

Indiana State University Nursing Program Master Plan for Program Evaluation

This plan is a joint effort by faculty and administration to describe and guide our program evaluation activities here at the Nursing Program. The current plan was originally developed by a subcommittee of the Evaluation Outcomes Assessment Committee during the Summer of 2001. It was subsequently reviewed, edited and approved by members of EOAC November 2001, and approved by the entire nursing council as a “work in progress” (can be modified and edited by EOAC as needed, with updates posted on the internet and sent to Executive Committee) December 2001. Plan was reviewed and revised to NLNAC 2002 Standards and Criteria, 1/28/03. Plan was last updated reviewed and re-approved for continuation by the entire faculty at the Spring 2006 Nursing Council Meeting. The plan and schedule for review are maintained, updated and implemented by the Assistant Dean, in collaboration with members of the EOAC.

Changes 2006-2007 Academic Year

Added benchmark for Criterion 6: Number and utilization of full and part-time faculty meet the needs of the nursing education unit to fulfill its purposes.

Instructional load (from OSPIRE Instructional load and FTE distribution reports), will be no greater than 15 (15 Student FTE for every 1 actual faculty FTE) – Note: Undergraduate FTE calculated at 12 credit hours, Graduate at 9 credit hours.

Standard I: MISSION AND GOVERNANCE

Program has clear and publicly stated mission and/or philosophy and purposes appropriate to postsecondary or higher education in nursing.

| <p>Criterion 1: Mission and /or philosophy of the nursing education unit is congruent with that of the governing organization or differences are justified by the nursing education unit purposes.</p> | | | | <p>Operational Definition: Mission statements are mission statements of University and College of Nursing. Philosophy is the College of Nursing Philosophy. College of Nursing Mission Statement and Philosophy are approved by the College's Executive Committee and/or Nursing Council.</p> <p>Expected Level of Achievement/Decision Rule for Action: Mission and philosophy are congruent with University Mission statement and are reflective of national standards of nursing practice and nursing education.</p> <p>Outcome: Expected level of achievement met for all programs</p> | | |
|---|---|---------------------------|--|--|--|---|
| Process | | | | Implementation | | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| University Mission Statement | Current catalogue University's strategic plan and University Handbook | University governance | As directed by University administration | Task forces within University review national, state, and local trends | NCA self study task forces showed need for revision of University mission and strategic plan. | New University mission statement and strategic plan published Spring 2000 University Mission changed 2003-2004; Revision at this time spring 2008 |
| College Mission Statement | Student Handbook, CAAC Minutes, EXEC and Nursing Council Minutes | CAAC initiates review | Review in April of Odd Years | National task reports and other literature reviewed | Need for revision shown based on alignment with university mission | Mission revised in AY 2000-2001 Mission revision approved Fall 2002 Mission revision underway currently Spring 2005 |
| College of Nursing Philosophy | Student Handbook, CAAC Minutes, EXEC and Nursing Council Minutes | CAAC initiates review | Review in April of Odd Years | National task reports and other literature reviewed | Need for revision shown based on curriculum revision | Philosophy revised in AY 2000-2001 Philosophy revised SP 2005; Continue to Monitor |

Approved as Work in Progress by Nursing Council December 2001; Updated to new 2002 Standards and Criteria 1/28/03; Last reviewed and re-approved by Nursing Council April 2005; Maintained by M. Miller, Interim Assistant Dean

| <p>Criterion 2: Faculty, administrators, and students participate in governance as defined by the parent organization and nursing education unit.</p> | | | <p>Operational Definition: Participation is defined as membership on appropriate University and College committees and task forces</p> <p>Expected Level of Achievement/Decision Rule for Action: 100% of tenure/tenure track faculty will be on at least one College of Nursing Committee, 60% of tenure/tenure track faculty will be on at least one University Committee, one student from each program will be on the College SAC, CAAC, and Student Grievance Committees; and one student representative to attend Nursing Council.</p> <p>Outcome: Expected level of achievement met for all programs</p> | | | |
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| Faculty Governance Participation | Faculty annual Activity Reports College of Nursing Committee meeting Minutes University Committee Meeting Minutes University and College Committee membership lists | Dean, Department Chair and Chair of Executive Committee | Annually in May | Compare membership lists with Minutes and Annual Activity Reports | 100% of tenure/tenure track faculty are on at least one College of Nursing Committee.. Participation on University committees is currently unknown due to trouble gaining access to the data made available by the University. | Continue to Monitor. University committee work will be reported on when the data is available. |
| Administrators Governance Participation | Administrators files Committee Minutes Committee membership lists Faculty activity reports. | Provost, Dean, Assistant Dean, Department Chairs, Chair of Executive Committee. Committee Chairs. | Annually in May | Compare membership lists with Minutes and Annual Activity Reports | 100% of Administrators participate in College and University governance | Continue to Monitor |
| Student Governance Participation | College Committee membership lists Committee Minutes | Chair of Exec, Chair of SAC | Annually in May | Compare membership lists with Minutes | Student volunteers are assigned to faculty committees as per SON statutes. Student attendance at meetings continues to be sporadic, but has improved over past years. | A concerted effort has been made to increase student participation by giving committee sign up sheets to all faculty to distribute in classes. Student attendance is largely affected by student availability during the day, when many students are working or are in class. Also, changes to the College statutes regarding participation of RN and MSN students will need to be modified with the new College as they are distance based programs. Continue to Monitor |

| <p><u>Criterion 3:</u> Nursing education unit is administered by a nurse who is academically and experientially qualified and who has authority and responsibility for development and administration of the program.</p> | | | | <p>Operational Definition: Nursing unit is the College and administrator is the Dean. The Dean will be doctorally prepared from a regionally accredited university, have a graduate degree in nursing, be licensed as a registered nurse in the State of Indiana and will meet qualifications as outlined in job description.</p> <p>Expected Level of Achievement/Decision Rule for Action: Dean will meet all expected qualifications.</p> <p>Outcome: Expected level of achievement not met for all programs</p> | | |
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| Process | | | | Implementation | | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Dean's qualifications | Job description Dean's personnel file in Provost's office Vita, Educational transcripts, certifications | Provost | Upon hire Annually in May | Compare vita and personnel file with job search announcement and job description by search committee and administrators. Evaluation of Dean Role during periodic Organizational Change and Function Surveys Review of credentials, academic, scholarly, service, and leadership accomplishments. Evaluation according to administrative guidelines | Performance reviews of dean by Provost annually. The Dean does not currently meet all NLN requirements, particularly being doctorally prepared. | Continue to evaluate based on University policy and guidelines. Though the current Dean does not meet NLN criteria due to the interim status of the current Dean and the upcoming formation of the new College. However, the Dean currently meets State requirements, shown below. According to ISBN regulations: The director shall be a registered nurse with a minimum of a master's degree, preferably in nursing. A doctoral degree is recommended. The director shall have experience in the following: (1) The practice of nursing. (2) Nursing education. (3) Administration. The director shall be employed full time, excluding vacations and holidays, during the enrollment period of the students. |

| <p>Criterion 4: Policies of the nursing education unit are consistent with those of the governing organization, or differences are justified by nursing education purposes.</p> | | | <p>Operational Definition: Policies are rules and guidelines that govern faculty and student conduct in day to day activities of the nursing unit.</p> <p>Expected Level of Achievement/Decision Rule for Action: 100% of policies are consistent with the University or are justified in the written nursing unit policies</p> <p>Outcome: Expected level of achievement met for all programs</p> | | | |
|--|---|---|--|---|---|---|
| Process | | | | | Implementation | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Faculty Policies | College Faculty Handbook University Handbook and SON Website | FAC, Committee Chairs, Exec, Nursing Council, University Faculty Senate, Technology Coordinator | Annually in September when reviewing Annual Reports | Executive Committee review of Handbook to verify that policy changes made during the prior year are in appropriate documents (handbooks, etc). | Editorial changes and policy updates are made annually. Executive Committee is responsible for review and approval of all changes to the handbook. The AAI in the Assistant Dean's office provides secretarial support services for updating and distribution of the handbook. Updated handbook available online and new handbooks or handbook update inserts made available to faculty every fall. | Executive committee to verify that policy changes made during the prior year are in appropriate documents (handbooks, etc). Handbook currently under revision SP 2008 Continue to Monitor |
| Student Policies | College Student Handbook, University Student Handbook, University Catalogue and SON Website | SAC, CAAC, Exec, Nursing Council, University Faculty Senate, Technology Coordinator | Annually in September when reviewing Annual Reports | CAAC and SAC Committee Chair to review and analyze the congruency between SON policies and University And to verify that policy changes made during the prior year are in appropriate documents (handbooks, etc) | Student Handbook reviewed and revised annually by department chairs. Updated Student Handbook available online and hardcopies are made available to students during orientation. | CAAC and SAC Committee Chair to review and analyze the congruency between SON policies and University policies. Executive committee to verify that policy changes made during the prior year are in appropriate documents (handbooks, etc). Continue to Monitor |

Standard II: FACULTY

The program has qualified and credentialed faculty appropriate to accomplish its purposes and strengthen educational effectiveness.

| <p>Criterion 5: Faculty members (full and part-time) are academically prepared and experientially qualified, and maintain expertise in their areas of responsibility.</p> <p>Operational Definition: A full time faculty member has a graduate degree(s) from a regionally accredited university, licensed in the State of Indiana as Registered Nurse and participates in all aspects of the faculty role—teaching, scholarship, and service. A part-time faculty member is master's prepared in their specialized field from a regionally accredited university, licensed in the State of Indiana, and participates in one or more aspects of the faculty role—teaching, scholarship, or service.</p> | | | | | <p>Expected Level of Achievement/Decision Rule for Action: Bachelor of Science and Master of Science, Nursing Programs:</p> <ul style="list-style-type: none"> • 100% of new tenure and tenure track faculty hired to teach in the BS and MS programs have a doctorate from a regionally accredited university, or be actively matriculating towards a doctorate. Those working towards their doctorates will meet the requirement of a doctorate within 5 years of date of hire. Updated 5-11-05 • 100% of nursing faculty have a graduate degree in nursing in their area of specialization from a regionally accredited institution and are teaching in area of expertise. • 100% of faculty attend at least one educational offering or take one academic course per academic year. <p>Outcome: Expected level of achievement not met for all programs. See Actions for Academic Preparation.</p> | |
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| Process | | | | | Implementation | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Academic Preparation and Experience | Vita, academic transcripts, certifications | Dean, Department chair, Search Committee | Upon hire and Annually in May | Hiring process | All tenure/tenure track faculty currently meet benchmarks. 6 adjunct faculty do not currently meet NLN standards, but are currently working towards MSN degrees in nursing. | Continue to Monitor Improvements have been made in hiring MS prepared adjunct faculty by the department but more needs to be done to assure. |
| Maintenance of Faculty Expertise | Vita, Annual Faculty Activity Report | Dean, Department chair, FAC | Upon hire and Annually in May | Annual performance review | No data is currently available concerning participation in educational offerings, but will be reported when data is available. | Continue to Monitor Data concerning CE offerings need to be reported as soon as it is available. |

