

TABLE OF CONTENTS

Section 1: Executive Summary

General Information.....1
Introduction.....2
History of the Nursing Education Unit3
Summary of Standards and Criteria.....4
Analysis and Summary of Strengths and Areas for Improvement11

Section 2: Standards and Criteria

Standard 1: Mission and Administrative Capacity14
Standard 2: Faculty and Staff.....37
Standard 3: Students64
Standard 4: Curriculum.....86
Standard 5: Resources.....136

Section 3: Standard 6: Outcomes151

Section 4: Appendix176

LIST OF TABLES AND FIGURES

Tables	Page(s)
1.1.1 <i>Comparison of Mission and Values Statements Between University, College, and Departments</i>	14-15
1.2.1 <i>All Nursing Faculty Participation on Senate and Standing University Committees</i>	23
1.2.3 <i>Current BN and BNC Faculty Participation on CONHHS Committees</i>	24
1.2.4 <i>Executive Director of Nursing Committee Participation</i>	25
1.2.5 <i>Student Representation on Department Committees</i>	26
1.3.1 <i>Department of Baccalaureate Nursing Advisory Committee Members</i>	27
1.3.2 <i>Department of Baccalaureate Nursing Completion Advisory Committee Members</i>	27
1.10.1 <i>University Policies Regarding Faculty and Staff</i>	34
1.10.2 <i>Differing Policies for Nursing Faculty and Supporting Rationale</i>	35
1.11.1 <i>Comparison of University Mission Statement, Department of Baccalaureate Nursing Completion Mission Statement, and Philosophy of the Nursing Faculty</i>	36
2.1.1 <i>Faculty Profiles, Baccalaureate Nursing Program (Full-Time)</i>	38-42
2.6.2 <i>Faculty Scholarship</i>	49-57
2.7.1 <i>Staff Who Support the Baccalaureate Program</i>	58-59
3.1.1 <i>Examples of Similarities Between the Governing Organization and the Baccalaureate Nursing Program</i>	64-67
3.1.2 <i>Examples of Differences between the Governing Organization and the Baccalaureate Nursing Program</i>	67-69
3.1.3 <i>Examples of Differences in Policies Between the Baccalaureate Nursing Completion (LPN to BS and RN to BS) and the Campus Baccalaureate Nursing Tracks</i>	70-72
3.4.1 <i>Indiana State University Student Support Services</i>	74-77
3.4.2 <i>Additional Support Services available for nursing students</i>	77-78
3.6.1 <i>Indiana State University Student Default Rates</i>	81
4.1.1 <i>Comparison of AACN BSN Essentials, IOM/QSEN Core Competencies and the Baccalaureate Program New Graduate Outcomes</i>	89-91
4.2.1 <i>Roles and Leveled Student Learning Outcomes in the Current Baccalaureate Nursing Program</i>	92-96
4.2.2 <i>Leveled Student Learning Outcomes for the Revised Baccalaureate Nursing Program</i>	96-98
4.2.3 <i>Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for Old Curriculum for BN</i>	99-101
4.2.4 <i>Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for Old Curriculum for BNC</i>	101-103
4.2.5 <i>Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for New Curriculum for BN</i>	103-104
4.2.6 <i>Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for New Curriculum for BN</i>	104-105
4.4.1 <i>Foundational Studies Requirements Not Included in Cognates/Major Courses</i>	108
4.4.2 <i>Traditional Track Required Cognate (non-nursing) Courses</i>	108-109
4.4.3 <i>Accelerated Second Degree Required Prerequisites (non-nursing) Courses</i>	109

4.4.4	<i>LPN to BS Required Cognate (non-nursing) Courses</i>	109-110
4.4.5	<i>RN to BS Required Cognate (non-nursing) Courses</i>	110
4.5.1	<i>Examples of Cultural, Ethnic, Socially Diverse Concepts Across the Curriculum (Old/New)</i>	110-113
4.6.1	<i>Instructional Process and Current Standards of Practice</i>	114
4.6.2	<i>Examples of Interprofessional Interaction</i>	115-116
4.7.1	<i>BN Curriculum Evaluative Methods</i>	117-118
4.7.2	<i>LPN to BS Evaluative Methods</i>	118
4.7.3	<i>RN to BS Evaluative Methods</i>	118-119
4.7.4	<i>Cognitive Test plan for Traditional, LPN and RN to BS-revised Curriculum</i>	120
4.7.5	<i>Cognitive Test plan for Accelerated Track</i>	120
4.7.6	<i>Cognitive Test plan for Traditional, LPN and RN to BS -Old Curriculum</i>	121
4.8.1	<i>BN curriculum credit and contact hours</i>	123-124
4.8.2	<i>Accelerated BS Curriculum</i>	124
4.8.3	<i>BNC LPN to BS Credit and Contact hours</i>	124-125
4.8.4	<i>BNC RN to BS Credit and Contact hours</i>	125-126
4.9.1	<i>Agency Sites</i>	128-132
5.2.1	<i>Physical space dimensions by room type in Nursing Building</i>	140
5.3.1	<i>Learning Resources Equipment</i>	142-144
5.3.2	<i>RHIC Simulation Center Inventory List</i>	145-147
6.2.1	<i>Baccalaureate Assessment Methods to Determine Student Achievement of Learning Outcomes</i>	152-153
6.2.2	<i>Examples of Data-Driven Action Plans for Improvement for Baccalaureate program</i>	153-156
6.4.1.1	<i>NCLEX-RN Licensure Exam Rates (2011-to date)</i>	157
6.4.2.1	<i>Program Completion – BN Traditional (Old Curriculum, last admission fall 2012)</i>	161
6.4.2.2	<i>Program Completion - BN Traditional (Revised Curriculum, first admission spring 2013)</i>	162
6.4.2.3	<i>Program Completion – BN Accelerated (Revised Curriculum only, first admission summer 2011)</i>	162
6.4.2.4	<i>Program Completion - LPN to BS</i>	163
6.4.2.5	<i>Program Completion - RN to BS</i>	164
6.4.3.1	<i>Student Program Satisfaction – Traditional Graduates, LPN to BS, RN to BS, fall 2010 to spring 2013</i>	167
6.4.3.2	<i>Student Program Satisfaction – Accelerated Graduates, summer 2012, summer 2013</i>	168
6.4.4.1	<i>Employer Program Satisfaction – Traditional Graduates, LPN to BS, RN to BS, fall 2011 to spring 2013</i>	171
6.4.4.2	<i>Employer Program Satisfaction – Accelerated Graduates, summer 2012</i>	171
6.4.5.1	<i>Job Placement Rates for Traditional, LPN to BS and RN to BS, fall 2010 to spring 2013</i>	174
6.4.5.2	<i>Job Placement Rates for Second Degree Accelerated, summer 2012</i>	175

Figures

Page(s)

1.2.1 *College of Nursing, Health, and Human Services Organizational Chart*.....19
1.2.2 *Department of Advanced Practice Nursing Organizational Chart*.....20
1.2.3 *Department of Baccalaureate Nursing Organizational Chart*.....21
1.2.4 *Department of Baccalaureate Nursing Completion Organizational Chart*22

EXECUTIVE SUMMARY

GENERAL INFORMATION:

- 1. Program type being reviewed, purpose and dates of visit:**
Baccalaureate Degree
Continuing Approval
February 18-20, 2014
- 2. Name and address of governing organization:**
Indiana State University
200 North 7th Street
Terre Haute, IN 47809
- 3. Name, credentials, and title of chief executive officer of the governing organization:**
Dr. Daniel J. Bradley, Professor and President
- 4. Name of the governing organization's accrediting body and accreditation status:**
The Higher Learning Commission of the North Central Association of Colleges and Schools. Full accreditation awarded in March 2011.
- 5. Name and address of the nursing education unit:**
Departments of Baccalaureate Nursing, Baccalaureate Nursing Completion, and
Advanced Practice Nursing
College of Nursing, Health, and Human Services
749 Chestnut Street
Terre Haute, IN 47809
- 6. Name, credentials, and title of the nurse administrator of the nursing unit:**
Dr. Lea R. Hall, PhD, MS, BSN, Associate Professor and Executive Director of Nursing
- 7. Telephone, fax number, and email address of the nurse administrator:**
Telephone: (812) 237-2326
Fax number: (812) 237-8895
E-mail: lea.hall@indstate.edu
- 8. Name of the State Board of Nursing and approval status (date of last review and action):**
Health Professions Bureau
Indiana State Board of Nursing
Indianapolis, IN
<http://www.in.gov/pla/nursing.htm>
Approval status: Full accreditation for all programs
- 9. ACEN Accreditation Standards and Criteria used to prepare the Self-Study Report:**
2013 Accreditation Standards and Criteria, Baccalaureate

INTRODUCTION:

Indiana State University (ISU), a public institution, was founded in 1865 as Indiana Normal School with its primary mission being to prepare teachers for Indiana's schools. Enrollment has increased from 21 students in the first class to nearly 13,000 during the 2012-2013 academic year. ISU is located at the Crossroads of America in Terre Haute, Indiana, which is the state's twelfth largest city. According to the most recent census data, the city's estimated population is 61,112. While the median age of residents is 32.7 years, there are approximately 7,600 (12.6%) individuals who are age 65 or older. Ethnic diversity is low, with nearly 84% of the population being Caucasian. Terre Haute offers a variety of cultural, historic, and educational enrichment opportunities to the University community.

