

**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)

Fall 2016: BSNG & 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	No

<i>Essentials of Baccalaureate Education for Professional Nursing</i> (AACN, 2008), <i>Essentials of Master's Education in Nursing</i> (AACN, 2011)	Nursing Program Outcomes for: Bachelors level <ul style="list-style-type: none"> • BSN-G • ABSN • BSN-C Masters level <ul style="list-style-type: none"> • 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
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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 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 Total graduates for period divided by (total admissions for last two cohorts minus students still in program). This formula will have to change as we move to 2 cohorts annually.	HLC: full accreditation	Spring	Met	No
					MSBN: full approval	Spring	Met	No
					CCNE: Full accreditation	Spring	Met	No
					Certification and NCLEX pass rates: 80%	BSNG Spring;	Met: 85.11	See attached Action Plan
					BSNG & ABSN Graduation rates: 80%	BSNG Spring; ABSNG Fall	Met: 90.9% grad rate for rolling 3 year Met: 92.3%	No
					Achievement of individual course student outcomes/objectives: 80%	BSNG Spring; ABSNG Fall	Met: 100% Met: 100%	No No
						of courses had ≥ 80% of		

							students earn 80% or higher on course assignments tied to outcomes.	
					Student evaluation of self-achievement of program outcomes: 2.25 or lower	BSNG Spring; ABSN Fall	Met: 1.83375 1.60	No
					Student evaluation of program facilitation of program outcomes achievement: 2.25 or lower	BSNG Spring; ABSN Fall	Met: 1.90375 1.27	No
					Student acceptance of employment as RN: 50% at graduation	BSNG Spring; ABSN Fall	Met: 81% 91.6%	No
					Faculty representative evaluations of	Spring	Met: 100% of returned surveys	No

					students and instructors participating in clinical experiences indicate congruence with the expectations for students and faculty in the practice environment.		indicated congruence with expectations for students and faculty	
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	No
					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	Spring	Met: 100% rated extremely well or well	No

					in Dec. of each year.)			
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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 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 descriptions	80% of full time faculty will be rated positively on teaching, scholarship, service, and practice in annual faculty evaluation	Spring;	Met: 89%	No
				Annual faculty evaluation (includes self-evaluation, Department Chair evaluation of faculty, and response from Dean's office)	Mean SEI score for faculty will 4.0 or greater	BSNG Spring; ABSN Fall	4.37	No
				Student evaluations of instruction (SEI) surveys from alumni	Mean SEI score for Clinical Instructors is 4.0 or higher for the quality indicators for clinical education.	BSNG Spring; ABSN Fall	4.48	No

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 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 will participate in program governance	Spring	Met, students have the opportunity to participate, but eliciting their participation can be difficult.	Time of departmental meeting moved from 4 pm to noon on Wednesdays in an attempt to elicit better student participation.

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.	Spring;	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.	Spring;	Met	No
					Nursing Department-specific academic policies are fair, equitable, and reflective of ongoing attempts at program improvement and increasing professional standards.	Spring;	Met	No

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	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.	Full time faculty teaching load averages 12 hours per semester; faculty may elect, with Chair approval, to teach overload for pay	Spring;	Met	No
	Fiscal/budget resources: University budget (CLAS and CGES), Department of Nursing Budget			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 30:1 in the classroom (online or on ground) and 8:1 in the clinical setting.	Spring; BSNG ABS N	Met: 19:1 class 7:1 clinical 12.5:1 class 6.25:1 clinical	No
	Physical plant resources: any existing building blueprints, classroom space availability grids				Fiscal resources are adequate to	Spring	Met	No
	Clinical resources: Mid-Missouri Coordinating							

	<p>Council clinical assignment grid</p> <p>Surveys</p>				<p>support and maintain functioning of all nursing programs, including provisions for growth.</p> <p>Physical plant resources are adequate to accommodate planned and actual cohort numbers for each nursing program.</p> <p>BSN-G & ABSN clinical site evaluations indicate 80% or more of students are satisfied with clinical settings</p> <p>Mean SEI scores of 4.0 or higher indicate students feel that faculty provide</p>	<p>Spring;</p> <p>Spring;</p> <p>BSNG Spring; ABSN Fall</p>	<p>Met</p> <p>Met: 100%</p> <p>Met: 4.48 4.42</p>	<p>No</p> <p>No</p> <p>No</p>
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					appropriate 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.	Spring	Met: 89.2% 98.4% 90.6%	No