| <p>Criterion 6: Number and utilization of full and part-time faculty meet the needs of the nursing education unit to fulfill its purposes.</p> | | | <p>Operational Definition: Faculty assignments and Student/Faculty ratio in clinical area that meet State Board of Nursing, professional bodies such as NONPF (National Organization of Nurse Practitioner Faculty) and agency requirements and allow for safe supervision of students in clinical area and to staff classrooms with faculty qualified to teach classroom and clinical content.</p> <p>Expected Level of Achievement/Decision Rule for Action:</p> <ul style="list-style-type: none"> • 100% of faculty lines filled with full or part-time appointments • Instructional load (from OSPIRE Instructional load and FTE distribution reports), will be no greater than 15 (15 Student FTE for every 1 actual faculty FTE) – Note: Undergraduate FTE calculated at 12 credit hours, Graduate at 9 credit hours. • Assignments are based on education and clinical expertise • 100% pre-licensure clinical agency groups have no more than 10 students under direct supervision per faculty member. • Nurse Practitioner Faculty will be assigned to groups of 6 or fewer clinical students. • 100% of classrooms and clinical groups will have faculty qualified to teach in the specialty area. <p>Outcome: Expected level of achievement not met for all programs</p> | | | |
|---|---|------------------------|--|---|---|---|
| Process | | | | | Implementation | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Faculty Workload Assignments | Faculty Workload reports Faculty Assignments | Department Chair | Annually In May | Report of Faculty Lines, Faculty/Student Clinical Ratio, Faculty Contact Hours, SCH documents | <p>There are five faculty lines currently open (2008 Search).</p> <p>Instructional load information was not available at the reporting time. Data will be reported when next available from the University.</p> <p>100% of faculty are teaching in their area of expertise or have been cross-trained to teach in an additional area.</p> <p>100% of pre-licensure clinical agency groups have no more than 10 students under direct supervision per faculty member.</p> <p>Nurse Practitioner students currently perform clinical work in a one to one preceptor setting.</p> <p>100% of classroom and clinical groups are taught by faculty qualified to teach in the specialty area.</p> | <p>There are five open faculty lines. The Search Committee is currently accepting applications and conducting interviews. As such, it is anticipated that the lines will be filled for the 08-09 academic year.</p> <p>As new instructional load data is not currently available, previous comments concerning past information is presented below: Spring 2006 Instruction Load report indicates that our Student FTE to Faculty FTE was 16.87. Administration needs to carefully review the needs of the college and work to assure that sufficient faculty lines are retained to support our current student enrolment and ongoing programs. If insufficient faculty staffing continues, caps may need to be placed on enrollment and course and clinical offerings will be limited to what can be taught by the available faculty.</p> <p>Continue to monitor</p> |

| <p><u>Criterion 7:</u> Faculty performance is periodically evaluated to assure ongoing development and competence.</p> | | | <p>Operational Definition: Annual performance review in accordance with University and College of Nursing policies</p> <p>Expected Level of Achievement/Decision Rule for Action: 100% of faculty will submit faculty activity reports and requirement materials for the annual performance review. 100% of tenure track/non-tenured faculty will have performance reviews in accordance with University and College Promotion & Tenure policies. 100% of faculty are rated as meeting or exceeding expectations on their annual performance evaluations.</p> <p>Outcome: Expected level of achievement met for all programs</p> | | | |
|--|--|-----------------------------|--|---|--|---|
| Process | | | | | Implementation | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Faculty Performance Reviews | Faculty personnel files including Faculty Activity Reports, Evaluation for P & T FAC Minutes | Dean, Department Chair, FAC | Annually in May | Review of annual faculty activity reports and other materials such as student evaluations, continuing education certificates, and evidence of scholarship | 100% of faculty are rated as meeting or exceeding expectations on their annual performance evaluations. 100% of faculty activity reports for the 2007-2008 timeframe. | Continue to Monitor Continue to Monitor New Distance Education evaluation tool was piloted in fall of 2007. Will be used for all online nursing courses in spring 2008. |

| <p>Criterion 8: The collective talents of the faculty reflect scholarship through teaching, application and the integration and discover of knowledge as defined by the institution and the nursing education unit.</p> | | <p>Operational Definition of Scholarship: As a faculty of the whole, diversity of scholarship is represented by accomplishments in teaching, application of expertise, knowledge integration, and discovery of knowledge. Specific research and scholarship level guidelines are outlined in the ISU College of Nursing Handbook.</p> <p>Expected Level of Achievement/Decision Rule for Action: Level 1 – 100% of the faculty will meet qualifications for level 1 research/scholarship activity Level 2 – At least 75% of the faculty will meet qualifications for level 2 research/scholarship activity Level 3 – At least 25% of the faculty will meet qualifications for level 3 research/scholarship activity Outcome: Expected level of achievement met for all programs</p> | | | | | | | |
|--|--|---|--|---|---|-----------|--------------|-------------------|---|
| Process | | | | Implementation | | | | | |
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| Faculty participation in dimension of faculty role—teaching, application of knowledge, integration, and discovery | Personnel files which contain faculty annual activity reports, vitae | Dean, Department Chair, FAC | Annually for performance evaluation and at other times in accordance with P & T and other retention policies. Report to EOAC Annually in May | Review of Annual Faculty Activity Reports by Department Chair, Dean, FAC and self evaluation by faculty | Level | Benchmark | Mean Results | Trended over time | |
| | | | | | 1 | 100% | 100% | | |
| | | | | | 2 | 75% | 70% | | |
| | | | | | 3 | 25% | 25% | | |

Standard III: STUDENTS

The program assures teaching and learning environments conducive to student academic achievement and life long learning.

| <p>Criterion 9: Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the nursing education unit's purposes.</p> | | <p>Operational Definition: Student policies, including but not limited to those that govern recruitment, admission, retention, progression, and graduation are consistent with University policies. Differences in policies in effect for nursing students are justified by requirements related to the clinical practice component of the program. Policies meet external guidelines such as those imposed by federal and state government and various accreditation bodies.</p> <p>Expected Level of Achievement/Decision Rule for Action: 100% of policies are congruent with University or justified where required to maintain the integrity of the nursing program.</p> <p>Student polices are readily available to students on the College of Nursing website.</p> <p>Students will rate item 3 of the Program Satisfaction Scale on the Exit survey at 3.5 or above on a 5.0 scale. Outcome: Expected level of achievement met for all programs</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|------------------------------|--|---|--|-----------|--------------|-------------------|----|-----|------|------|-----|-----|--|--|-------|-----|------|------|----|-----|------|------|--|
| Process | | | | Implementation | | | | | | | | | | | | | | | | | | | | | | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> | | | | | | | | | | | | | | | | | | | | |
| Student policies | College Student Handbook, University Student Handbook, Recruitment brochures , Catalogue, Web site, Exit Surveys and Alumni Surveys. | Dean, Department Chair, Director of Student Affairs, SAC, Exec, Nursing Council | Annually in September | SAC and Director of Student Affairs review policies for congruency with University policies and justify differences where required to maintain nursing program integrity | <p>Student mean ratings over time on the nursing policy item from the program exit surveys are documented in reports to EOAC on a yearly basis.</p> <table border="1"> <thead> <tr> <th>Program</th> <th>Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>3.5</td> <td>4.13</td> <td>4.13</td> </tr> <tr> <td>LPN</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>3.5</td> <td>4.33</td> <td>4.32</td> </tr> <tr> <td>MS</td> <td>3.5</td> <td>4.17</td> <td>4.09</td> </tr> </tbody> </table> <p>Exit surveys updated SP07 to better reflect DE programs. New data will be reported with old trended data</p> | Program | Benchmark | Mean Results | Trended over time | BS | 3.5 | 4.13 | 4.13 | LPN | 3.5 | | | RN-BS | 3.5 | 4.33 | 4.32 | MS | 3.5 | 4.17 | 4.09 | <p>Spring 2003 a series of focus groups were conducted to discuss student admission, progression, grading retention and dismissal polices. Executive Committee has requested that SAC not re-admit students. There was discussion on the fact that there is no written reinstatement policy. It was decided that no policy or procedure change is needed. EC has asked SAC to uphold the approved dismissal policy at this time. (EC Minutes March 2003).</p> <p>Continue to Monitor</p> |
| Program | Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 4.13 | 4.13 | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 4.33 | 4.32 | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 4.17 | 4.09 | | | | | | | | | | | | | | | | | | | | | | | |

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| <ul style="list-style-type: none"> <u>Criterion 10:</u> Students have access to support services administrated by qualified individuals that include, but are not limited to: health, counseling, academic advisement and assistance, career placement, and financial aid. | <p>Operational Definition: Those College of Nursing and University services that support student success</p> <p>Expected Level of Achievement/Decision Rule for Action: Students will rate satisfaction with university support services (College Exit Surveys) at 3.5 or higher on 5.0 scale.* Students will rate academic advising at a 3.5 or higher on a 5.0 scale. * All staff and administrators will be evaluated for adequacy of performance following the University Guidelines on an annual basis.</p> |
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| | | | | | Implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial Aid* | List of scholarships and financial aid procedures in Office of Student Affairs. Additional Information also on website. | Director of Student Affairs, University Director of Financial Aid | Annually in March | List of students receiving unit administered scholarships. University senior exit survey. | | Continue to Monitor. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| University Support Services | Exit survey item in assistant dean's office. | | Annually in September | College Exit surveys, NSSE Item number 12, 13, 14, 16, | <p>Data from Student surveys are review by EOAC and documented in reports to EOAC on an annual basis.</p> <table border="1"> <thead> <tr> <th>Program</th> <th>University Admission Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr><td>BS</td><td>3.5</td><td>3.86</td><td>3.95</td></tr> <tr><td>LPN</td><td>3.5</td><td>4.00</td><td></td></tr> <tr><td>RN-BS</td><td>3.5</td><td>4.33</td><td></td></tr> <tr><td>MS</td><td>3.5</td><td>4.00</td><td></td></tr> <tr> <th>Program</th> <th>Help Desk Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> <tr><td>BS</td><td>3.5</td><td>4.00</td><td>4.00</td></tr> <tr><td>LPN</td><td>3.5</td><td>3.80</td><td></td></tr> <tr><td>RN-BS</td><td>3.5</td><td>4.00</td><td></td></tr> <tr><td>MS</td><td>3.5</td><td>4.00</td><td></td></tr> <tr> <th>Program</th> <th>Library Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> <tr><td>BS</td><td>3.5</td><td>4.14</td><td>4.23</td></tr> <tr><td>LPN</td><td>3.5</td><td>4.20</td><td></td></tr> <tr><td>RN-BS</td><td>3.5</td><td>4.67</td><td></td></tr> <tr><td>MS</td><td>3.5</td><td>5.00</td><td></td></tr> <tr> <th>Program</th> <th>Other Univ Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> <tr><td>BS</td><td>3.5</td><td>3.14</td><td>3.39</td></tr> <tr><td>LPN</td><td>3.5</td><td>4.00</td><td></td></tr> <tr><td>RN-BS</td><td>3.5</td><td>4.67</td><td></td></tr> <tr><td>MS</td><td>3.5</td><td>3.00</td><td></td></tr> </tbody> </table> | Program | University Admission Benchmark | Mean Results | Trended over time | BS | 3.5 | 3.86 | 3.95 | LPN | 3.5 | 4.00 | | RN-BS | 3.5 | 4.33 | | MS | 3.5 | 4.00 | | Program | Help Desk Benchmark | Mean Results | Trended over time | BS | 3.5 | 4.00 | 4.00 | LPN | 3.5 | 3.80 | | RN-BS | 3.5 | 4.00 | | MS | 3.5 | 4.00 | | Program | Library Benchmark | Mean Results | Trended over time | BS | 3.5 | 4.14 | 4.23 | LPN | 3.5 | 4.20 | | RN-BS | 3.5 | 4.67 | | MS | 3.5 | 5.00 | | Program | Other Univ Benchmark | Mean Results | Trended over time | BS | 3.5 | 3.14 | 3.39 | LPN | 3.5 | 4.00 | | RN-BS | 3.5 | 4.67 | | MS | 3.5 | 3.00 | | <p>Continue to Monitor. This item was recently changed on the exit survey to include all University Support Services that did not require individual responses due to low response rates on these items (Career center, student health center, counseling center, etc.). Other changes were made to the exit survey to distinguish between online and on-campus students.</p> <p>MSN items only include a single participant due to the new exit surveys and are therefore not a useful indicator at this time.</p> |
| Program | University Admission Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 3.86 | 3.95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | 4.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 4.33 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 4.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Help Desk Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 4.00 | 4.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | 3.80 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 4.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 4.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Library Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 4.14 | 4.23 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | 4.20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 4.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 5.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Other Univ Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 3.14 | 3.39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | 4.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 4.67 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 3.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Approved as Work in Progress by Nursing Council December 2001; Updated to new 2002 Standards and Criteria 1/28/03; Last reviewed and re-approved by Nursing Council April 2005; Maintained by M. Miller, Interim Assistant Dean