ISU has six academic divisions, each headed by a Dean who reports to the Provost and Vice President for Academic Affairs. The divisions include: the Colleges of Arts and Sciences; Business; Education; Nursing, Health, and Human Services; Technology; and, the College of Graduate and Professional Studies.

ISU offers baccalaureate, master's, specialist, and doctoral degrees. The University is accredited by the Higher Learning Commission of the North Central Association of College and Schools, <http://www.ncahigherlearningcommission.org>, and received a ten-year reaccreditation in 2011. Academic programs across the colleges are accredited by more than 30 different agencies. In addition, the University holds institutional membership in at least 10 major national associations.

The basic Carnegie classification for ISU is Doctoral/Research Intensive University. Institutions with this label offer a wide range of baccalaureate programs and are committed to graduate education through both Master's and Doctoral degrees. ISU offers over 80 majors in a variety of areas including arts and sciences, business, criminology and criminal justice, education, nursing, health, and human services, and technology.

The University is governed by a Board of Trustees, and administered by a President, who is the University's Chief Executive Officer. The University is organized into the following major functional areas: Academic Affairs; Business Affairs and Finance; Enrollment Management, Marketing and Communications; and Student Affairs. The University President delegates the administration of each of these functional units to a Vice President. Each of the

functional areas is organized into related administrative divisions, departments, units, and offices.

The College of Nursing, Health and Human Services (CONHHS) has seven academic departments: Advanced Practice Nursing; Applied Health Sciences; Applied Medicine and Rehabilitation; Baccalaureate Nursing; Baccalaureate Nursing Completion; Kinesiology, Recreation and Sport; and Social Work. The baccalaureate nursing program has multiple tracks within the Departments of Baccalaureate Nursing (BN) and Baccalaureate Nursing Completion (BNC). The Department of BN consists of the traditional campus track and the accelerated second degree track. The Department of BNC consists of the distance LPN to BS and the RN to BS tracks. The Baccalaureate Program has a total enrollment of 657 for spring 2014. The number of students enrolled by track is as follows: Traditional 265; Accelerated Second Degree 27; LPN to BS 243; RN to BS 122.

The Baccalaureate program has 22 full-time faculty assigned to teach among the program tracks. The number of part-time faculty fluctuates slightly from semester to semester. As of January 2014, there are 23 part-time faculty teaching in the baccalaureate program among the various tracks.

HISTORY OF THE NURSING EDUCATION UNIT:

ISU School of Nursing opened its doors to students in September 1963 and was initially fully accredited in 1969 by the National League for Nursing Accrediting Commission, Inc. (NLNAC). Upon successful completion of the four-year program, student received a Bachelor of Science degree. The first class of students graduated for the ISU School of Nursing in 1967. After a series of relocations, in 1971 the School of Nursing moved to its current location. In addition to offices for faculty and administrators, the building houses classrooms and a Learning Resource Center (LRC).

Major curricular revisions and innovations have taken place over the years. In response to community needs and the phase-out of local diploma programs in nursing, the first major revision occurred in fall of 1977. The four-year, generic baccalaureate nursing program was replaced with a four-year baccalaureate nursing program and provided the option to exit upon completion of the two-year associate degree nursing program. The first class of students entered in 1977 and graduated in 1979. The program was initially full accredited by the NLNAC in 1980. The associate degree nursing program closed in 2005. In fall 1998, the Baccalaureate

track for Registered Nurses (RN to BS) was initiated to meet educational needs of practicing registered nurses. By 2000, all courses in the track were delivered online. The Baccalaureate track for Licensed Vocational or Licensed Practical Nurses (LVN/LPN to BS) began in fall 2003, and all courses in this track are delivered online.

In 1986, a program of graduate nursing studies leading to a Master of Science degree was initiated. The first class completed requirements in 1988, and the program received full accreditation by the NLNAC in 1989. The FNP concentration was offered online starting in fall 2004, and the Nursing Education and Nursing Administration concentrations followed thereafter. Work began in 2009 to develop the DNP program at ISU. The first cohort of students was admitted in fall 2010 and graduated in spring 2012. The DNP program received full initial accreditation by the NLNAC in 2013 and is entirely online.

In 2006, the Provost of the University charged a task force with developing a more comprehensive college to be focused on programs and services in the health related area. In its 2007 report to the Provost, the task force found that other universities were successful in forming colleges of health that strengthened and supported training in health professions. As a result, the College of Nursing, Health, and Human Services (CONHHS) was created from merging the College of Nursing and the College of Health and Human Performance and, in 2007, approval to do so was received from the Indiana Commission on Higher Education. In 2008, departments within the CONHHS were established. Nursing transitioned from one department, the Baccalaureate and Higher Degree Department, into the following three departments: Department of Baccalaureate Nursing; Department of Baccalaureate Nursing Completion; and Department of Advanced Practice Nursing.

The traditional baccalaureate track can be completed in 4 years and with proposed revisions has 120-123 total credits. The accelerated second degree track can be completed in 15 months or four semesters and has 82 total credits. The LPN to BS track and RN to BS track are generally completed on a part-time basis. Full-time the LPN to BS track can be completed in 6 semesters and has a total of 120 credits. The RN to BS track can be completed in 4 semesters of full-time study and has a total of 120 credits.

SUMMARY OF STANDARDS AND CRITERIA:

Standard 1: Mission and Administrative Capacity

The mission statement and core values of the CONHHS are based on respect, integrity, compassion, health, and performance. The mission and philosophy of all nursing departments in the CONHHS are congruent with the mission and purpose of ISU. Table 1.1.1 indicated alignment of the mission statements between the University, and the nursing unit. The University is governed by a Board of Trustees whose members are governor-appointed and who work closely with administrators and faculty to implement the mission of the University and the College. Faculty, administrators, students, staff, and the public have access to the Board of Trustees and may communicate with members through the Board Liaison via e-mail and regular correspondence via the United State Postal Service. Administrators and faculty have authority to implement the nursing programs and achieve the student learning and program outcomes.

The organizational structure of the University and the CONHHS allows for the Executive Director of Nursing, faculty, and students to participate in the governance process. Faculty, students, the Executive Director of Nursing, and the nursing department chairpersons are represented on University and College standing committees and participate in governance processes. Faculty and administrators frequently assume leadership roles within University governance. Due to the number of faculty members, it is necessary for all full-time tenured and tenure-track faculty in the nursing departments to actively participate in the governance within the departments. Each nursing department has 100% participation on standing departmental committees. Students have adequate opportunities to participate in governance and are engaging at an increased level. Efforts continue to increase online student involvement in governance with the use of technology.

Communities of interest participate in program processes through the Advisory Committees. The input received from Advisory Committee members is highly valued and is used for program evaluation and decision-making. Program partnerships help to promote excellence in nursing education by providing programmatic support.

The Executive Director of Nursing is qualified and authorized to administer the nursing programs, has many years of experience in health care and nursing education, and meets the governing organization and state requirements. The Executive Director of Nursing is licensed as a Registered Nurse in the state of Indiana, is a nurse practitioner, board certified in the care of families by the American Nurse Credentialing Center (ANCC), and has taught at the baccalaureate and graduate levels of nursing education. She holds a Master of Science degree in

Nursing and has a Ph.D. in Curriculum and Instruction with an emphasis on Teaching and Learning. She was appointed Executive Director of Nursing in May 2012, and has the authority and responsibility for administering the programs and facilitating program operations, including budget preparation with collaboration from the nursing Department Chairpersons. The position is a 12 month full-time appointment. She is supported in her role by the three nursing Department Chairpersons, each with a six hour teaching load reduction, as well as Program Directors for each nursing program/track.

Policies at ISU apply to all faculty members and are published in the *Indiana State University Handbook*. Policies of the CONHHS nursing departments are congruent with those of the University. Any differences that apply to nursing faculty are based on Indiana State Board of Nursing (ISBN) guidelines and clinical agency requirements.

Standard 2: Faculty and Staff

Credentials of faculty in the Baccalaureate program meet the University and ISBN requirements. All full-time and part-time faculty members are licensed Registered Nurses in the state of Indiana and hold a minimum of a graduate degree with a major in nursing. Of the 22 full-time faculty teaching in the baccalaureate program, 6 faculty hold an earned doctorate and ten are currently enrolled in doctoral study for a total of 73%.

Preceptors are all academically and experientially qualified and support clinical experiences for baccalaureate students. They are oriented, mentored, and monitored by nursing faculty and have clear roles and responsibilities outlined in the preceptor packet of information they receive.