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,	Director of Information Resources, Director of Center for Learning and Teaching, VP for Information Services,	Annual Review	Review resources to determine if there are any deficiencies in academic support services. Review alumni survey results to	Academic support services are adequate to facilitate student learning and success in both the traditional classroom and	Spring;	Met: 89.2%	No

	Center for Learning and Teaching, Technology Services	Program Administrator, Nursing Program Coordinators		determine alumni perceptions of adequacy of academic support services.	<p>online learning environments.</p> <p>Academic support services are solvent enough to support planned growth in programs.</p> <p>Graduate surveys will indicate that 80% or more of graduates are “satisfied” or better with overall performance of support services.</p>	Spring	Met	No
	Surveys					Spring	Met: 93.8%	No

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	Chief nurse administrator meets qualifications as required by MSBN and CCNE.	Spring	Met	No
				Review guidelines from MOSBN and CCNE to determine if chief nurse administrator meets qualifications set out by those bodies.	Chief nurse administrator is reappointed to his/her position.	Spring	Met	No
				Annual evaluation of chief nurse administrator (includes self-evaluation and response from Dean's office)	80% of graduates will report chief nursing administrator was responsive to student concerns.	Spring	Met: 84.1	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				
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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	Spring;	Met	No

		and Dean of the University		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 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.	Spring	Met: 91.6%	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 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 Student-to-faculty ratios do	Spring BSNG Spring;	Met Met 19:1 class	No No

				<p>Review SEIs to determine student perceptions of adequacy of numbers of faculty</p> <p>Review graduate survey results to determine student perceptions of adequacy of numbers of faculty.</p>	<p>not exceed 30:1 in NU courses in the classroom (online or on ground) and 8:1 in the clinical setting.</p> <p>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.”</p>	<p>ABS N fall</p> <p>BSNG Spring; ABS N Fall</p>	<p>7:1 clinical 12.5:1 class 6.25:1 clinical</p> <p>Met: 4.55 4.45</p>	<p>No</p>
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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.”	Spring; BSNG Spring; ABSNG Fall	Met Met: 91% 100%	No 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.	Policies regarding faculty teaching, scholarship, service, and practice are in place, current, and readily available to faculty.	Spring	Met	No
				Review faculty utilization of resources for development.	80% of faculty utilize development resources for scholarly endeavor/support.	Spring;	Met: 91.6%	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.	Spring;	Met	NU334 and NU434 course objectives have been revised, and these courses are considered a continuation as opposed to a sequential build.

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, <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i>	Program Administrator, Nursing Program Coordinators, BSN-level Curriculum Committee	Ongoing	Review BSN-level curricula and learning outcome statements to ensure congruency with <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i> (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 <i>The Essentials of Baccalaureate Education for Professional Nursing Practice</i>	Spring;	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 ₂ and BSN-C curricular structure	University catalogs (CLAS and CGES), BSN-G, A-BSN ₂ and BSN-C Student Handbooks	Program Administrator, Nursing Program Coordinators ₂ , 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.	Spring	Met	No
					Students will complete pre-requisites for the major and general education coursework.	Spring	Met	No
					Courses in the baccalaureate curricula are sequenced in a way to allow student development from knowledge to application and analysis.	Spring	Met	No

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.	BSNG Spring; ABSN Fall	Met: 4.48 4.43	No
					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)	BSNG Spring; ABSN Fall	Met: 4.53 4.51	No
				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	BSNG Spring;	Met: 100% (from fall survey)	No

					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 only)			
					80% or more of graduates will pass the NCLEX-RN exam on their first attempt (BSN-G & ABSN)	Fall, reported for previous year	Met: 85.11	See attached Action Plan
					80% or more of students will meet or exceed the 80% threshold for individual course learning assessments	BSNG Spring; ABSN Fall	Met: 93.04% 100%	No
					80% or more of students will achieve a score of 900 or greater on the HESI-Exit	BSNG Spring; ABSN Fall	Not Met: 39% 100%	See attached Action Plan