| <p>Criterion 10 Continued: Students have access to support services administrated by qualified individuals that include, but are not limited to: health, counseling, academic advisement and assistance, career placement, and financial aid.</p> | | | | <p>Operational Definition: Those College of Nursing and University services that support student success</p> <p>Expected Level of Achievement/Decision Rule for Action: Students will rate satisfaction with university support services (University and College Exit Surveys) at 3.0 or higher on 5.0 scale.* Students will rate academic advising at a 3.5 or higher on a 5.0 scale. * All staff and administrators will be evaluated for adequacy of performance following the University Guidelines on an annual basis.</p> | | | | | |
|--|---|---|-------------------------------------|---|---|---|--------------|-------------------|--|
| | | | | | Implementation | | | | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | | | Actions <i>For program Development, Maintenance, or Revision</i> |
| Academic Advising* | Student files in Office of Student Affairs and in Faculty Advisors' Offices | Director of Student Affairs, SAC, EOAC, Department Chair, Faculty | Annually in September | Advising surveys Exit survey program satisfaction scale items 5 & 6 | Program | Advisement prior to admission Benchmark | Mean Results | Trended over time | Advisement issues and issues with SAO office are being addressed through departments and through Nursing administration. Responsibility for advisement for certain programs has moved from SAO to departments. MSN items only include a single participant due to the new exit surveys and are therefore not a useful indicator at this time. Continue to Monitor |
| | | | | | BS | 3.5 | 2.57 | 2.84 | |
| | | | | | LPN | 3.5 | 3.20 | | |
| | | | | | RN-BS | 3.5 | 4.17 | | |
| | | | | | MS | 3.5 | 4.00 | | |
| | | | | | Program | Benchmark Advisement | Mean Results | Trended over time | |
| | | | | | BS | 3.5 | 3.57 | 3.56 | |
| | | | | | LPN | 3.5 | 4.00 | | |
| RN-BS | 3.5 | 4.00 | | | | | | | |
| MS | 3.5 | 3.00 | | | | | | | |
| Qualified Administrator | Vita for all University services administrators in personnel files in supervising VP's offices; Director of Student Affairs Vita in file in f Nursing Dean's office | Supervising VP and Dean of College of Nursing, Health, and Human Services | Upon hire and annually in March | Search Committee follows University guidelines for hiring. Annual performance evaluations | Vitas screened and job interview s based on congruency of job description and job search announcement with candidates' qualifications. 100% of administrators meet University guidelines with BS or MS degree. | | | | Continue to Monitor |

| <p>Criterion 11: Policies concerned with educational and financial records are established and followed.</p> | | | <p>Operational Definition: Guidelines and rules for permanent student educational and financial records</p> <p>Expected Level of Achievement/Decision Rule for Action: Policies related to maintenance of records will be followed.</p> <p>Outcome: Expected level of achievement not met for all programs, see actions.</p> | | | |
|---|--|--|--|---|--|---|
| Process | | | | | Implementation | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Educational Records | Office of Student Affairs, Registrar | Director of Student Affairs, Registrar | September of Even Years | Random sample of records to audit for compliance with policy | Random sample of student files audited by members of EOAC. Deficiencies found and noted. | Office of Student Affairs reviewed regulations from ISBN and polices from other Colleges of Nursing. Developed a file checklist to monitor files for completeness. New office staff hired in Student Affairs Office to assist with filing process. |
| Financial Records | Office of Financial Aid, Bursar, Banner Computer Database | Director of Financial Aid, Bursar, Director of Student Affairs | As needed based on scholarship/funding considerations . | Review of student financial data. | Requirements related to Family Education Records and Privacy Act (FERPA) are maintained. | Continue to Monitor |

Standard IV: CURRICULUM AND INSTRUCTION

The program accomplishes its educational and related purposes.

| <p><u>Criterion 12:</u> Curriculum developed by nursing faculty flows from the nursing education unit philosophy/mission through an organizing framework into a logical progression of course outcomes and learning activities to achieve desired program objections/outcomes.</p> | | <p>Operational Definition: Course of study leading to a Bachelor's of Science Degree or a Master's of Science Degree with a major in nursing which reflects a logical progression from program philosophy through to program outcomes.</p> <p>Expected Level of Achievement/Decision Rule for Action: Curriculum reflects program philosophy and outcomes and is presented in a logical sequence that increases in complexity. Review of core curriculum by faculty committees ensures rigor, currency and cohesiveness of nursing courses. Documentation demonstrates evidence that instruction and supervised practice follow a plan, includes learning experiences required to develop competencies needed for graduation, and is measured by appropriate evaluation tools and methods.</p> <p>Outcome: Expected level of achievement met for all programs.</p> | | | | |
|--|--|--|-------------------------------------|---|--|--|
| Process | | | | Implementation | | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Integrity of philosophy, organizing, framework, course outcomes, and program outcomes | CAAC, Exec, Nursing Council Minutes Course syllabi Student and Faculty Handbooks Course team Minutes and/or end of semester reports | CAAC, Exec, Nursing Council, Course teams | April of Odd years | Faculty committee review of curriculum plans, philosophy, organizing framework, program outcomes and syllabi. | Major BS curriculum modification based on evaluation data. Latest revision started Fall 2001. Revision to RN-BS program based on student and potential student and faculty input. Revised outcomes for MS program to be more congruent with organizing framework Spring 2003. New major in Nursing Education with first graduate in Spring 2008 | Continue to monitor and update as needed. Graduate Outcomes revised 1.16.2008 |

| <p><u>Criterion 13:</u> Program design provides opportunity for students to achieve program outcomes and acquire knowledge, skills, values, and competencies necessary for nursing practice.</p> | | | | <p>Operational Definition: The curriculum provides for attainment of critical thinking, therapeutic nursing interventions and communication skills in order to produce competent and caring nurses for diverse clients.</p> <p>Expected Level of Achievement/Decision Rule for Action: Mean score of at least 3.5 out of 5 on the Program Outcomes Subscale of the Student Exit Surveys. For specific program results for Communication Skills, Critical Thinking and TNI see below. Mean score of at least 3.5 on the Ethical Values item of the Student Exit Surveys. Mean program completion time within 1 year of minimum completion time for BS and within 2 years of minimum completion time for MS program, to account for larger number of working students. Outcome: Expected level of achievement met for all programs.</p> | | | | | |
|--|---|--|------------------------------|---|---|-------------------------|-------------------------|--|-------------------|
| Process | | | | | Implementation | | | | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | | Actions <i>For program Development, Maintenance, or Revision</i> | |
| Curriculum provides for attainment of knowledge and skill sets in the current practice of nursing, theory, research, community concepts, health care policy, finance, health care delivery, critical thinking, communications, therapeutic interventions, and current trends in health care. | Curriculum Documents, Catalog, Website, CAAC minutes. | Design – CAAC Implementation – Departments Evaluation – CAAC and EOAC. | Annually in October | Curriculum Review by CAAC, Report to EOAC in December. Mean values for all subscales used to achieve this rating. | Program outcomes revised Fall 2002 and Spring 2003 for all programs. | | | Continue to monitor. | |
| | | | | | Results of Program Outcomes Subscale Over Time. | | | | |
| | | | | | Program | Benchmark | Mean Results | | Trended over time |
| | | | | | BS | 3.5 | 3.97 | | 3.94 |
| | | | | | LPN | 3.5 | 4.30 | | |
| RN-BS | 3.5 | 4.54 | 4.29 | | | | | | |
| MS | 3.5 | 4.37 | 4.27 | | | | | | |
| Program leads students to develop professional ethics, values and accountability. | Curriculum Documents, Catalog, Website, CAAC minutes. Outcomes in Exit and Alumni Surveys. NSSE Data from University Survey | Design – CAAC Implementation – Departments Evaluation – Assistant Dean and EOAC. | Annually in October | Student, Alumni and Employer responses on Surveys. Item number 5 (Professional) on program outcome scale. | Results of Item on Ethical Values by Program Over Time | | | Continue to monitor | |
| | | | | | Program | Benchmark | Mean Results | | Trended over time |
| | | | | | BS | 3.5 | 4.13 | | 4.07 |
| | | | | | LPN | 3.5 | 4.20 | | |
| | | | | | RN-BS | 3.5 | 4.70 | | 4.36 |
| MS | 3.5 | 4.67 | 4.45 | | | | | | |
| Program design allows students to achieve the outcomes in the established and published program length. | Curriculum Documents, Catalog, Website, CAAC minutes. Outcomes in Exit and Alumni Surveys | Design – CAAC Implementation – Departments Evaluation – Assistant Dean and EOAC. | Annually in December | Program mean completion time | Program | | Average Completion Time | Students are able to complete the programs in the minimum timeframe if they take full-time work as example curriculum describes. However, many take fewer courses in order to work full or part-time. Most Master Students report working full-time while in the MS program. Continue to monitor | |
| | | | | | Benchmark | Minimum Completion Time | | | |
| | | | | | BS | 5 Years | | | |
| | | | | | LPN | 3 Years | | | |
| | | | | | RN-BS | 3 Years | | | 2.25 Years |
| MS | 4 Years | 2.4 Years | | | | | | | |