There are sufficient numbers of faculty and staff to ensure that program outcomes and student learning outcomes are achieved. The *Faculty Workload Policy* establishes a teaching load that supports faculty teaching responsibilities, scholarship activities, and service to the University and the community. Nursing faculty members at ISU have clinical and educational expertise. Nursing faculty members have experience in leadership and management, grant writing and grant management, health policy, health information technology, telemedicine, family practice, medical-surgical nursing, community health, and psychiatric/mental health. Faculty members have provided evidence of professional contributions and are actively engaged in endeavors that substantiate and reflect the scholarship of discovery, teaching, integration, and application.

The number of support staff is sufficient to ensure program outcomes and student learning outcomes are achieved. The Learning Resource Center Director is Master's prepared and licensed as a Registered Nurse in the state of Indiana.

New faculty members are oriented and mentored to the role by faculty and the Department Chairpersons. Each faculty member is assigned a mentor upon hire in order to foster the career development of new faculty, enhance recruitment and retention of nursing faculty, and establish healthful academic work environments. In addition, all new full-time faculty members participate in the University's new faculty orientation program.

Full- and part-time nursing faculty members are evaluated annually in a performance cycle. Evaluation for reappointment, promotion, and/or tenure is completed in accordance with University procedures and departmental promotion and tenure guidelines.

Faculty members engage in developmental activities that augment instructional methods and evaluation of distance education modalities. All faculty and staff receive technological support, as needed.

Standard 3: Students

Students enrolled in the CONHHS are governed by the policies of Indiana State University and the CONHHS. Nursing policies are congruent with those of the University except as they apply to, and are justified by, the requirements for success in a professional education program. Policies, which are readily accessible to students and the public, are non-discriminatory and consistently applied.

Integrity, accuracy, and consistency exist for all information published for the public, and information intended for public knowledge is closely monitored. Changes in policies, procedures, and program information are communicated to students in a variety of ways and in a timely manner.

The University provides access to a wide variety of student support services for all students on-campus, as well as for students enrolled in distance education courses. Student success is supported by the availability and quality of these services and the qualified professional who direct student support services.

Policies and procedures for maintenance of student educational and financial records within the University and the College are in compliance with state and federal regulations. The University has a written, comprehensive student loan repayment program and, at the time of

receiving financial assistance, students are notified of their financial obligations and ethical responsibilities.

A policy is in place to address grievances, and there is also a mechanism for students to register compliments, concerns and complaints. A record of student complaints/grievances and the resolution(s) thereof are reviewed at least annually by Department Chairs and the Executive Director of Nursing in an effort to identify trends.

Orientation to technology is provided for all faculty members using web-enhanced or web-based technology in their courses. Support is available for technological services for all students receiving instruction using alternative methods of delivery. Information related to technology requirements and policies for students enrolled in distance education is clear, accurate, consistent, and accessible.

Standard 4: Curriculum

The nursing curriculum is organized from basic nursing concepts to complex nursing care and integrates professional standards set, competencies, and state and national guidelines. Course outcomes are linked to level outcomes and competencies in order to conceptually support end of program outcomes or new graduate outcomes for the baccalaureate program. Faculty members develop, refine, and review curriculum for rigor and currency. Curriculum decisions are based on the review of literature, current health trends, and feedback from faculty, students, and communities of interest. The program received a major curricular revision recently with outcomes based on the AACN's *Essentials of Baccalaureate Education for Professional Practice* (2008), Quality and Safety Education for Nurses (QSEN), and the Institute of Medicine (IOM).

Student achievement of measurable outcomes is accomplished through the curricula. Integrated throughout the courses are cultural, ethnic, and socially diverse concepts. Foundational studies courses address and augment the curriculum in areas of ways of knowing, ethics and social responsibility, and global perspectives. The curriculum includes best practice standards and is guided by educational theory, interdisciplinary collaboration, and research. Faculty uses a variety of evaluation methods based on student learning and program outcomes. Student learning and program outcomes are measurable and reflect established professional and practice competencies. Program length is congruent with the attainment of program outcomes and is consistent with University policies, as well as state and national standards.

Students are provided a variety of clinical experiences and are able to meet course outcomes as outlined in the course syllabi. Clinical experiences are selected for student learning and support the achievement of outcomes. Written agreements are maintained for all clinical facilities by the Contract Coordinator.

Learning activities, instructional methods, and evaluation are developed in coordination with student learning outcomes and are based on best practices for both face-to-face and distance education.

Standard 5: Resources

There are adequate fiscal resources to ensure the achievement of the student learning outcomes and program outcomes. The predominant source of financial support to the nursing departments is provided by ISU. The University receives approximately 36.8% of operational costs from the state budget appropriation. Additional funds are provided from tuition, financial aid, contract services, sporting events, and general fees. Funds are used for salaries, benefits, and travel monies for personnel in administrative positions, tenure/tenure track positions, Instructors, and support staff positions.

A second source of funding comes from the Clinical Education and Faculty Fee of \$300 assessed for all clinical nursing courses. Ten-percent of the money from these fees is allocated for consumables and software (for example, tutorials) for campus students. Another 5% of the money from these fees is returned to the University general fund for defaulted student debt. The remaining monies are used by departments for part-time adjunct faculty salaries, as well as clinical equipment needs.

A third source of revenue for the departments are internal and external grants, royalties from publications, and foundation funding. Grants include international travel grants, equipment grants, and assessment grants. A portion of royalties from The College Network content study modules is used for support staff, faculty development, faculty travel, and the Kaplan review material for baccalaureate students. The final funding source is a special state appropriation. Indiana legislators voted in 2007 to create an annual line item allocation dedicated specifically to nursing education. Expenditures from this fund are at the sole discretion of the Executive Director of Nursing, and have traditionally been used to pay for adjunct faculty salaries, travel expenses for faculty, and faculty development speakers. The most recent amount received was \$204,000.

Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students. The Nursing Building is a four-story structure housing classrooms, seminar rooms, offices, lounges, and simulation laboratories. Classrooms are equipped with audio-visual equipment and wireless internet is available throughout the building. All full-time faculty members have office space with a computer, desk, file cabinet, and bookshelves.

Learning resources, such as instructional software and hardware, are current, comprehensive, and available to faculty and students. Simulation activities are designed and based on best practices. Faculty who need additional support, or who wish to expand their technical skills, has access to the Office of Information Technology (OIT). Learning resources, associated with the library and Learning Resource Center, are current and comprehensive. The library meets the needs of the nursing unit through online reserve sources, classic and contemporary books, journals and bound periodicals, videos, CD-ROMS, and online search engines and full text electronic journals. Nursing faculty have input into the selection, development, and maintenance of learning resources.

For distance education, fiscal, physical, technological, and learning resources are adequate to meet the needs of faculty and students.

Standard 6: Outcomes

The baccalaureate program has an ongoing and dynamic systematic, comprehensive plan to evaluate student learning outcomes, program outcomes, role-specific competencies, and ACEN Standards. The systematic plan for evaluation (SPE) is evaluated annually and revised, as necessary. Evaluation findings are aggregated and trended and are sufficient to inform program decision-making for maintaining and improving the student learning and program outcomes. The baccalaureate nursing program shares the results of the ongoing program assessment with members of the public that comprise the Advisory Committee and students via their participation on the department Assessment Committee. Annual Advisory Committee meetings are held to disseminate the assessment findings, discuss strategies for improvement when benchmarks are not met, and to solicit feedback/advice from the Advisory Committee.

The baccalaureate nursing program has several program outcome measures that are aggregated and trended as part of the overall assessment plan and include: performance on licensure examination, program completion, program satisfaction (graduate and employer), and

job placement rates. Benchmarks have been set and evaluated on a regular basis. Review of trended data indicates the following:

- Since the last accreditation visit in fall 2011, the baccalaureate program has seen a significant improvement on student performance on the licensure exam. For 2012, the program was above the national mean for the NCLEX-RN. For the first and third quarters of 2013, the program was again above the national pass rates. The program did see a drop below the national pass rate for the second quarter of 2013. The fourth quarter results, to date, are not available; however, based on unofficial tracking of results, we anticipate fourth quarter to meet or exceed the national average.
- The baccalaureate program is meeting the benchmark for program completion, except for the RN to BS track. Lowering the benchmark for this outcome is a consideration given the population.
- The baccalaureate program is meeting the benchmarks for program satisfaction.
- The baccalaureate program is meeting the benchmark for job placement rates.

ANALYSIS AND SUMMARY OF STRENGTHS AND AREAS NEEDING DEVELOPMENT:

Strengths:

Given the national shortage of nursing faculty, the recruitment of qualified and diverse faculty members is viewed as an achievement, which has strengthened the baccalaureate program. All vacant faculty positions, in addition to a Department Chairperson position, have been filled with well qualified individuals that will further strengthen the program.

The revised curriculum for the baccalaureate program has been an intense faculty endeavor that has resulted in a well-designed program. The changes have broadened the role outcomes, have more clearly defined the competencies, and strengthened the education provided for undergraduate nursing education.