					Exam (maximum of 3 attempts). (BSN-G & ABSN)			
					Mean score of 4.0 or higher on SEIs for faculty attributes that support education	BSNG Spring; ABSN Fall	Met: 4.50 4.43	No
					The attrition rate in program will be at or less than 20% or less for each program, with 15% being our aspirational threshold. BSN-G reports by Academic Year & the ABSN reports by cohort.	BSNG Spring; ABSN Fall	Met: 9.5% 7.7%	No
					The BSN-G and ABSN graduation rates will be 80% or higher. The BSN-C reports the number of graduates by calendar year.	BSNG Spring; ABSN Fall	Met: 93% 92.3%	No

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

					<p>provider organizations utilized</p> <p>80% or more of students are 'satisfied' or higher with preceptors (NU451)</p> <p>80% or more of students are 'satisfied' or higher with clinical instructors</p> <p>80% of students on their self-evaluation of achievement of program outcomes rate themselves at or better than the 2.5 threshold (lower number is better)</p>	<p>BSNG Spring; ABS Fall</p> <p>BSNG Spring; ABS Fall</p> <p>BSNG Spring; all ABS Fall</p>	<p>Met: 91% 100%</p> <p>Met 93% 100%</p> <p>Met: 100% 100%</p>	<p>No</p> <p>No</p> <p>No</p>
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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	Spring	Met Due Nov 7, 2016 Met Met Met Met Met Met Met	No

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	University catalogs (CLAS and CGES), BSN-G, A-BSN,	Program Administrator,	Ongoing (Minimum of Annually)	Review Curricular Alignment Grids	Mean SEI scores of 4.0 or higher reflect student	BSNG Spring; ABSN	Met: 4.54	No

communication of individual student performance	BSN-C, and MSN Student Handbooks, Course syllabi, SEI reports, survey reports, Student assignments, Curriculum Alignment Grids	Nursing Program Coordinators, Clinical Coordinator, BSN-level Assessment Committee, MSN-level Assessment Committee		to determine evaluation criteria for each course	satisfaction that faculty evaluates expected individual student learning outcomes and communicates that evaluation in a timely fashion.	Fall	4.46	
				Review archived assignments or portfolios for examples of feedback provided to students	Portfolios or archived assignments will demonstrate examples of evaluative feedback provided to students.	Spring;	Met	No
				Review 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 "course assignments and exams fairly evaluated knowledge".	BSNG Spring; ABSN Fall	Met: 4.39 4.27	No
					Mean SEI scores of 4.0 or higher reflect student satisfaction faculty attributes	BSNG Spring; ABSN Fall	Met: 4.48 4.43	No

					support knowledge acquisition.			
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).	Spring;	Met	No
					Clinical evaluation policies (including grading rubrics and clinical evaluation tools) will be as clearly defined as classroom evaluation policies.	Spring;	Met	No
					Evaluation policies are defined and consistently applied within each program (BSN-G, ABSN, BSN-C, & MSN)	Spring;	Met	No

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.	Spring;	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	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.	Spring	Met	No
	Graduate Surveys				Surveys and other data sources will provide appropriate information for analysis	Spring	Met	No
	Alumni Surveys				100% of students will receive (be sent) surveys and 50% of alumni will be sent surveys to complete.	Spring	Met	No
	Employer surveys Standardized Exam Data: HESI Specialty exam reports, HESI-Exit exam reports, NCLEX-RN pass rate reports, MSN/CNL certification pass rate reports							