| | | | | | | | | | | |
|---|--|------------------------|---|--|---|-----------------|---------------|---------------|---|---|
| <p><u>Criterion 13: Continued:</u> Program design provides opportunity for students to achieve program outcomes and acquire knowledge, skills, values, and competencies necessary for nursing practice.</p> | | | | <p>Operational Definition: The curriculum provides for attainment of critical thinking, therapeutic nursing interventions and communication skills in order to produce competent and caring nurses for diverse clients.</p> <p>Expected Level of Achievement/Decision Rule for Action: Mean score of at least 3.5 out of 5 on the Program Outcomes Subscale of the Student Exit Surveys. For specific program results for Communication Skills, Critical Thinking and TNI see below. Mean score of at least 3.5 on the Ethical Values item of the Student Exit Surveys. Mean program completion time within 1 year of minimum completion time for BS and within 2 years of minimum completion time for MS program, to account for larger number of working students.</p> | | | | | | |
| Process | | | | Implementation | | | | | | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | | | Actions For program Development, Maintenance, or Revision | |
| Total credits provide a balanced distribution and within generally accepted limits. | Program Documents, Handbook, cataloger, brochures, website. Completion data, student records and graduation database. | CAAC and EOAC | Annually in December. Upon modification at the University or program level. | Compare program credits with university required general education credits. Review overall credits required. | Program | Nursing Credits | Other Credits | Total Credits | % Nursing | General education hours vary depending on student needs and capabilities. New nursing curriculum in BS programs have increased class and clinical hours to meet student requests for more clinical time and to improve delivery of content needed for NCLEX. New general education requirements added foreign language and information technology. Continue to Monitor |
| | | | | | BS (Modified generic program and general education requirements) | 62 | 63-69 | 125-131 | 49%-47% | |
| | | | | | LPN | 65 | 60-69 | 125-134 | 52% | |
| | | | | | RN-BS (students may transfer in up to 28 nursing credits from AS) | 29 | 35-38 | 64-67 | 46% overall | |
| | | | | | MS (Adult and Community) | 28 | 9 | 34 | 82% | |
| | | | | | MS FNP | 36 | 6 | 42 | 86% | |
| | | | | | Clinical ratio for all undergraduate programs is 1 credit for 3 hours of clinical/laboratory. | | | | | |

| <p><u>Criterion 13: Continued:</u> Program design provides opportunity for students to achieve program outcomes and acquire knowledge, skills, values, and competencies necessary for nursing practice.</p> | | | | <p>Critical Thinking</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|---|---|--|------------------------------------|---------------------------------|--|--|--------------|--|--|----------------|---|--|----------------------------|-----|---|--|-------|--|--------|--------|---------|----------------------------|--------------|-------------------|----|------|------|------|-----|------|------|--|-------|------|------|------|----|-----|------|------|---|
| | | | | <p>Theoretical Definition: Purposeful, reflective reasoning and analysis used to form beliefs and guide decision-making Operational Definition: Scores on the ATI Comprehensive predictor Critical Thinking Subscale for pre-licensure students and pre and post scores on the separate ATI Critical Thinking Exam (ATI-CT), scores on the RN-completion exam critical thinking subscale for RN-BS students, and self-ratings on the Program Exit Surveys will be used to document achievement in the area of critical thinking.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <table border="1"> <thead> <tr> <th>Program</th> <th>Test and Benchmark</th> <th>Exit Survey Critical Thinking Item</th> </tr> </thead> <tbody> <tr> <td>Baccalaureate Degree Benchmarks</td> <td>Comprehensive predictor 60 percentile. ATI-CT: No benchmark set.</td> <td>Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9</td> </tr> <tr> <td>LPN Students</td> <td>Comprehensive predictor 60 percentile. ATI-CT: No benchmark set.</td> <td>Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9</td> </tr> <tr> <td>RN-BS Students</td> <td>RN- Completion CT (currently from HESI)</td> <td>Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9</td> </tr> <tr> <td>Master's Degree Benchmarks</td> <td>N/A</td> <td>Mean of 4.0 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 8</td> </tr> </tbody> </table> | | Program | Test and Benchmark | Exit Survey Critical Thinking Item | Baccalaureate Degree Benchmarks | Comprehensive predictor 60 percentile. ATI-CT: No benchmark set. | Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9 | LPN Students | Comprehensive predictor 60 percentile. ATI-CT: No benchmark set. | Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9 | RN-BS Students | RN- Completion CT (currently from HESI) | Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9 | Master's Degree Benchmarks | N/A | Mean of 4.0 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 8 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Test and Benchmark | Exit Survey Critical Thinking Item | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Baccalaureate Degree Benchmarks | Comprehensive predictor 60 percentile. ATI-CT: No benchmark set. | Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN Students | Comprehensive predictor 60 percentile. ATI-CT: No benchmark set. | Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS Students | RN- Completion CT (currently from HESI) | Mean of 3.75 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Master's Degree Benchmarks | N/A | Mean of 4.0 on 5.0 Scale Critical Thinking/Clinical Decision Making – Item 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process | | | | Implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Degree of Reliability, Validity, Trustworthiness | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | | Actions For program Development, Maintenance, or Revision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | EOAC, Departments, Office of Assistant Dean | ATI is administered through the department. RN-BS completion exam (HESI) administered through the Assistant Dean's Office. Tests are scored and initial data analysis and reporting are conducted by the Assistant Dean's Office. Evaluation of reports and recommendations concerning data are the responsibility of the EOAC Annually in October. | Standardized Exam for pre-licensure students ATI Comprehensive predictor, Critical Thinking. HESI exam for RN-BS students Student Self – Report data from Exit Surveys Adequacy of Preparation Scale item 9 for BSN, LPN, RN and item 8 for MSN | | <table border="1"> <thead> <tr> <th>Program</th> <th>ATI Comp. Predictor and HESI Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>60</td> <td></td> <td></td> </tr> <tr> <td>LPN</td> <td>60</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td></td> <td>858.50</td> <td>848.26</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Program</th> <th>Exit Survey Item Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>3.75</td> <td>3.71</td> <td>3.93</td> </tr> <tr> <td>LPN</td> <td>3.75</td> <td>4.40</td> <td></td> </tr> <tr> <td>RN-BS</td> <td>3.75</td> <td>4.60</td> <td>4.27</td> </tr> <tr> <td>MS</td> <td>4.0</td> <td>4.44</td> <td>4.20</td> </tr> </tbody> </table> | | | Program | ATI Comp. Predictor and HESI Benchmark | Mean Results | Trended over time | BS | 60 | | | LPN | 60 | | | RN-BS | | 858.50 | 848.26 | Program | Exit Survey Item Benchmark | Mean Results | Trended over time | BS | 3.75 | 3.71 | 3.93 | LPN | 3.75 | 4.40 | | RN-BS | 3.75 | 4.60 | 4.27 | MS | 4.0 | 4.44 | 4.20 | The benchmark for the Critical thinking item on the exit surveys for all programs were met except for the BS program, which was just below the benchmark. There are no new scores for the Comp. Predictor due to a change in scoring. The item is to be reviewed by EOAC. Continue to monitor |
| Program | ATI Comp. Predictor and HESI Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 60 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | | 858.50 | 848.26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Exit Survey Item Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.75 | 3.71 | 3.93 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.75 | 4.40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.75 | 4.60 | 4.27 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 4.0 | 4.44 | 4.20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CONSIDER CHANGING THIS TO ATI COMMUNICATION SKILLS

| | | | | |
|---|---|-----------------------------|---------------------------|---|
| <p><u>Criterion 13: Continued:</u> Program design provides opportunity for students to achieve program outcomes and acquire knowledge, skills, values, and competencies necessary for nursing practice.</p> | Communication Skills | | | |
| | <p>Theoretical Definition: The ability to communicate is the application of a dynamic process between two or more persons in which there is an exchange of information, thoughts and feelings. The skills involved are accurate perception, interpretation, and expression, in a style sensitive to the purpose and context of the interactions. This interaction may occur in various formats including verbal, nonverbal, tactile, artistic creations, text based or information technology. Operational Definition: Communication scores on the ATI and HESI exit exams, Oral Communication Evaluation Instrument (OCEI) (BS and MS) and Student self evaluation on exit surveys (Adequacy of Preparation Subscale Interpersonal Communication Skills; Written Communication Skills; Conflict management; Documentation skills; Computer usage skills</p> | | | |
| | Expected Levels of Achievement/Decision Rule for Action: Communication Skills | | | |
| | Program | Mean Scores on the ATI/HESI | Mean Scores on the OCEI | Exit Survey Adequacy of Preparation Items Class |
| | Baccalaureate Degree Benchmarks | | 3.75 on 5.0 Scale | Mean of 3.75 on 5.0 scale |
| LPN Degree Benchmarks | | 3.75 on 5.0 Scale | Mean of 3.75 on 5.0 scale | |
| RN-BSN Degree Benchmarks | | 3.75 on 5.0 Scale | Mean of 3.75 on 5.0 scale | |
| Master's Degree Benchmarks | N/A | 4.0 on 5.0 Scale | Mean of 4.0 on 5.0 scale | |
| Outcome: Expected level of achievement not met for all programs, see actions. | | | | |

| Process | | | | | Implementation | | | | |
|---|---|---|---|--|---|----------------------------|--------------|-------------------|---|
| Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Degree of Reliability, Validity, Trustworthiness | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | | | Actions For program Development, Maintenance, or Revision |
| EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | EOAC, Departments, Office of Assistant Dean | ATI is administered through the Department and HESI is administered through the Assistant Dean's Office. Initial data analysis and reporting are conducted by the Assistant Dean's Office. Evaluation of reports and recommendations concerning data are the responsibility of the EOAC Evaluation of Student Presentations by Faculty and Peers. EOAC Review of All Communication Data Annually in November. | Communication score from standardized exams (ATI and HESI) 5 items from exit survey subscale which were designed to capture students' self-evaluations of their adequacy in the following areas: interpersonal communication skills, w ritten communication skills, conflict management, documentation skills, computer usage skills. Items 5, 6, 10, 14 and 15 on BS, LPN and RN exit surveys. Items 4, 5, 9, 13 and 14 on MS exit surveys. Performance Ratings on Oral Communication Skills Checklist. | Communication scores are provided with individual scores of students taking the ATI and HESI exams 5 items from exit survey subscale: Reliability Coefficient Alpha = .84 ISU Oral Communication Evaluation Instrument 10 Item Peer and Instructor Evaluation of Presentation Skills Reliability Coefficient Alpha = .94 | Program | Exit Survey Item Benchmark | Mean Results | Trended over time | Communication Skills is another area which has stimulated much discussion and changes in teaching and testing methods over the years. A written paper requirement in most nursing courses and integrating computer skills and oral presentation skills into the BS and Higher Programs has strengthened this area in our new curriculum. The MS Students do not feel that they do well on this issue, perhaps in part due to the higher requirements of the MS program. They therefore score low on the two self-report instruments. Continue to Monitor |
| | | | | | BS | 3.75 | 3.66 | 3.61 | |
| | | | | | LPN | 3.75 | | | |
| | | | | | RN-BS | 3.75 | 3.64 | 3.99 | |
| | | | | | MS | 4.0 | 4.11 | 3.83 | |
| | | | | | Program | OCEI Benchmark | Mean Results | Trended over time | |
| | | | | | BS | 3.75 | | | |
| | | | | | LPN | 3.75 | | | |
| | | | | | RN-BS | 3.75 | | | |
| | | | | | MS | 4.00 | 72.25 | 68.85 | |
| | | | | | Program | ATI/HESI Benchmark | Mean Results | Trended over time | |
| | | | | | BS | | | | |
| | | | | | LPN | | | | |
| | | | | | RN-BS | | | | |
| | | | | | MS | N/A | N/A | N/A | |
| No new data is currently available for the OCEI outcome. | | | | | | | | | |