Faculty scholarship and service has continued to grow since the last accreditation visit. All faculty members are engaged in scholarly activities. A strong record of service is evident through their commitment and leadership in national and state professional organizations, University committees, College committees, and nursing department committees. Faculty has also made distinguished contributions to nursing knowledge through their publications and presentations.

ISU has embraced information technology making significant investments in infrastructure, support systems, and well-qualified faculty and staff. The Department of Baccalaureate Completion is well-versed in distance education and is a leader in distance delivery, having been recognized nationally by Quality Matters for innovative distance course structure.

The baccalaureate program has strong leadership and support at the level of the Executive Director of Nursing, Department Chairpersons, and Program Directors. Each of these individuals is highly committed to service excellence, ensuring mastery of student learning outcomes, and achieving national notoriety for developing nurse leaders.

Learning resources, such as the Learning Resource Center, the RHIC Simulation Center, the McKee Nursing Center, Sandison Hall living learning community, and the library are excellent resources for the nursing departments to enhance the education of nursing students through visual, auditory, kinetic, and experiential learning.

Finally, the baccalaureate nursing program has seen a significant improvement in licensure pass rates on the NCLEX-RN from previous years. A well-developed plan of improvement was implemented and is followed by both departments. A unified, committed, and well qualified faculty, in addition to faculty led strategies, has also contributed to this improvement.

Areas Needing Development:

Although identified as a strength of the program, one of the highest priorities will continue to be improving the NCLEX-RN pass rates. Providing continued support and identifying additional strategies to enhance the plan of improvement will likely be necessary in order to continue to see positive results.

The recruitment and retention of qualified, diverse faculty for both theory and clinical education will continue to be a challenge, not only as mature faculty reach retirement age, but also as state budget appropriations continue to decrease. The strategy of identifying potential talent and growing our own is one of a number of strategies that will be employed. In addition, various funding sources will be explored to continue to offer faculty scholarships for those pursuing a doctoral degree.

Programmatic assessment techniques, particularly improving survey response rates, will be further developed to facilitate the gathering of information from alumni and employers. It is

imperative that we strengthen our relationships with these stakeholders in an effort to continue to improve program outcomes and marketability.

Future Plans:

The baccalaureate program plans to:

- Investigate other programmatic offerings that could be delivered via distance education, such as RN to MS
- Implement innovative learning opportunities for distance education, such as telemedicine
- Explore other integrated testing systems
- Expand and diversify revenue sources through internal and external grant opportunities

STANDARD 1

Mission and Administrative Capacity

The mission of the nursing education unit reflects the governing organization's core values and is congruent with its mission/goals. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified program outcomes.

CRITERION 1.1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.

The Mission and Values Statements for Indiana State University (ISU) are published online at <http://www.indstate.edu/academicaffairs/mission.htm>, and in the *Indiana State University Handbook* at <http://www.indstate.edu/adminaff/policyindex.htm> (Section 200, Governance).

Additional information about the institutional history and setting can also be found through this link. The mission statement and core values of the College of Nursing, Health, and Human Services (CONHHS) are based on respect, integrity, compassion, health, and performance.

There is one overarching Philosophy for the Nursing faculty in the CONHHS and each department has its own Mission Statement. Table 1.1.1 shows congruency between the mission statements.

Table 1.1.1 *Comparison of Mission and Values Statements Between University, College, and Departments*

Indiana State University	College of Nursing, Health, and Human Services	Nursing Departments
Mission Statement: Indiana State University combines a tradition of strong undergraduate and graduate education with a focus on community and public service. We integrate teaching, research, and creative activity in an engaging, challenging, and supportive learning environment to prepare productive citizens for Indiana and the world.	Mission Statement: The College is dedicated to fostering student excellence and developing productive citizens who function as skilled professionals. Further, we champion teaching, research, creative activities, community involvement through health initiatives, and life-long learning.	Mission Statements: Baccalaureate Nursing: The mission of the Department of Baccalaureate Nursing is to develop students who are competent, caring nursing professionals and productive citizens. This mission is accomplished through innovative teaching, experiential learning, research, and community and public service in the traditional and non-traditional campus-based setting.

		<p>Baccalaureate Nursing Completion: The mission of the Department of Baccalaureate Nursing Completion is to develop competent, caring nursing professionals and productive citizens. This mission is accomplished through distance teaching modalities, experiential learning at the local level, research, and community and public service.</p>
<p>Values: We value high standards for learning, teaching, and inquiry. We provide a well-rounded education that integrates professional preparation and study in the arts and sciences with co-curricular involvement. We demonstrate integrity through honesty, civility, and fairness. We embrace the diversity of individual ideas and expressions. We foster personal growth within an environment in which every individual matters. We uphold the responsibility of University citizenship. We exercise stewardship of our global community.</p>	<p>Values: Our programs focus around our core values of compassion, health, integrity, respect, and performance with the vision of becoming eminent in providing qualified professionals serving diverse populations through learning, leadership, scholarship, innovation, and community engagement.</p>	

The *Philosophy of the Nursing Faculty* serves as the foundation for the programs of study and articulates the faculty's beliefs about nursing, nursing education, and continuous quality improvement in instruction, nursing care, and academic performance.

Philosophy of the Nursing Faculty

Nursing faculty endorse the mission and values of Indiana State University, the College of Nursing, Health, and Human Services, and the missions within each of the nursing departments. This philosophy articulates the faculty's beliefs about nursing practice, nursing education, and

continuous quality improvement and also serves as a guide for all functions within the scope of nursing education at Indiana State University. The philosophical beliefs of the faculty result in the development of competent, caring nursing professionals and productive citizens.

Nursing¹ is viewed as a professional practice discipline. The body of nursing knowledge is derived from research and scholarly inquiry within the sciences and humanities. Nurses implement evidence-based practice from a holistic, caring framework in a multicultural, complex environment in an effort to provide safe, high quality care. The concepts of health promotion and wellness, risk reduction, disease management, and palliative care are emphasized across the lifespan within the nurse-patient relationship. Nurses provide care to patients, families, groups, and communities with an emphasis on health care that includes rural and underserved populations. To this end, nurses embrace technology and informatics to increase care efficiencies. Nurses participate as members of the interprofessional team and demonstrate professional behaviors. Leadership is expressed in a variety of venues including clinical, educational, administrative, and political.

Faculty promote excellence in nursing practice via nursing education ranging from baccalaureate to clinical doctoral education and through professional continuing nursing education. All levels of nursing education are provided by supportive faculty who are experts in teaching, scholarship, and who provide service to the University, the community, and the profession of nursing. Program outcomes are achieved through student-centered, active learning in an environment that values mutual respect, diversity, experiential learning, community engagement, and a wide range of teaching methods. Nursing education is accomplished through on-campus classes, clinical experiences, and distance modalities. Nursing faculty maintain academic integrity and high standards that promote student accountability and personal growth.

¹ The profession is guided by the American Nurses Association (ANA) Code of Ethics and Standards of Practice and also reflects mandates and nursing care standards from significant nursing and health education organizations such as the National League for Nursing (NLN), ANA, American Association of Colleges of Nursing (AACN), Indiana State Board of Nursing (ISBN), and the Pew Health Professions Commission (PHPC).

Nursing faculty, in their pursuit of program excellence, are dedicated to systematic assessment through data collection and analysis for the purposes of continuous quality improvement. The dimensions by which programs are evaluated include students, faculty, administrators, community stakeholders, teaching/evaluation methods, resources, curricula, and program outcomes. The evaluation of these dimensions allows for opportunities to improve student learning and celebrate successes.

The *Philosophy of the Nursing Faculty* is reviewed in odd numbered years and revisions are made, as needed. The latest revision was completed in September 2011.

The baccalaureate program outcomes include the following:

- Performance on licensure exam
- Program completion
- Graduate program satisfaction
- Employer program satisfaction
- Job placement rates
- ATI aggregation and trending of results

As indicated in the philosophy of the nursing faculty, the baccalaureate program outcomes are “achieved through student-centered, active learning in an environment that values mutual respect, diversity, experiential learning, community engagement, and a wide range of teaching methods”. The mission statements and core values of the university, college and nursing departments all reflect the importance of fostering excellence and engaging students in a supportive learning environment that produces skilled professionals. As a result, the baccalaureate program outcomes effectively measure and reflect student and program success.

CRITERION 1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.