	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 3 rd year following graduation.)	Spring	Met	No
						Spring	Met	No
BSN-C surveys and data sources are used to determine program effectiveness	Student Surveys: SEIs for each course, Course summaries	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.	Spring	Met	No
	Graduate surveys Alumni Surveys Employer surveys				Surveys and other data sources will provide appropriate information for analysis	Spring	Met	No
	Direct Data Sources: Grading rubrics for individual course assignments and copies of students'							

	completed assignments				<p>100% of students will receive (be sent) surveys and 50% of alumni will be sent surveys to complete.</p> <p>Employer surveys will be sent to at least 10 facilities where graduates are employed</p> <p>Program will track number of graduates who report post-program employment as RN with employers who prefer BSN-level preparation.</p> <p>(Graduate, Alumni, and Employer surveys are sent annually in December.)</p> <p>Alumni are surveyed in their</p>	<p>Spring</p> <p>Spring</p> <p>Spring</p> <p>Spring</p> <p>Spring</p>	<p>Met</p> <p>Met</p> <p>67.25%</p> <p>Met</p> <p>Met</p>	<p>No</p> <p>No</p> <p>No</p> <p>No</p> <p>No</p>
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					3 rd year following graduation.)			
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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)		BSN-G: Academic year attrition rate will be less than 20%, with 15% or less threshold being our aspiration.	Spring	Met: 9%	No
					<p style="text-align: right;">Juniors Seniors</p> Graduation rate will be 80% or higher.	Spring	7% 2%	Met: 93% for AY 15-16

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)	BSNG & ABSN Fall (reported for previous year)	Met: 85.11	See attached Action Plan

					75% second-time NCLEX pass rate	Fall;	85.7%; final student passed on 3rd attempt	No
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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% BSN-G and ABSN student report an offer of employment as an RN at the time of graduation	BSNG Spring; ABSN Fall	Met: 81%	No
					90% of graduates report RN employment at receipt of graduate survey (6-12 months post-graduation)	Spring	100%	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	Minutes from BSN-G and A-BSN departmental faculty meetings (monthly and May	Program Administrator, Nursing Program Coordinators,	Ongoing (Minimum of Annually)	Compare actual student outcomes to expected student	Aggregate student outcome data will be analyzed and compared with expected student	Spring;	Met - see SPEP grid results	No

demonstrate program effectiveness.	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	Clinical Coordinator, and BSN-level and MSN-level Assessment Committees		outcomes (benchmarks set in this Program Evaluation Plan) and analyze differences	outcomes. Analysis will be shown in "Results" section of Program Evaluation Plan.			
				Discuss analysis in "Results/Action" sections (or attached Action Plans) of the Program Evaluation Plan	Major benchmarks for analysis are as follows: <u>BSN-G:</u> Surveys and SEI benchmarks as discussed in previous sections of the Program Evaluation Plan	BSNG Spring; ABSN fall	Met Met	No
					80% of graduates will pass NCLEX-RN exam on their first attempt	BSNG & ABSN Spring (preceding year)	Met: 85.11	See attached Action Plan
				80% or more of students will successfully achieve course-level assessment thresholds.	BSNG Spring; ABSN Fall	Met: 93.04% 100%	No	

					80% or more of students will achieve a score of 850 or greater on the HESI-Exit Exam (maximum of 3 attempts).	BSNG Spring; ABSN Fall:	Partially Met: 61% (39% at 900) 100%	See attached Action Plan. Revise SPEP grid for AY16-17 to reflect ATI passing score.
					100% of students will achieve a grade of B or higher on their Senior Thesis	Spring;	Met	No
					In-year/cohort attrition rate will be less than 15%.	BSNG Spring; ABSN Fall	Met: 9% 7.7%	No
					Graduation rate will be 80% or higher.	BSNG Spring; ABSN Fall	Met: 93% for AY 15-16; Rolling 3- year: 90.3% 92% Rolling 3- year: 92.7%	No

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.	Evaluation of faculty outcomes is consistent with the institution's and program's definition of faculty role expectations.	Spring	Met	No
				Review faculty role descriptions and responsibilities	There is congruence between expectations of the faculty in their roles and evaluation of faculty performance.	Spring	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	University catalogs (CLAS and CGES), Student Handbooks (BSN-G, A-BSN, BSN-C, MSN),	Program Administrator, Program Coordinators,	Ongoing	Review of grievance policy and all formal grievances received	Grievance policies and procedures present and used to foster program	Spring	Met	No

quality and effectiveness	Program Complaint Forms (housed in evaluation binder)	and Dean of the University			quality and effectiveness.	Spring;	Met – one reported and resolved	No
					All grievances will be reviewed and used, as appropriate, to foster program quality and effectiveness.			
					Nursing programs will demonstrate 100% compliance with CMU grievance policies.	Spring	Met	No