Approved as Work in Progress by Nursing Council December 2001; Updated to new 2002 Standards and Criteria 1/28/03; Last reviewed and re-approved by Nursing Council April 2005; Maintained by M. Miller, Interim Assistant Dean

| <p><u>Criterion 13: Continued:</u> Program design provides opportunity for students to achieve program outcomes and acquire knowledge, skills, values, and competencies necessary for nursing practice.</p> | Therapeutic Nursing Intervention | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---------|---------------------------|---|-------------------|----|-----|------|------|-----|-----|--|--|-------|-----|------|------|----|-----|------|------|---------|-----------------------------|--------------|-------------------|----|-----|-------|-------|-----|-----|--|--|-------|-----|----|-------|----|-----|-------|----|---|
| | <p>Theoretical Definition: Therapeutic Nursing Interventions are defined as holistic nursing actions implemented in an accurate, safe manner according to national standards and practice guidelines. (EOAC Minutes Feb 14, 2001). Operational Definition: Scores Standardized Exit Exams: ATI Comprehensive Predictor (BS), or RN-Completion (RN-BS) and FNP Pre-Certification (APEA) Exam. Exit Survey: Mean score on the Adequacy of Preparation Scale from exit surveys.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Expected Levels of Achievement/Decision Rule for Action: Therapeutic Nursing Intervention | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Program | Standardized Exam | Benchmark Scores | | Exit Survey: Adequacy of Preparation Scale. Mean Score on a 5.0 Scale | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Baccalaureate Degree | ATI | 85% of BS students will pass the ATI at the 60 th percentile on the first attempt. Proficiency level 2 when available from ATI. | | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | LPN | ATI | 85% of BS students will pass the ATI at the 60 th percentile on the first attempt Proficiency level 2 when available from ATI. | | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | RN-BS Program | RN-Completion Exam | 85% of RN-BS students will pass the RN-BS exam on the first attempt (850) | | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Master's Degree | FNP Certification Exam | 70% of students taking the second (or final) APEA final preparation exam will pass | | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outcome: Expected level of achievement not met for all programs, see actions. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process | | | | Implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Degree of Reliability, Validity, Trustworthiness | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | | Actions For program Development, Maintenance, or Revision | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | EOAC, Departments, Office of Assistant Dean | Plan reviewed every year Evaluation of reports and recommendations concerning data are the responsibility of the EOAC Annually in March | Tests are administered through the Assistant Dean's Office or the Department with the Exit Course Faculty. Results are a mean of the entire Adequacy of Preparation Scale Initial analysis and reporting are conducted by the Assistant Dean's Office. | The ATI comprehensive predictor, RN completion test and the APEA are commercially developed standardized exams with national normative data for comparison use. Each has had validity validated by a panel of experts and has data on internal reliability. | <table border="1"> <thead> <tr> <th>Program</th> <th>TNI Exit Survey Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>3.5</td> <td>4.11</td> <td>3.65</td> </tr> <tr> <td>LPN</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>3.5</td> <td>3.73</td> <td>4.16</td> </tr> <tr> <td>MS</td> <td>3.5</td> <td>4.41</td> <td>4.02</td> </tr> <tr> <th>Program</th> <th>Standardized Exam Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> <tr> <td>BS</td> <td>85%</td> <td>52.94</td> <td>61.36</td> </tr> <tr> <td>LPN</td> <td>85%</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>85%</td> <td>60</td> <td>55.56</td> </tr> <tr> <td>MS</td> <td>85%</td> <td>43.75</td> <td>50</td> </tr> </tbody> </table> | Program | TNI Exit Survey Benchmark | Mean Results | Trended over time | BS | 3.5 | 4.11 | 3.65 | LPN | 3.5 | | | RN-BS | 3.5 | 3.73 | 4.16 | MS | 3.5 | 4.41 | 4.02 | Program | Standardized Exam Benchmark | Mean Results | Trended over time | BS | 85% | 52.94 | 61.36 | LPN | 85% | | | RN-BS | 85% | 60 | 55.56 | MS | 85% | 43.75 | 50 | Results on the comprehensive exit exams are reviewed on a yearly basis with the department chair and appropriate faculty, in addition to members of the EOAC. Areas of strengths and weaknesses are noted. Continue to Monitor |
| Program | TNI Exit Survey Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 4.11 | 3.65 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 3.73 | 4.16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 4.41 | 4.02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Standardized Exam Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 85% | 52.94 | 61.36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 85% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 85% | 60 | 55.56 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 85% | 43.75 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <p>Criterion 14: Practice learning environments are selected and monitored by faculty and provide opportunities for a variety of learning options appropriate for contemporary nursing.</p> | | | | <p>Operational Definition: All community-based (including acute care facilities) facilities used for student clinical experience</p> <p>Expected Level of Achievement/Decision Rule for Action: Faculty and Students will have the opportunity to provide input concerning the adequacy of clinical facilities at least once each year. Faculty and Student input will be taken into consideration when choosing clinical sites for the next year. All programs will have a mean clinical agency rating of 3.5 or above. Agencies which fall below this rating will be evaluated by faculty and department chair for opportunities to improve student clinical experiences. All agencies used will have current clinical contracts, all preceptor agreements are on file in the department office.</p> <p>Outcome: Expected level of achievement met for all programs.</p> | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|--|--|--|--|---|------------------|--------------|-------------------|----|-----|------|------|-----|-----|--|--|-------|-----|--|--|----|-----|--|--|---|
| Process | | | | Implementation | | | | | | | | | | | | | | | | | | | | | | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> | | | | | | | | | | | | | | | | | | | | |
| Clinical Contracts | Dean and Office of Assistant Dean | Office of Assistant Dean | Report Annually in January | Ongoing Review for currency. List of contracts and expiration dates maintained in the Office of the Assistant Dean. As contracts come up for renewal, AAI contacts faculty and agencies involved to start renewal process as indicated. | <p>100% of agencies which are in use have current contracts .</p> <p>List of current agency contracts can be viewed at. http://isu1.indstate.edu/mary/agencylist.asp#Current_Contracts</p> <p>Agency Contracts Forms (Click on links)</p> <ul style="list-style-type: none"> • New Clinical Contract Process • Go to Current Contracts List • Go to In Process Contracts List • Initiate Clinical Contract | <p>Online contract request form and current listing of agreements page created. Approval process was recently streamlined by Academic Affairs. Modifications are under consideration for our standard agreement in order to more closely match agreements from other facilities.</p> <p>Continue to Monitor</p> | | | | | | | | | | | | | | | | | | | | |
| Adequacy | EOAC and Department Minutes | EOAC, Course Faculty, Department Chair | Data collected each semester, reported to EOAC annually in January | Facility/ Agency Evaluation Tool Instrument developed by ISU SON. Cronbach's Alpha .85 | <p>Agency Data.</p> <table border="1"> <thead> <tr> <th>Program</th> <th>Agency Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>3.5</td> <td>4.33</td> <td>3.92</td> </tr> <tr> <td>LPN</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>MS</td> <td>3.5</td> <td></td> <td></td> </tr> </tbody> </table> <p>Agency evaluation form can be viewed at: http://isu1.indstate.edu/mary/clinicalevalform.asp</p> | Program | Agency Benchmark | Mean Results | Trended over time | BS | 3.5 | 4.33 | 3.92 | LPN | 3.5 | | | RN-BS | 3.5 | | | MS | 3.5 | | | <p>New online instrument created and piloted 2004-2005 Faculty teaching in course utilizing the lower rated clinical agencies were notified of the low ratings given by students. Faculty were aware of the issues and were looking for ways to improve the clinical agencies response to students or to develop other clinical sites.</p> <p>Continue to Monitor</p> |
| Program | Agency Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 4.33 | 3.92 | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | |

| <p><u>Criterion 15:</u> Fiscal resources are available to support the nursing education unit purposes and commensurate with the resources of the governing organization.</p> | | | | | <p>Operational Definition: Fiscal resources are available to meet the operational needs of the nursing program that include salary and wages, supplies and equipment, recruitment and marketing, building maintenance, required travel, faculty development and expenses associated with accreditation and assessment.</p> <p>Expected Level of Achievement/Decision Rule for Action: The nursing program will have adequate funding to meet its operational needs and maintain a balanced budget.</p> <p>Outcome: Expected level of achievement currently met for all programs.</p> | |
|--|--------------------------|---------------------------|-------------------------------------|--|--|--|
| Process | | | | | Implementation | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Budget Adequacy | Office of the Dean | Dean | Annually in May | Review of College of Nursing and University Budget Documents and review of equipment and staffing requests in order to request budget for next fiscal year | <p>Fiscal resources are appropriate to meet the operational needs for the College.</p> <p>Four faculty lines were opened for hire during the 06-07 academic year</p> | <p>Majority capital expenditures to replace outdated furniture and computer resources in the building.</p> <p>All budgets currently have positive balances, allowing for major capital expenditures to replace outdated/insufficient furniture and computer resources within the building.</p> <p>Of the four faculty lines opened for hire, only one remains unfilled. This line is still open and accepting applications with the expectation of hiring for the 07 – 08 academic year.</p> |