ISU is governed by a Board of Trustees whose nine members are appointed by the Governor of the State of Indiana. Two of the nine members were nominated by the ISU Alumni Association, one was nominated by the Student Government Association, and is a full-time student at ISU,

and six are alumni of ISU. The President, who serves as the Chief Executive Officer, reports to the Board of Trustees, and there are four Vice-Presidents who report directly to the President. ISU has six academic divisions, including the CONHHS, and each division is headed by a Dean who reports to the Provost /Vice President for Academic Affairs. The organizational chart for the University can be accessed online at:

<http://www.indstate.edu/adminaff/docs/Visio-OrgFunction.pdf>. Figure 1.2.1 reflects the current organizational chart for the CONHHS. The CONHHS has seven academic departments, three of which are specific to nursing. The nursing education unit, led by the Executive Director of Nursing, is comprised of three nursing departments: Advanced Practice Nursing (APN), Baccalaureate Nursing (BN), and Baccalaureate Nursing Completion (BNC). Each department has a Chairperson and Program Directors for each individual track/program. The Department of BN has the traditional four year track and the accelerated second degree track. Both tracks are campus-based. The Department of BNC offers the LPN to BS and RN to BS tracks in a completely online format.

The roles and responsibilities of the Executive Director of Nursing (Executive Director of Nursing Job Description, Appendix A) and the organizational structure of the College (CONHHS) were recently updated. Final approval from Faculty Senate was received spring 2013. The current organizational chart is depicted in Figure 1.2.1. Organizational charts for each nursing department are located in Figures 1.2.2, 1.2.3, and 1.2.4.