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	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	If aggregate student, faculty, and program outcome data do not demonstrate evidence of program effectiveness, a detailed plan for improvement will be developed and	Spring;	Met	No

		Assessment and Curriculum Committees		Program Evaluation Plan to ensure	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.			
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Pre-Licensure BSN Programs Action Plan for AY16-17

1. ATI is in place for BSNG programmatic first-year students and will extend to the second year's (same students) in AY16-17. Students verbalize on course SEIs that the supportive information available through ATI for each course *prior to the remediation phase* assists them in acquiring the knowledge necessary for course completion.
2. BSNG Graduates from May 2015 who did not earn the 850 were required to take the Virtual ATI review course to complete their NU452 NCLEX Review course. Of those required to take the Virtual ATI, all but one was successful with the NCLEX on their first attempt. Of the students who **did not pass the NCLEX on their first attempt**, the majority were those who passed the HESI Exit above 850 but below 900. Therefore, for AY15-16, the score required to complete NU452 NCLEX Review was elevated from 850 to 900. Students who earned less than 900 on the comprehensive exit HESI were required to take Virtual ATI.
3. Beginning with AY 16-17 for the traditional BSN program, the use of *EvolveReach* exams and programming is completely phased out and replaced by ATI programming, tests, and resources specific to courses. The published score equivalencies between HESI and ATI exams will be used to set thresholds equivalent to what has been used (comprehensive exit testing and course specific specialty exams).
4. BSNG: Two new courses: AH318 Basic Nursing Informatics and Application-level Study and Testing Strategies (first year) and AH418 Individualized Remediation Strategies for Nursing Students (second year), have been developed to supplement the traditional BSN curriculum. These courses provide students with specific and repeated guidance in the use of student study and testing strategies, and provide oversight for incorporation of remediation strategies throughout the program. This action is designed to continue to focus on content remediation assistance for students.
5. Faculty are encouraged to continue to incorporate active learning strategies as appropriate in the classroom.
6. Faculty are encouraged to continue with out-of-classroom availability and support for students. To this end, please share office calendars electronically with peers, and please make sure posted office hours are easily visible to students.
7. Curricular review is completed every 5 years. The current review was initiated in May of 2015, and identified that all NCLEX content areas are included in the current curriculum. Due to faculty turn-over, this review will continue in AY17-18 with faculty stratifying at what level the content is assessed (beginning, intermediate, or advanced).
8. In the interest of standardizing the format for students to access course information and in response to a recommendation from MSBN during their Sept. 2015 site visit, a basic syllabus template was adopted from CMU's College of Graduate and Extended Studies. Content pertinent to syllabi for nursing courses was added. Included in the template is a week-by-week course work plan. In this weekly plan, each faculty is to develop and publish weekly Student Learning Outcomes to assist students with focusing on pertinent content.
10/5/16 Update: Kim Oeth, BSNG Program Coordinator, converted all BSNG fall semester course syllabi to the new template and put Student Learning Outcomes into the weekly plans. Faculty

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will convert their spring course syllabi to the new template as they prepare for their spring course load. ABSN faculty will adopt the new syllabi as they become available and fit into the course sequence for the ABSN.

9. Faculty-to-faculty communication and cooperation/teamwork are the focus for programmatic growth for AY 16-17. Faculty picked these two areas to be addressed by each faculty member's personal goals and objectives. Faculty are directed to respond to these with their annual evaluation for AY16-17. Faculty identified two areas of strength that they want to make sure are areas of continued high focus: remediation and strong clinical experiences, including simulations. The faculty are also expected to identify action strategies that each intends to follow during AY16-17 to facilitate these areas as continued areas of strength.
10. ABSN and BSNG faculty are encouraged to work together on developing/revising test questions that are application-level and accurately reflect course and NCLEX content.