| <p>Criterion 16: Program support services are sufficient for the operation of the nursing education unit.</p> | | | <p>Operational Definition: Program support services provided by administrative and clerical staff are sufficient to operate the nursing education unit.</p> <ul style="list-style-type: none"> € Program support staff lines are comparable with those of similar units on campus. € Faculty and administrators rate administrative and clerical support services at 3.5 or higher on a 5.0 scale. € Students rate College support services at 3.5 or higher on a 5.0 scale. <p>Outcome: Expected level of achievement met for all programs.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-------------------------|--------------------------------------|---|--|--|---------|--|--------------|-------------------|----|-----|--|--|-----|-----|--|--|-------|-----|--|--|----|-----|--|--|--|--|
| Process | | | | | Implementation | | | | | | | | | | | | | | | | | | | | | | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | Actions <i>For program Development, Maintenance, or Revision</i> | | | | | | | | | | | | | | | | | | | | |
| Administrative services are available as needed. | | | Annually in February | | <p>Administrative services are adequate for support of the College of nursing mission.</p> <p>Administrative services are defined as university services that support the nursing unit in the areas of information technology, legal, finance, grants and contracts.</p> | | Continue to Monitor | | | | | | | | | | | | | | | | | | | | |
| Clerical services are available as needed | Assistant Dean's Office | Department Chairs and Assistant Dean | Annually in February | Comparison with like units across campus and Faculty survey of adequacy of support staff services. | <p>Dean's Office has one full-time administrative assistant. Assistant Dean's Office has one full-time administrative. Sycamore Nursing Center and the Continuing Education program share one full time administrative assistant. The Baccalaureate and Higher Degree Department has one full-time secretary. Student Affairs Office has two full-time office assistants. Graduate Assistants are hired and placed as resources and needs dictate.</p> <p>A 2003 Faculty Survey of satisfaction with administrative and support staff roles assigned to the College of nursing demonstrated an average rating of 3.73.</p> | | Survey comments indicated that some people feel the Nursing Program needed more support in some areas, while others suggested staff with different skills in the various positions. The ability to retain clerical and administrative staff is a critical issue within the College of nursing and across campus. Support staff and administrative salary increases were lobbied for and were approved by the Board of Trustees at the June 2003 meeting. In addition, the Dean of the College of Nursing has asked for increases in pay scale for key support staff positions within the Nursing Program. Continue to Monitor | | | | | | | | | | | | | | | | | | | | |
| Student Support Services are available as needed | Assistant Dean's Office | Various Administrative Support Units | Annually in February | Data from Program satisfaction scale item 15: Nursing support services were adequate | <table border="1"> <thead> <tr> <th>Program</th> <th>Agency Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>LPN</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>MS</td> <td>3.5</td> <td></td> <td></td> </tr> </tbody> </table> | Program | Agency Benchmark | Mean Results | Trended over time | BS | 3.5 | | | LPN | 3.5 | | | RN-BS | 3.5 | | | MS | 3.5 | | | Issues with collecting sufficient data for this item continue to exist. As such, the broad ranging subscales have been removed in favor of a single subscale in the program satisfaction subscale. | |
| Program | Agency Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| <p>Criterion 17: Learning resources are comprehensive, current, developed with nursing faculty input, and accessible to faculty and students.</p> | | | | <p>Operational Definition: Learning resources include library materials, online resources available through the library, learning resource center teaching materials, and computer resources. Expected Level of Achievement/Decision Rule for Action: Graduating Students will rate the library and learning resources available to the College of Nursing at a 3.5 on a 5.0 scale on the exit survey . Outcome: Expected level of achievement met for all programs.</p> | | | | | | |
|--|---|---|--|---|----------------|---|-----------|--------------|-------------------|---|
| Process | | | | | Implementation | | | | | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | | | Actions <i>For program Development, Maintenance, or Revision</i> |
| Library Resources | Library Homepage Department, LRC Support Staff. Exit survey data from Assistant Dean's Office | College of Nursing representative to the University library committee in conjunction with the Library Subject Specialist. Exit survey data from Assistant Dean's Office | Annually for outdated text and media without historical significance Ongoing for new sources in subject area. December | College of Nursing library representative and the library Subject Specialist reviews holdings on an ongoing basis for currency and scope to support the nursing programs. Recommendations are solicited from faculty, students and staff. Access to the materials is reviewed annually for convenience, interlibrary loan agreements and issues related to information technology. Library computer/internet journal databases are available for students on and off campus. Online journals are available via ProQuest Direct. Exit survey results are reviewed for student reports of perceived adequacy. | | Program | Benchmark | Mean Results | Trended over time | Library's tacks last reviewed by NLNAC self-study team, June 2003. Continue to Monitor |
| | | | | | | BS | 3.5 | 3.82 | 3.91 | |
| | | | | | | LPN | 3.5 | | | |
| | | | | | | RN-BS | 3.5 | 3.00 | 3.50 | |
| | | | | | | MS | 3.5 | 3.86 | 4.08 | |
| Learning Resource Center | LRC, SON Homepage Exit survey data from Assistant Dean's Office | Director of LRC Exit survey data from Assistant Dean's Office | December | LRC staff and faculty make recommendations for needed resources Acquisitions made on a rolling basis according to budget given College. Student Exit surveys used to judge adequacy. College as a whole has the services of one full time Technology Coordinator, one full time Media Coordinator, and one full time Director of Learning Resources Center (LRC). | | Program | Benchmark | Mean Results | Trended over time | Student comments on LRC surveys indicate that they appreciate the services of our LRC and computer lab, but some stated that we need more information concerning the resources during orientation. Action LRC and technology coordinator do information session during orientation. Continue to Monitor |
| | | | | | | BS | 3.5 | 3.82 | 3.84 | |
| | | | | | | LPN | 3.5 | | | |
| | | | | | | RN-BS | 3.5 | 2.80 | 3.74 | |
| | | | | | | MS | 3.5 | 3.43 | 3.78 | |
| Computer Resources | LRC Exit survey data from Assistant Dean's Office | Director of LRC and Technology coordinator Exit survey data from Assistant Dean's Office | December | Acquisitions made according to University plan and available special technology funds. Student Exit surveys and LRC evaluation surveys used to judge adequacy. College as a whole has the services of one full time Technology Coordinator, one full time Media Coordinator. | | Program | Benchmark | Mean Results | Trended over time | Student comments indicate that they would like the lab to be open later in the evenings. This suggestion has been passed to OIT, though there is no plan to extend hours at this time. Continue to Monitor |
| | | | | | | BS | 3.5 | 3.82 | 4.01 | |
| | | | | | | LPN | 3.5 | | | |
| | | | | | | RN-BS | 3.5 | | | |
| | | | | | | MS | 3.5 | 3.57 | 3.96 | |

| <p>Criterion 18: Physical facilities are appropriate to support the purposes of the nursing education unit.</p> | | | | <p>Operational Definition: All office, classroom and other spaces available to the College of Nursing</p> <p>Expected Level of Achievement/Decision Rule for Action: Graduating students will rate the physical facilities with a mean of 3.5 on 5 point scale. Item 9 on Program Satisfaction scale. This item has been modified to better evaluate the distance based programs. As such, campus programs rate the classroom facilities while DE students rate the blackboard course site, as it is the "virtual classroom" used by students.</p> <p>Outcome: Expected level of achievement met for all programs.</p> | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|-------------------------------------|--|---|--|--|-----------|--------------|-------------------|----|-----|------|------|-----|-----|--|--|-------|-----|------|------|----|-----|------|------|--|
| Process | | | | | Implementation | | | | | | | | | | | | | | | | | | | | | | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | Actions <i>For program Development, Maintenance, or Revision</i> | | | | | | | | | | | | | | | | | | | | |
| Classroom and common space for campus students. Blackboard course site for distance based students. | Tour of classroom and common space and Exit Surveys | Dean, EOAC Exit survey data from Assistant Dean's Office | Annually in December and as needed | Review classroom and common space configuration for adequacy and need for repair | <p>Largest lecture hall will seat 138 students. If enrollments increase beyond this number in any given class, we will have to divide into additional sections.</p> <table border="1"> <thead> <tr> <th>Program</th> <th>Benchmark</th> <th>Mean Results</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>3.5</td> <td>3.89</td> <td>3.87</td> </tr> <tr> <td>LPN</td> <td>3.5</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>3.5</td> <td>2.80</td> <td>3.74</td> </tr> <tr> <td>MS</td> <td>3.5</td> <td>3.71</td> <td>4.23</td> </tr> </tbody> </table> | | Program | Benchmark | Mean Results | Trended over time | BS | 3.5 | 3.89 | 3.87 | LPN | 3.5 | | | RN-BS | 3.5 | 2.80 | 3.74 | MS | 3.5 | 3.71 | 4.23 | This item has been modified to evaluate classrooms for campus students and the blackboard course site for distance students to better evaluate the distance programs. Continue to Monitor |
| Program | Benchmark | Mean Results | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 3.89 | 3.87 | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 2.80 | 3.74 | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 3.71 | 4.23 | | | | | | | | | | | | | | | | | | | | | | | | |
| Learning resource space | Tour of LRC | Dean, LRC Director | Annually and as needed | Review space for adequacy and need for repair | Learning lab can accommodate 30 students at any one time. Currently there are adequate facilities for enrollment. With increasing enrollment will have to look at creative scheduling utilizing evenings and weekends. | | Stagger start time of BS lab related courses to decrease pressure on LRC resources particularly for fundamentals and assessment labs. Continue to Monitor | | | | | | | | | | | | | | | | | | | | |
| Office space | Tour of offices | Dean, LRC Director | Annually and as needed | Review office assignments and need for repair | All full-time faculty have individual offices , computers and printers. The University has begun an initiative to replace printers with networked copiers. This option will be available to faculty along side their current printers. New printers will not be purchased to replace those currently in the building. Part-time adjuncts have shared office space. | | New windows installed summer 2002 to fix leaks. Continue to Monitor | | | | | | | | | | | | | | | | | | | | |
| | | | | | Long term problem with window leaks in offices. | | | | | | | | | | | | | | | | | | | | | | |

Standard VII: INTEGRITY

The program demonstrates integrity in its practices and relationships.

