Element I-D: Faculty and students participate in program governance. Students will participate in program governance	Program Coordinator will invite 2 selected students each staff meeting to attend and assist with program governance. We have included a policy in the Nsg Student handbook that starts that any student can participate in any programmatic meeting, as long as they are dismissed prior to any specific student issue discussion. (pp. 40-41 of current handbook).	Program Coordinator
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.**	Alternate exam scheduling to accommodate significant events preventing students participation in exams as scheduled will be revised, beginning in AY17-18 for all nursing programmatic courses, to read: If a student is absent for a scheduled exam due to **unforeseen and/or extreme circumstances,** (which will be determined by instructor's discretion) and wishes to receive partial credit, it is his/her responsibility to arrange a make-up exam time within one week of the original exam time with the course faculty member and the Learning and Teaching Center. Make-up exams result in an automatic reduction of 5% of the total points of the test. The student must provide official (accident report, police report, ER discharge instructions, etc.) documentation of reason for absence.	ABSN Faculty will adhere to changes in syllabi.

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	3) Late Test Entry Policy: On exam days, if the classroom/computer lab door is already closed (indicating start of the exam) you will not be allowed to enter or take the exam at that time. If you are late, you can schedule with your instructor to take the exam **within 24 hours with an automatic 20% reduction of the total points of the test**. It is <u>strongly encouraged</u> that you make every attempt to contact your instructor prior to the exam start time if you know you are going to be late or have an extremely likely chance of being late. Instructors will attempt to delay the start of the exam for all students within reasonable limits, but only with notification from the student that he/she is on the way to the exam and will arrive shortly	
Key Element III-G: **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.** Clinical evaluation policies (including grading rubrics and clinical evaluation tools) will be as clearly defined as classroom evaluation policies.	The Clinical Coordinator and Primary Instructors for each clinical course worked together to reformat all Clinical syllabi into a standardized format for AY17-18. Each clinical syllabus needs to be sent to Megan Hess and Debbie Lackland when it is completed.	Clinical Coordinator

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