Figure 1.2.1 College of Nursing, Health, and Human Services Organizational Chart

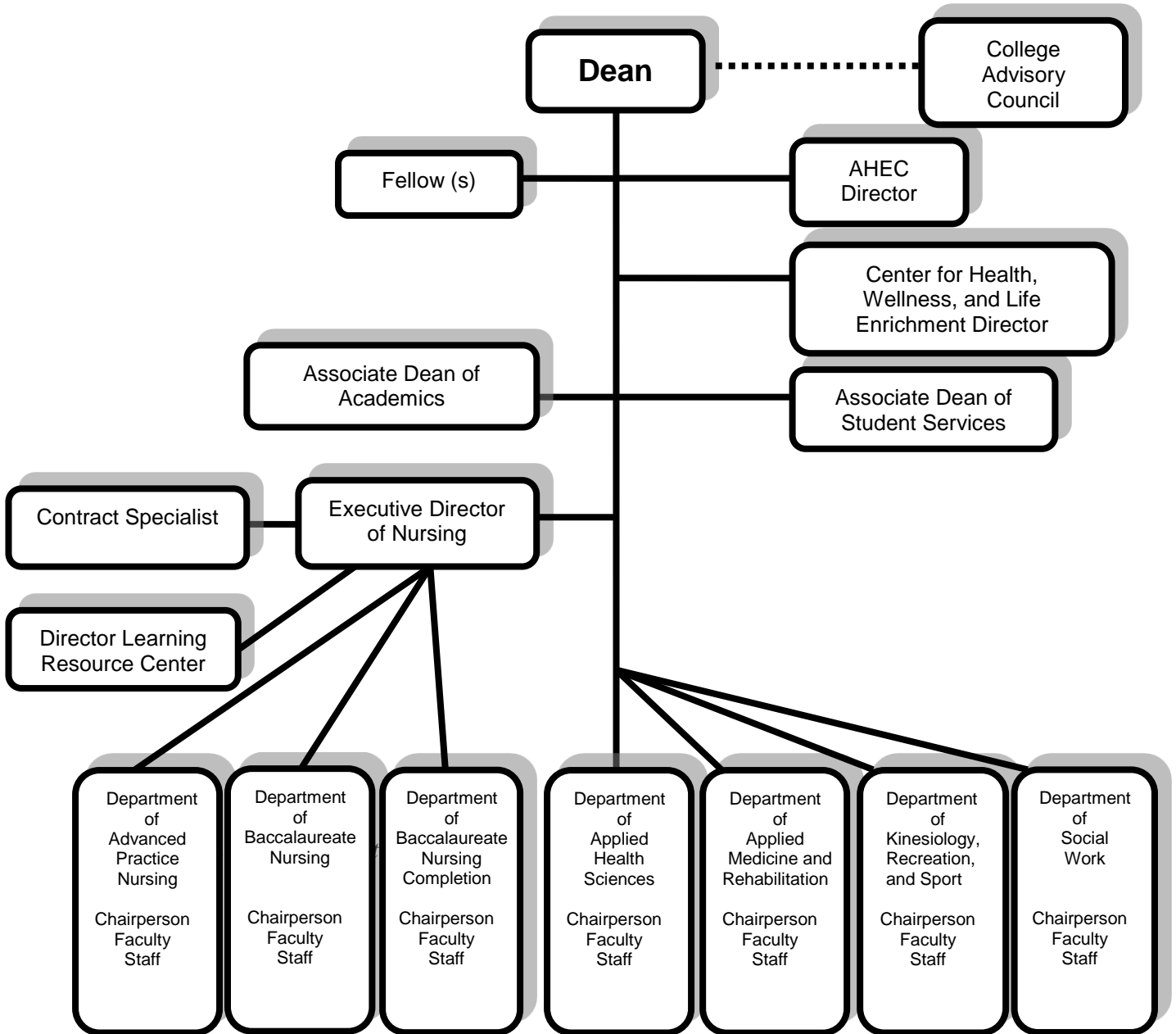


Figure 1.2.2 *Department of Advanced Practice Nursing Organizational Chart*

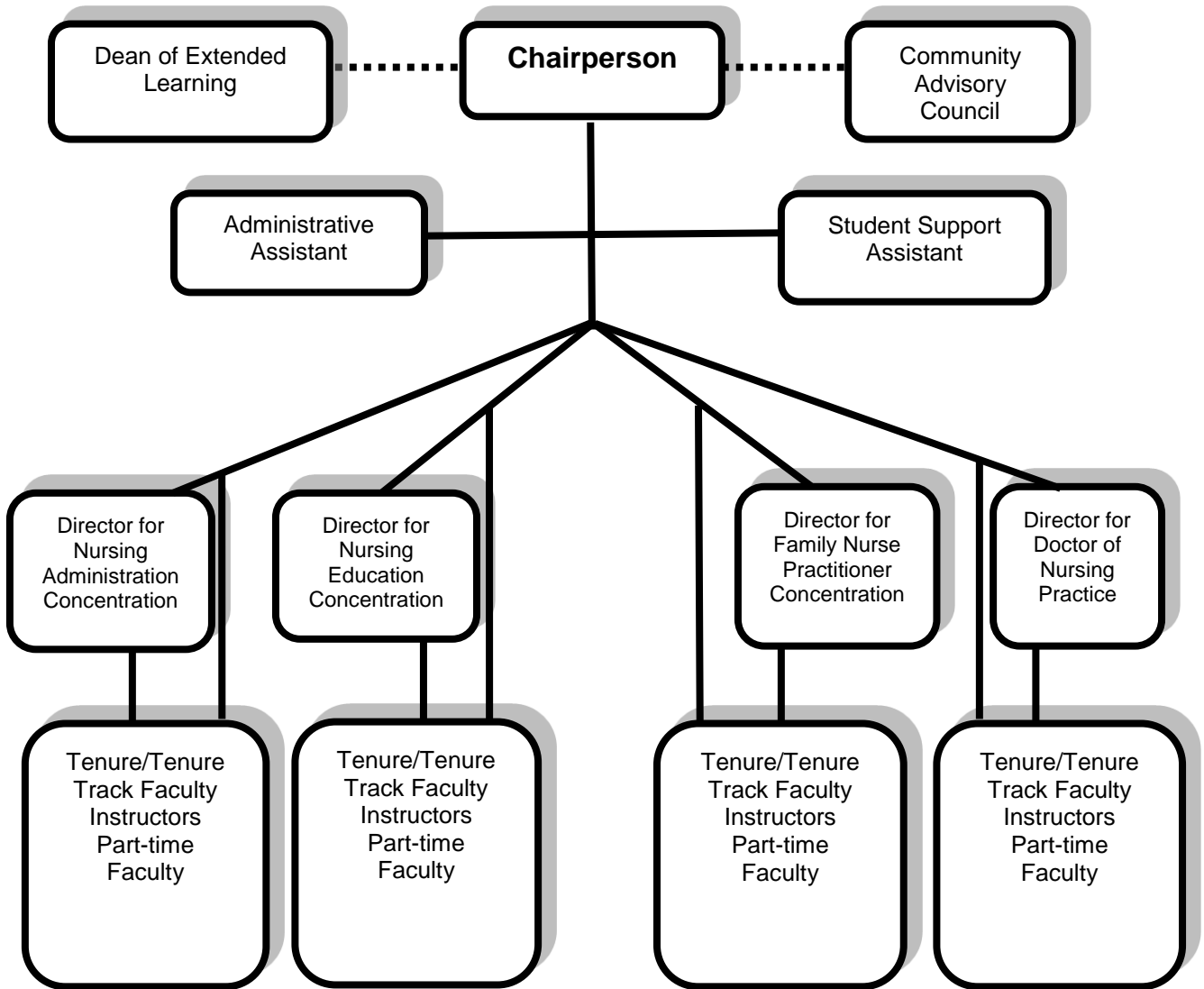


Figure 1.2.3 *Department of Baccalaureate Nursing Organizational Chart*

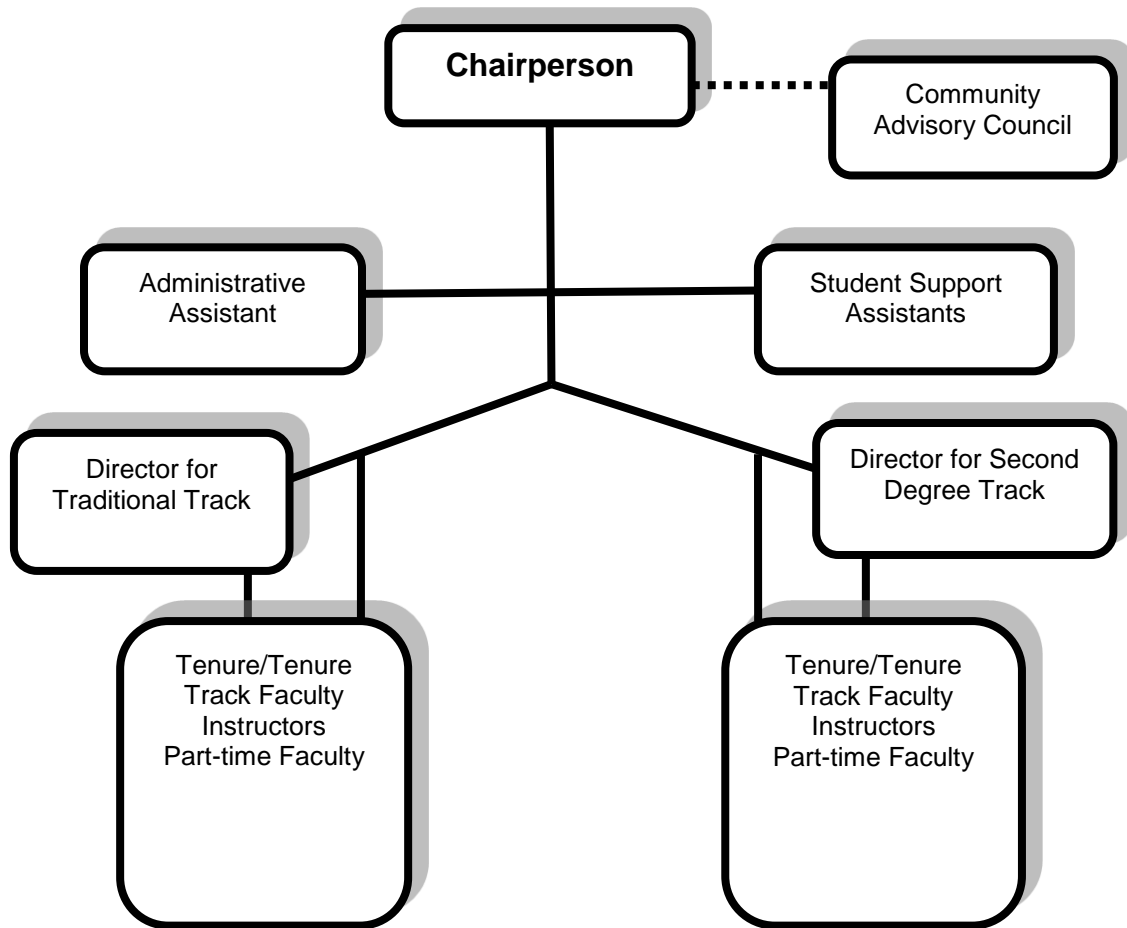
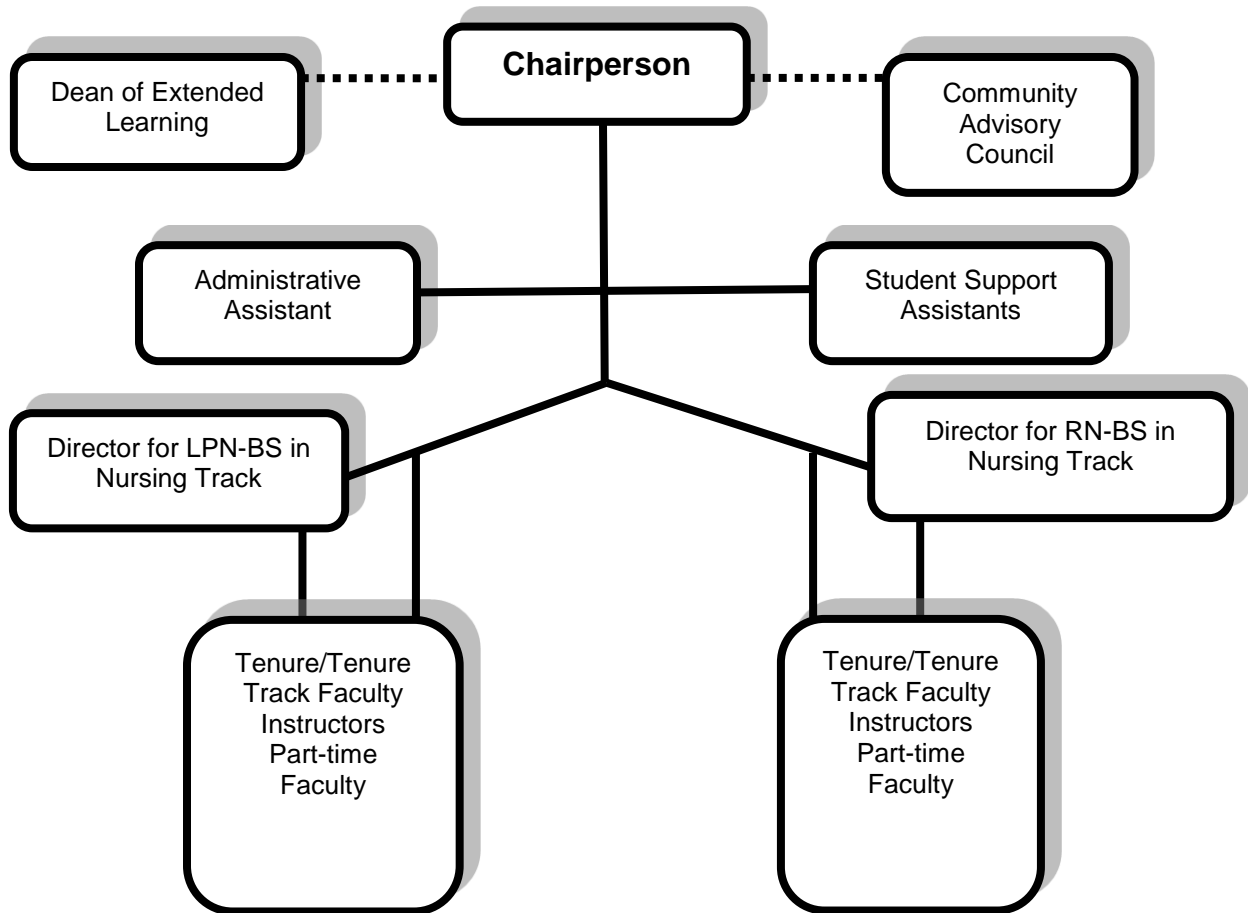


Figure 1.2.4 Department of Baccalaureate Nursing Completion Organizational Chart



The faculty representative in University governance is the University Faculty Senate. The authority of the Senate is described in the *Indiana State University Handbook* at <http://www.indstate.edu/adminaff/docs/245%20Constitution%20of%20the%20Faculty%20of%20OISU%20annotated%20May%209%202011.pdf#245.1>. Thirty-four faculty members, elected from among the Colleges of the University, are voting members. Five administrators and five students also hold speaking seats. The CONHHS is apportioned Senate seats according to a representation formula. In addition, faculty has an opportunity to be appointed to various standing committees by the Executive Committee of the Senate. Students are represented in University Senate by the President of the Student Government Association, three students elected by the Student Government Association Senate, and the President of the Graduate

Student Association. Table 1.2.1 demonstrates nursing faculty participation on Senate and Standing Committees of the Senate. Additional opportunities for appointed University Committees exist for faculty as outlined in the *Indiana State University Handbook* located at <http://www.indstate.edu/adminaff/docs/270%20University%20Committees.pdf#270.1>.

Table 1.2.1 *All Nursing Faculty Participation on Senate and Standing University Committees*

Senate/Standing Committees	Faculty/Administrator	Term of Service
Administrative Affairs	Esther Acree	2011-2013
Arts Endowment	Esther Acree	2009-2010
Curriculum and Academic Affairs	Marcia Miller	2008-2012
Faculty Economic Benefits	Susan Eley	2008-2009
Faculty Senate	Patrice Jones Julia Fine Lea Hall Roseanne Fairchild	2008-2009 2008-2010 2010-2012 2012-2014
Faculty Senate Executive Committee	Julia Fine	2008-2010
Graduate Council	Betsy Frank Marcia Miller Debra Mallory	2008-2009 2008-2011 2011-2012
Student Affairs	Patrice Jones	2008-2009
University Research	Betsy Frank	2010-2011

As set forth in the exhibits, faculty curriculum vitae reflect the variety of opportunities that administrators, faculty, and professional staff have had in which to share their expertise and represent the College at the University level. The most current list of faculty membership on University committees is available at <http://www.indstate.edu/facsenate/senatecommittee.htm>.