| <p><u>Criterion 19:</u> Information about the program, intended to inform the general public, prospective students, current students, employers and other interested parties, is current, accurate, clear, and consistent.</p> | | | | <p>Operational Definition: Print and electronic media information concerning the College of Nursing Programs is current, accurate and consistent.</p> <p>Expected Level of Achievement/Decision Rule for Action:</p> <p>There is consensus among committee chairpersons, department chairpersons, Director of Student Affairs, webmaster and executive committee that information regarding the nursing programs is current accurate and consistent.</p> <p>Outcome: Expected level of achievement not met for all programs, see actions.</p> | | |
|--|---|---|-------------------------------------|---|--|---|
| Process | | | | Implementation | | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Program Information | Catalogue, NHHS Web page, Recruitment Brochures, Syllabi, Student Handbook and Nursing Handbook | Department Chairs, Committee Chairs, Director of Student Affairs, Webmaster | Annually in September | Review of all published materials for accuracy | Spring 2007. Handbook is currently under review and is expected to be completed during the early part of Summer 2007. The self-study evaluation has brought attention to the need for revisions of many of our existing policies. Changes are currently in the working stage, going through the approval process, or are completed. | Review and revisions to Nursing Handbook is in process and should be completed during early Summer 2008. |

| <p>Criterion 20: Complaints about the program are addressed and records are maintained and available for review.</p> | | | | <p>Operational Definition: A complaint is defined as a communication that expresses a concern, problem, or injustice as perceived by a person or persons involved with the College of Nursing. Complaints issued through either the informal procedures or through the formal grievance procedures as published are documented and monitored for program improvement.</p> <p>Expected Level of Achievement/Decision Rule for Action: 100% of complaints will be documented and addressed according to established methods and policies.</p> <p>Outcome: Expected level of achievement met for all programs.</p> | | |
|---|--|--|---|---|---|---|
| Process | | | | Implementation | | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Complaints | Office of Dean, Office of Assistant Dean, Office of Student Affairs, Departmental Chairs, Student Liaison, Office of Technology Coordinator, SAC, Exec and EOAC Minutes | Dean, Assistant Dean, Director of Student Affairs, Departmental Chairs, Student Liaison, Technology Coordinator, Committee Chairs and Grievance Committee. | Data reported annually from responsible parties to EOAC in November. | EOAC analyze complaints by type (formal or informal and by NLNAC standard) for any organizational action needed | Liaison log and webpage log reviewed. 100% compliance. No formal complaints or grievances were documented. Informal concerns have been documented through a variety of mechanisms (surveys, webpage). | Informal concerns were referred to the responsible person or persons. To improve the informal documentation process the "Opportunity for Improvement" website was started as a creative method of information gathering (March 2003). Located under "contact us" on College of Nursing Homepage. |

| <p>Criterion 21: Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.</p> | | | | <p>Operational Definition: University compliance with Title IV regulations</p> <p>Expected Level of Achievement/Decision Rule for Action: 100% of nursing faculty will comply with university policies and practices regarding attendance reporting to maintain compliance with Title IV requirements.</p> <p>Outcome: Expected level of achievement not met for all programs.</p> | | |
|---|--|---|--|--|---|---|
| Process | | | | Implementation | | |
| Component/Element | Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Title IV Compliance | Office of Student Financial Services and Catalogue | Individual faculty members Department Chairs Director of Student Financial Services VP for Enrollment Management | Ongoing each semester at midtermand end of the semester. Department chair report to EOAC on Faculty Compliance in May Ongoing by OFA. Any issues are to be reported to EOAC on an as needed basis. | Department Chair Analysis of faculty compliance with attendance reporting as required by ISU Course cancellation records Audit of Financial Aid records for compliance | 65.3% for the fall and 81.3% for the spring had met attendance reporting guidelines for 2007. | Problems previously reported with the online reporting mechanism have been improved. As such, it does not appear that there are faculty access problems any longer. Communication between the department chair and faculty concerning the completion of attendance reporting in a timely manner has been problematic in the past, but has vastly improved over time, as is shown by the increase in percentage of those reporting in the Spring from Fall. As most of those who are not reporting are adjuncts teaching distance based classes, communication between the department chair and distance based faculty still requires some improvement. Continue to monitor. |

Standard VI: EDUCATIONAL EFFECTIVENESS

There is an identified plan for systematic evaluation including assessment of student academic achievement.

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| <p>Criterion 22: There is a written plan for systematic program evaluation that is used for continuous program improvement.</p> | <p>Operational Definition: Written plan which directs program evaluation process.</p> <p>Expected Level of Achievement/Decision Rule for Action: Plan is reviewed in its entirety by nursing council every year at the annual spring meeting and as needed. Each criterion and its benchmark are reviewed by EOAC when the data for that criterion are reviewed. Plan is updated by EOAC at the time of each criterion review if needed. Updated version of Master Plan is kept posted on Evaluation website for faculty access. Data are collected, analyzed and reviewed as directed by plan. Recommendations for changes are made based on evaluation data.</p> <p>Outcome: Expected level of achievement met for all programs.</p> |
|--|--|

| Process | | | | | Implementation | |
|----------------------------------|--|--|---|--|---|--|
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Comprehensive Evaluation Plan | EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | EOAC, Exec, Office of Assistant Dean, Nursing Council | Plan incrementally critiqued and updated as needed during benchmark review by EOAC. Overall Plan reviewed every year by Nursing Council at annual Spring meeting. | Check to see if data are collected, analyzed, reported and acted upon as directed by plan. Evaluate if plan needs to be modified in order to be congruent with national accreditation and University requirements | Plan and program data reviewed as required. Individual Criteria in Master plan reviewed and updated by EOAC on a rotating schedule. Master plan as a whole reviewed and approved by entire nursing council each year in April. | <i>According to ISBN Regulations:</i> There shall be a systematic written plan for program evaluation that is ongoing according to the timeframe specified by the faculty. The findings from the systematic evaluation shall be used for development, maintenance, and revision of the program components. The written plan shall include, but is not limited to, the following: (1) Philosophy, purpose, and objective of the nursing education program. (2) Expected knowledge, skills, and abilities of the graduates. (3) Teaching and learning experiences. (4) Student evaluation of courses. (5) Instructor evaluation of students. (6) Pass rates on licensure examination. (7) Follow-up studies of graduates' evaluation of the program of learning. (8) Employment performance of graduates. <i>(Indiana State Board of Nursing; 848 IAC 1-2-16; filed Jul 30, 1998, 4:59 p.m.: 21 IR 4531)</i> Schedule of criterion review reordered to more equitably distribute workload over the academic year 2007. LPN Benchmark added as appropriate in Spring 2007. Data and benchmarks for individual criterion reviewed and revised by EOAC on monthly schedule. Plan last reviewed and updated April 2007. Continue to Monitor. |

| <p>Criterion 23: Student academic achievement by program type is evaluated by: graduation rate, licensure/certification pass rates, job placement rates and program satisfaction.</p> | | <p>Graduation Rates Expected Level of Achievement/Decision Rule for Action for Graduation Rate</p> <p>New RN-BS Completion track: 63% of students who enroll in the first clinical course (N304) will complete the track within 6 Years. Modified BS Program (Generic): 56% of students admitted to the first clinical nursing course (N204) will complete the generic BS program within 6 years. Masters Program: 64% of students who enroll in the Master's of Science program (N601) will graduate in 5 years.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|---|--|---|-----------|-----------------|-----------------------------|----|-----|-------|-------|-----|-----|--|--|-------|-----|------|-------|----|-----|-------|-------|---|
| Process | | | Implementation | | | | | | | | | | | | | | | | | | | | | | | |
| Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement (Data as of Summer 2007)</i> | | Actions For program Development, Maintenance, or Revision | | | | | | | | | | | | | | | | | | | | |
| EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | Director of Student Affairs, EOAC, Departments | Plan reviewed every year and aggregate data reviewed Annually in February | Office of Student Affairs reviews student records to determine percentage of students who graduate from each program within the targeted time frame. Report to EOAC on an annual basis. Review of Course Non-Progression data to determine why students are not successful. | <table border="1"> <thead> <tr> <th>Program</th> <th>Benchmark</th> <th>Mean Grad rate.</th> <th>Mean Performance over time.</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>56%</td> <td>80.90</td> <td>63.51</td> </tr> <tr> <td>LPN</td> <td>56%</td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>63%</td> <td>66.7</td> <td>35.07</td> </tr> <tr> <td>MS</td> <td>64%</td> <td>83.55</td> <td>83.55</td> </tr> </tbody> </table> <p>ISU University BS Graduation rates within 6 years 38.8% Comparison of ISU graduation rates with 15 peer institutions can be reviewed at: http://collegeresults.org/search1b.aspx?InstitutionID=151324</p> | | Program | Benchmark | Mean Grad rate. | Mean Performance over time. | BS | 56% | 80.90 | 63.51 | LPN | 56% | | | RN-BS | 63% | 66.7 | 35.07 | MS | 64% | 83.55 | 83.55 | EOAC action forwarded to Administration. Retention plan needs reviewed and updated in light of national data for BS graduation rates. See Enrollment Management Plan Also http://web.indstate.edu/nurs/mary/NLN/enrollman.doc Graduation rates are currently above the benchmark. Trend data also shows data above the benchmark except for the RN-BSN, which is of a relatively small sample size. EOAC will continue to monitor and look for improvement with the RN-BSN program gaining in popularity and numbers. |
| Program | Benchmark | Mean Grad rate. | Mean Performance over time. | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 56% | 80.90 | 63.51 | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 56% | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 63% | 66.7 | 35.07 | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 64% | 83.55 | 83.55 | | | | | | | | | | | | | | | | | | | | | | | |

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|---|--|--|---|--|--|---|-----------------------------|--|
| Criterion 23: Student academic achievement by program type is evaluated by: graduation rate, licensure/certification pass rates, job placement rates and program satisfaction. | Performance on the NCLEX Exam and other Certification Exams Operational Definition: Percentage of graduates who pass the NCLEX-RN examination or other certification exam upon first time taking the examination. | | | | | | | |
| | Program | | Standardized Exam | | Benchmark Scores | | | |
| | Baccalaureate Degree | | NCLEX-RN | | Pass rate will be at or above the national total percentage passing (for all first time takers), and not less than 85% | | | |
| | Master's Degree | | FNP National Certification Exams | | Reported pass rates on the FNP and other certification exams (if any) will be at 85% or above | | | |
| Outcome: Expected level of achievement met for all programs. | | | | | | | | |
| Process | | | Implementation | | | | | |
| Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | Actions <i>For program Development, Maintenance, or Revision</i> | | |
| EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | EOAC, Departments, Office of Assistant Dean Director FNP Program | Plan reviewed every year and aggregate data reviewed annually in March | Analysis of data for graduating classes and comparison with national level pass rate. | Program | Benchmark | Mean Data | Mean Performance over time. | Incentives developed to assist in pass rates appear to have had an overall positive affect on NCLEX pass rates. The introduction of required achievement levels on end of program testing (ATI) and the introduction of the ATI package seem to have positively affected pass rates. Data reported by ANCC indicates that all FNP students taking the exam during 2006 have passed. Trended pass rates have also increase. However, ANCC only reports for periods in which 5 or more of our students have taken the exam at one time. We have had many more graduate and pass the exam, but not in large enough groups to receive reporting data from the ANCC. This is likely to change with the significantly increased number of students within the masters program. Continue to Monitor |
| | | | | BS | 85% and National Average | 95.83 | 88.04 | |
| | | | | MS | 85% or above | 100 | 84.75 | |
| | | | | National NCLEX pass rate data available at http://www.ncsbn.org/testing/psychometrics_nclexpassrates.asp State NLCEX Pass rate data at http://www.state.in.us/hpb/boards/isbn/bsn_pass.html Note, site is maintained by ISBN and is not current at present. AACN National FNP certification data at: http://www.nursingworld.org/ancc/certification/cert/exams/results/np.html | | | | |