The CONHHS Faculty Council consists of all faculty, administrators, professional staff, staff representatives, and student representatives. Meetings are held once per semester and are open to all members of the faculty, administration, staff and students, except when in executive session. The authority of the Faculty Council to participate in the governance of the College is limited by the statutes and by-laws of the faculty of ISU. A full description, including definition and authority, can be found in the CONHHS constitution and can be found in the Document Room.

The constitution was last updated summer 2013 and depicts College committee representation. Each department within the College has one representative to all College committees. In addition, various individuals, including the Dean, Executive Director of Nursing, and Associate

Deans, hold speaking seats on committees, where appropriate. Table 1.2.3 lists faculty members from the Departments of BN and BNC who have served on CONHHS committees for the past 3 years. Faculty members are elected, by the departments, to standing committees within the College, and each nursing department has a member representative to all College committees. A membership list for College governance committees, how students are appointed, and the status of who holds speaking seats on each committee can be found at <http://www.indstate.edu/nhhs/organization/governance.htm>.

Table 1.2.3 *Current BN and BNC Faculty Participation on CONHHS Committees*

CONHHS Committee	Faculty Member	Term on Committee
Curriculum and Academic Affairs	Gloria Plascak Marcia Miller Kathleen Huun Renee Bauer	2011-2012 2012-2013 2012-present 2013-present
Executive Committee	Esther Acree Gloria Plascak Jan Weust Sheila Marks	2010-2011 2010-2012 2012-present 2012-present
Faculty Affairs	Patti Jones Esther Acree Veda Gregory Marcia Miler	2010-2013 2010-2011 2011-present 2013-present
Student Affairs	Melody McKinney Marilyn Sample Heather Anderson Dan Lucky	2010-2012 2012-Jan 2013 Jan 2013-present 2012-present
Assessment Committee (new committee starting Jan. 2014)	Esther Acree Linda McQuiston	2014-present 2014-present

Department by-laws delineate membership on committees within the 3 departments of nursing, and detail the functions of these committees. By-laws specific to the Department of BN and BNC are located at <http://www.indstate.edu/bacc-nursing/pdfs/dept-docs/bacc-by-laws.pdf> and <http://www.indstate.edu/bacc-comp-nsg/pdfs/bnc-by-laws.pdf>.

All members of the Departments of BN and BNC serve on the department level committees, except for the Faculty Affairs Committee. Departmental level committees include the Assessment Committee and the Curriculum Committee. The Faculty Affairs Committee must have at least three members and is comprised of tenured faculty members from any nursing department.

Table 1.2.4 illustrates the level of participation of the Executive Director of Nursing on various University, College and state committees. The Executive Director of Nursing attends the CONHHS Leadership Team meetings, nursing department meetings and holds ex-officio speaking seats on all college level committees except for Faculty Affairs.

Table 1.2.4 *Executive Director of Nursing Committee Participation*

Committee	Ex-officio Speaking Seat	Voting Member
Indiana Deans and Directors		X
Indiana Action Coalition- Nursing Education Sub-Committee		X
College Leadership Team Meeting	X	
College Executive Committee	X	
College Assessment Committee	X	
College Curriculum and Academic Affairs Committee	X	
College Student Affairs Committee	X	
Nursing Executive Council		X

The Nursing Executive Council meets every other week throughout the academic year to discuss and share various issues occurring throughout the nursing education unit. Led by the Executive Director of Nursing, the Council includes the three Department Chairpersons, Program Directors, Testing Coordinator, and Learning Resource Center Director/Technology Coordinator. These meetings give all nursing departments the ability to share specific information and coordinate ideas to foster unity among the nursing departments.

One undergraduate and one graduate student hold speaking seats on the College Curriculum and Academic Affairs Committee (CAAC). In accordance with the revised Constitution, students previously appointed by the Student Affairs Committee (SAC) will be solicited by the departments and appointed by the College CAAC. One undergraduate and one graduate student from each department, and one student from each student association, each have a speaking seat on the College SAC.

Students are invited to departmental Assessment and Curriculum meetings by the Department Chairperson or various faculty members. Student involvement in governance is strongly encouraged; however, attendance is often limited, based on incompatibility of meeting times

with work schedules and rigors of course requirements. Efforts are made to facilitate student inclusion in meetings through the use of multimedia or video streaming, thus enhancing the student participation experience. Table 1.2.5 indicates student representation on nursing department committees for this academic year.

Table 1.2.5 *Student Representation on Department Committees*

Academic Year	Committee	Student Representative
2013-2014	Curriculum Committee	Ashley Nelson (BNC), Erica Smithson (BN)
2013-2014	Assessment Committee	Anthony Mosora (BNC), Joanna Bates (BN)

All ISU students are members of the Student Government Association (SGA). The mission of the SGA is to represent students by anticipating and meeting their needs and to provide leadership for continuing improvement and implementation of student-driven programs design to achieve awareness, unity, and pride for ISU. Students may apply to be a Senator or sit on a University Committee.

CRITERION 1.3 Communities of interest have input into program processes and decision making.

Members of the Advisory Committee are a reflection of stakeholders in the baccalaureate nursing program and include, but are not limited to, employers, alumni, students, and community health focused organizations. Each baccalaureate department has an Advisory Committee that meets, at least annually, to discuss issues pertaining to the various baccalaureate program tracks and seeks input for program enhancement from various stakeholders. Advisory Committee membership reflects the two departments’ unique student populations and tracks offered. The Department of BN Advisory Committee members meet face-to-face. The Department of BNC Advisory Committee members may participate in the meeting(s) through video and telephone conferencing. In addition to other duties, members of the Advisory Committee are tasked with responding to changes related to philosophy, student learning outcomes, and policies related to admission, progression, and graduation. On occasion, surveys relative to new program offerings are used to solicit input from communities of interest. Information regarding the plan of improvement and curriculum transition is shared with the Advisory Committee members.

Minutes from the Departments' Advisory Committee meetings for the past three years are located in the Document Room. Tables 1.3.1 and 1.3.2 demonstrate the members of the Advisory Committee for both departments.

Table 1.3.1 *Department of Baccalaureate Nursing Advisory Committee Members*

Member Name	Agency or Sector Represented	Contact Information
Carrie Deakins	Regional Health, Education Coordinator	Carrie.deakins@hcahealthcare.com
Sally Zuel	Union Hospital, Human Resources	EDSAZ@uhhg.org
Julie Will	Ivy Tech Community College, Dean, School of Health Sciences	jwill@ivytech.edu
Stephanie Laws	Rural Health Innovation Collaborative, Director	slaws@uhhg.org
Gloria Plascak	ISU Emeriti Faculty	Gloria.plascak@indstate.edu
Rhonda Smith	Union Hospital, Vice President Patient Care, Chief Nursing Officer	resmith@uhhg.org
Lori Magee	Regional Health, Director of Education	Lori.magee@hcahealthcare.com

Table 1.3.2 *Department of Baccalaureate Nursing Completion Advisory Committee Members*

Member Name	Agency or Sector Represented	Contact Information
Vicky Powell	Ripley County Public Health, Doniphan, Batesville, IN	nurse@ripleycounty.com
Sid McColley	Sonoma County Public Health, Santa Rosa, CA	Sid.McColley@sonoma-county.org
Janice Ross	Bloomington Hospital, Bloomington, IN	JRoss@bloomingtonhospital.org
Loretta Schnauss	San Bernadino, CA Public Health Department	lschnaus@dph.sbcounty.gov
Myra Celestin	Jessie Brown VA Hospital, Chicago, IL	Myra.Celestin@va.gov

As a result of discussion and collaboration between the Department of BN Advisory Committee members and the Department of BN, Union Hospital created a summer extern program for nursing students in an effort to improve graduate NCLEX-RN pass rates. The summer externship was developed starting in the summer of 2012, between the junior and senior year, with six students participating. Feedback from the students was excellent, and all of the students who participated in the experience passed the NCLEX-RN exam on the first attempt. The externship program occurred again summer 2013, and it is anticipated that this program will continue. In addition, Advisory Committee members from both departments shared ideas on how to increase return rates on employer satisfaction surveys and also provided input on identifying Capstone clinical experience opportunities.

CRITERION 1.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.