| <p>Criterion 23: Student academic achievement by program type is evaluated by: graduation rate, licensure/certification pass rates, job placement rates and program satisfaction.</p> | | | <p align="center">Job Placement Rates</p> <p>Operational Definition: Percentage of students who report that they are either currently employed or who will be employed at graduation, or report planning to continue as a full-time student.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---|---|--|--|--|--|--|--|---------|-----------|----------|--------------------|-------|----|--|-------|------|-------|-----|--|-------|------|-------|-------|--|-------|------|-------|----|--|-------|------|-------|---|--|--|--|--|---------|-----------|----------|--------------------|-------|----|-----|--------|------|--------|-----|-----|--|--|--|-------|-----|--------|------|--------|----|-----|--|--|--|--|
| | | | <p align="center">Expected Levels of Achievement/Decision Rule for Action: Job Placement Rates</p> <p>BS- 90% of graduates who respond to the alumni survey or other follow up surveys will report being employed in nursing, or planning to continue as a full time student. LPN - 90% of graduates who respond to the alumni survey or other follow up surveys will report being employed in nursing, or planning to continue as a full time student. RN- BS 75% of graduates will report being employed, having accepted employment following graduation, or planning to continue as a full time student. MS 80% of graduates will report being employed, having accepted employment following graduation, or planning to continue as a full time student.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | <p>Outcome: Expected level of achievement met for all programs.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Process | | | Implementation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | | Actions <i>For program Development, Maintenance, or Revision</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | EOAC, Departments, Office of Assistant Dean | Plan reviewed every year and aggregate data reviewed Annually in October | <p>Surveys are administered through the Assistant Dean's Office in Coordination with the Department Chair and the Exit Course Faculty.</p> <p>Data is collected at graduation and within one year of graduation.</p> <p>Surveys are scored and initial data analysis and reporting are conducted by the Assistant Dean's Office.</p> <p>Evaluation of reports and recommendations concerning data are the responsibility of the EOAC</p> | <table border="1"> <thead> <tr> <th colspan="5">Data collected at graduation</th> </tr> <tr> <th>Program</th> <th>Benchmark</th> <th>Employed</th> <th>Continuing Student</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td></td> <td>92.59</td> <td>0.00</td> <td>92.59</td> </tr> <tr> <td>LPN</td> <td></td> <td>60.00</td> <td>0.00</td> <td>60.00</td> </tr> <tr> <td>RN-BS</td> <td></td> <td>66.00</td> <td>0.00</td> <td>66.00</td> </tr> <tr> <td>MS</td> <td></td> <td>57.14</td> <td>0.00</td> <td>57.14</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="5">Data collected within one year after graduation</th> </tr> <tr> <th>Program</th> <th>Benchmark</th> <th>Employed</th> <th>Continuing Student</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>90%</td> <td>100.00</td> <td>0.00</td> <td>100.00</td> </tr> <tr> <td>LPN</td> <td>90%</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>75%</td> <td>100.00</td> <td>0.00</td> <td>100.00</td> </tr> <tr> <td>MS</td> <td>80%</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | Data collected at graduation | | | | | Program | Benchmark | Employed | Continuing Student | Total | BS | | 92.59 | 0.00 | 92.59 | LPN | | 60.00 | 0.00 | 60.00 | RN-BS | | 66.00 | 0.00 | 66.00 | MS | | 57.14 | 0.00 | 57.14 | Data collected within one year after graduation | | | | | Program | Benchmark | Employed | Continuing Student | Total | BS | 90% | 100.00 | 0.00 | 100.00 | LPN | 90% | | | | RN-BS | 75% | 100.00 | 0.00 | 100.00 | MS | 80% | | | | <p>Modifications in the collection method has occurred. Students are asked at graduation as to whether they already have a job in place. Students are then polled through an online survey within one year of graduation to see if they had jobs in nursing. There is limited data for the LPN program as the first official graduating class occurred only a few months before the survey was sent. They will be polled with the next employment survey. There were no responses returned from the MS students. The responses for the BS and RN programs met the benchmark. It is recommended that all programs continue to be monitored.</p> |
| Data collected at graduation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Benchmark | Employed | Continuing Student | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | | 92.59 | 0.00 | 92.59 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | | 60.00 | 0.00 | 60.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | | 66.00 | 0.00 | 66.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | | 57.14 | 0.00 | 57.14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Data collected within one year after graduation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program | Benchmark | Employed | Continuing Student | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 90% | 100.00 | 0.00 | 100.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 90% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 75% | 100.00 | 0.00 | 100.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|---|---|---|---|
| <p>Criterion 23: Student academic achievement by program type is evaluated by: graduation rate, licensure/certification pass rates, job placement rates and program satisfaction.</p> | <p>Program Satisfaction</p> | | | | |
| | <p>Operational Definition: Degree to which student is satisfied with curriculum, learning resources, student-student and student-faculty interactions, and College of Nursing policies..</p> | | | | |
| | <p>Expected Levels of Achievement/Decision Rule for Action: Program Satisfaction</p> | | | | |
| | <p>Program</p> | <p>Mean Scores on the Program Satisfaction Subscale of the Program Exit Surveys</p> | <p>Mean Scores on the Program Satisfaction Subscale of the Alumni Follow-up Surveys</p> | <p>Mean Scores on the Program Satisfaction Subscale of the Employer Surveys</p> | <p>Mean Scores on the SIR II (Items 1-28)</p> |
| | <p>Baccalaureate Degree</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> |
| <p>LPN-BSN Degree</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | |
| <p>RN-BSN Degree</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | |
| <p>Master's Degree</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | <p>3.5 on 5.0 Scale</p> | |
| <p>Outcome: Expected level of achievement met for all programs.</p> | | | | | |

| | |
|---------|----------------|
| Process | Implementation |
|---------|----------------|

| Documentation Located | Who Has Responsibility | Time/Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|--|--|-----------|---------------|--------------|----------------|----|-----|------|--|--|-----|-----|--|--|--|-------|-----|------|------|------|----|-----|------|------|------|------------|-----------|--------|-------------------|--------------------------|-----|------|--|------------------|-----|------|--|---|
| EOAC, EXEC, Nursing Council Minutes, Office of Assistant Dean | EOAC, Departments, Office of Assistant Dean | Plan reviewed every year and aggregate data reviewed Annually in December Alumni surveys conducted during Odd years, Employer Surveys during even years. | Exit Surveys are administered through the Assistant Dean's Office in Coordination with the Department Chair and the Exit Course Faculty. Exit Surveys are scored and initial data analysis and reporting are conducted by the Assistant Dean's Office. Exit Survey Cronbach alpha .88 (Mean 2001-2003 data). SIR II reports are administered by student volunteers at the end of each course. SIR II data is scored and initial data analysis is conducted by Institutional Research and Testing Office. Faculty receive individual reports and department chairs receive combined departmental level data. Reports from the combined departmental data are generated by the Assistant Dean's Office. Evaluation of reports and recommendations concerning data are the responsibility of the EOAC | <table border="1"> <thead> <tr> <th>Program</th> <th>benchmark</th> <th>Student Means</th> <th>Alumni Means</th> <th>Employer Means</th> </tr> </thead> <tbody> <tr> <td>BS</td> <td>3.5</td> <td>3.71</td> <td></td> <td></td> </tr> <tr> <td>LPN</td> <td>3.5</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RN-BS</td> <td>3.5</td> <td>3.46</td> <td>3.77</td> <td>3.77</td> </tr> <tr> <td>MS</td> <td>3.5</td> <td>3.91</td> <td>3.86</td> <td>3.77</td> </tr> </tbody> </table> <p>Alumni response rate 17.27% (Spring 2003) Employer response rate 35% (Spring 2002)</p> <table border="1"> <thead> <tr> <th>Department</th> <th>Benchmark</th> <th>Result</th> <th>Trended over time</th> </tr> </thead> <tbody> <tr> <td>College of Nursing Total</td> <td>3.5</td> <td>4.21</td> <td></td> </tr> <tr> <td>University Means</td> <td>N/A</td> <td>4.16</td> <td></td> </tr> </tbody> </table> | Program | benchmark | Student Means | Alumni Means | Employer Means | BS | 3.5 | 3.71 | | | LPN | 3.5 | | | | RN-BS | 3.5 | 3.46 | 3.77 | 3.77 | MS | 3.5 | 3.91 | 3.86 | 3.77 | Department | Benchmark | Result | Trended over time | College of Nursing Total | 3.5 | 4.21 | | University Means | N/A | 4.16 | | <p>Program Satisfaction results were analyzed to determine trends and themes. Recurrent themes were addressed during the curriculum revision of both the BS and the MS programs.</p> <p>Continue to Monitor as students graduate from new curriculums.</p> <p>There is no new information concerning this item. Access to SIR data is limited to when faculty are willing to provide the data to EOAC. As such a more appropriate way of collecting and reporting this data is being looked at.</p> |
| Program | benchmark | Student Means | Alumni Means | Employer Means | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BS | 3.5 | 3.71 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LPN | 3.5 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RN-BS | 3.5 | 3.46 | 3.77 | 3.77 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MS | 3.5 | 3.91 | 3.86 | 3.77 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Department | Benchmark | Result | Trended over time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| College of Nursing Total | 3.5 | 4.21 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| University Means | N/A | 4.16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Approved as Work in Progress by Nursing Council December 2001; Updated to new 2002 Standards and Criteria 1/28/03; Last reviewed and re-approved by Nursing Council April 2005; Maintained by M. Miller, Interim Assistant Dean

| Additional Criteria I: Safety and Risk Management | | | Operational Definition: Policies, Procedures and Actions taken to increase faculty, staff and student safety and decrease risk associated with SON learning activities. Expected Level of Achievement/Decision Rule for Action: | | | |
|---|---|---|---|--------------------------------------|---|---|
| | | | <ol style="list-style-type: none"> 1. College of Nursing will maintain liability insurance to cover faculty and students while in practice settings. 2. College of Nursing will maintain records of any incidents which document lapses in safety or safety concerns 3. Evaluation committee will review any incidents which occur over a one year period and make recommendations for any changes needed. | | | |
| Process | | | | | Implementation | |
| Component/ Element | Documentation Located | Who Has Responsibility | Time/ Frequency of Assessment | Assessment Method | Results of Data Collection and Analysis <i>Including actual level(s) of achievement</i> | Actions <i>For program Development, Maintenance, or Revision</i> |
| Safety and Risk Management | LRC office – (Sharps Log) Risk Management Log – Student Affairs Office with backup in Assistant Dean's Office. | Individual faculty members, department chairs, Student Affairs Office and Administration. EOAC to conduct yearly review of logs. | Ongoing by Department Chairs. Incidents are to be reported to Administration on an as needed basis. EOAC to review records in January. | Log review for trend analysis. | University maintains liability insurance. Logbook of sharps related incidents maintained by LRC staff. Risk Management log database created by Assistant Dean and maintained by Student Affairs Office. Four risk management related incidents thus far. No trends noted at this time. | Continue to Monitor. |