ISU, specifically the CONHHS, has partnered with Indiana University, Union Hospital's Richard G. Lugar Center for Rural Health, Ivy Tech Community College Wabash Valley, Hamilton Center, Inc., the City of Terre Haute, and the Terre Haute Economic Development Corporation to develop the Rural Health Innovation Collaborative (RHIC). Developed in 2008 as a response to the current and worsening health care worker shortages, the mission of the RHIC is to improve and expand interprofessional education, training, and deployment of future health care providers, with particular focus on those committed to serving rural populations. In addition, the RHIC will result in neighborhood revitalization and economic development, including physical infrastructure build-out, business expansion/attraction, and the increase of rural health care services, training, and research. The core initiatives of the RHIC are education, specifically interprofessional, economic development, and facilities and neighborhood planning. As a result of these efforts, plans are currently underway for a new RHIC Joint Health Education Complex, which will bring together programs from ISU, Indiana University, and Ivy Tech Community College in order to foster integration of the educational experiences of our future health care professionals.

The state-of-the-art Landsbaum Center for Health Education (LCHE) is a result of a partnership between ISU, Indiana University School of Medicine- Terre Haute, and Union Hospital. The LCHE was created to offer unique opportunities for health improvement and team learning through partnership and multidisciplinary education. Opening in 2003, the LCHE houses facilities for the Indiana University School of Medicine- Terre Haute, ISU CONHHS, Union Hospital's Richard G. Lugar Center for Rural Health, the West Central Indiana Area Health Education Center (WCI-AHEC) and the Center for Health, Wellness, and Life Enrichment. Additionally, ISU has a partnership with The College Network (TCN) for students in the Department of BNC. TCN is an independent publisher that provides educational materials designed to assist working adults prove mastery of content by successfully passing end of course equivalency exams that colleges and universities across the country accept for transfer credit. Testing materials include the College-Level Examination Program (CLEP), Dantes Standardized

Subject Tests (DSST), and Excelsior College. The BNC tracks accept transfer credit earned through TCN.

ISU is also a member of the Indiana College Network (ICN), which is a consortium for distance learning opportunities provided by Indiana's colleges and universities. ICN provides access to member institutions' distance education offerings, including more than 100 degree programs and nearly 1500 courses per year. ICN is located at <http://www.icn.org/>.

ISU continues to have strong relationships with community partners including the state wide Ivy Tech Community College system. An articulation agreement created in May 2010 remains active to provide a relatively seamless transition from the Ivy Tech Community College system into Indiana State University Nursing Program. The articulation agreement stipulates students who have earned an AS degree in nursing from Ivy Tech can block transfer all courses allowing the student to focus strictly on the courses required by the major and electives to satisfy the necessary 120 credits to earn their baccalaureate degree. A similar articulation agreement was reached for students having completed the Licensed Practical Nursing program at Ivy Tech allowing for a specified number of transfer credits and a clear comparison of equivalent courses between ISU and Ivy Tech Community College system.

To further develop a strong statewide presence and partnerships with associate degree programs, ISU has collaborated with a statewide leadership team, including the Independent College of Indiana, to develop a framework for statewide transfer of general education core and to provide oversight of the implementation process. By developing a statewide nursing articulation agreement, associate and baccalaureate degrees granted from public institutions in Indiana will meet the curricular standards published by the national professional organizations in nursing. This process ensures that core courses can be easily transferred between associate degree programs and baccalaureate degree programs in Indiana.

All of these partnerships promote nursing education excellence, enhance nursing, and benefit the surrounding community.

CRITERION 1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.

Dr. Lea Hall serves as the Executive Director of Nursing and has held this appointment since May 1, 2012. In 1997, Dr. Hall graduated from the University of Alabama Birmingham with a B.S.N. and, in 2001, she earned a Master of Science degree with a focus in Family Nurse Practitioner from ISU. In 2010, Dr. Hall completed her PhD in Curriculum, Instruction, and Media Technology with a focus on Teaching and Learning at ISU. Dr. Hall's complete curriculum vita is displayed in the Document Room. Her job description can be found in Appendix A, and an abbreviated curriculum vita can be found in Appendix B.

CRITERION 1.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.

Prior to her appointment as Executive Director of Nursing, Dr. Hall served as the Clinical Coordinator for the FNP program, FNP Program Director, and Chairperson for the Department of APN. She has held a faculty appointment at ISU for 13 years. She has practiced clinically as a Registered Nurse or Nurse Practitioner for 16 years.

Dr. Hall meets the governing organization's requirements for administrative positions within the University. She is doctorally prepared and is reviewed bi-annually as per University guidelines. In addition, she meets Indiana state requirements for a director of nursing programs as described in the 2013 Compilation of the Indiana Code and Indiana Administrative Code (848 IAC 1-2-13). The complete document can be found in the Document Room.

Dr. Hall was oriented and mentored to her role by the previous Executive Director of Nursing, Dr. Marcia Miller, and the former Dean of the CONHHS and current Provost, Dr. Biff Williams. Meetings with Dr. Miller occurred monthly for at least six months with further consultations occurring as needed. Meetings with Dr. Williams, either in person or via telephone, occurred at least weekly during the first year and continue as needed. In addition, Dr. Hall has an assigned nursing dean mentor through the American Association of Colleges of Nursing (AACN) New Dean Mentoring Program. One in person meeting and several telephone and email conversations

have taken place through this program. ISU also provides support for administrators by offering workshops and retreats at least annually.

CRITERION 1.7 When present, nursing program coordinators and/or faculty who assist with program administration are academically and experientially qualified.

The Executive Director of Nursing is supported by the nursing Department Chairpersons. The ISU Handbook provides a complete description for Department Chairpersons, including appointment, duties and responsibilities, consultation guidelines with department faculty, meetings of department, and selection and removal. This information is located at <http://www.indstate.edu/adminaff/docs/350%20Academic%20Chairpersons.pdf#350.1>.

The Department of BN is led by a doctorally-prepared Chairperson, Dr. Marcee Everly. She has held this appointment for 2.5 years. Prior to her role as Department Chairperson, Dr. Everly served as a faculty member in the department for 6 years. She is a certified nurse midwife with 10 years of clinical experience. The Department of BNC is led by a doctorally-prepared Chairperson, Dr. Jessica Nelson. Dr. Nelson has 7 years of clinical experience, along with 5 years of administrative experience mainly through the Department of Veteran Affairs. She has been a nurse educator for the past 4 years teaching predominantly in distance technologies. She assumed the Department Chairperson position in fall 2013. Nursing Department Chairpersons report directly to the Executive Director of Nursing and have a half-time teaching load of six credit hours. Each Chairperson is responsible for the day-to-day operations of the Department, including strategic planning, policies, budget preparation, new faculty orientation, faculty evaluation, selection of new students, resolving student issues, processing curriculum changes, evaluating program outcomes, and supporting scholarship and grant writing.

Each Department Chairperson is supported by Program Directors. Appendix C depicts the roles and responsibilities of Program Directors for the Department of BN and BNC. Jill Moore is the Program Director for the traditional on-campus track. She has 4 years of nursing education experience and over 6 years of clinical experience. She has a Master of Science in Nursing Education from ISU. Ms. Moore is currently enrolled at ISU in the Ph.D. for Higher Education

Leadership, with an anticipated completion of the doctoral degree by May, 2014. Renee Bauer is the Program Director for the second degree accelerated track. She is currently enrolled at ISU in the Curriculum, Instruction and Media Technology doctoral program, with anticipated completion of the doctoral degree by December, 2014. She holds a Master of Science in Nursing Education from ISU and has been teaching for 6 years. Ms. Bauer has over 20 years of clinical experience. Andreas Kummerow is the Program Director for the RN to BS track. He has a Master of Science degree in Nursing Education from ISU and is enrolled currently in the Doctorate of Health Sciences at ISU. He has been teaching at ISU for 5 years and has over 5 years of clinical experience. The LPN to BS track is led by Esther Acree. She has over 40 years of experience as a faculty member and in leadership at ISU and over 40 years of clinical experience as a nurse and a family nurse practitioner. Ms. Acree previously served as BNC Department Chairperson for over 5 years, as well as Interim Dean for the CONHHS. Program Directors support the Department Chairperson in the management of the respective track and are given three hours release time from their teaching load.

CRITERION 1.8 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

The Executive Director of Nursing serves as the leader for the nursing unit and is responsible for fostering a shared vision, working for the realization of the strategic plans, orchestrating faculty development, influencing academic policies, and serving as the liaison with external institutions and regulatory agencies. The Executive Director has authority and responsibility to ensure that policies of the nursing unit are upheld, including those pertaining to curriculum, program assessment, and student admissions, progression, graduation, and dismissal. In addition, the Executive Director provides recommendations for faculty/staff hiring, promotion, and tenure. All non-tenured nursing faculty members are reviewed annually by the Executive Director. Tenured faculty members are evaluated on a biennial review schedule. The Executive Director serves as an advocate for nursing and reports to the Dean of the College regarding external accreditations, budgets, personnel, and student issues. The Executive Director attends department meetings and ensures that assessment measures related to program outcomes and

student learning outcomes are ongoing. The Executive Director position is a full-time 12 month appointment, which allows for enough time to fulfill the responsibilities of the role.

CRITERION 1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.

The Executive Director has responsibility for budgetary issues that impact all nursing departments. Fiscal resources managed directly by the Executive Director include the publications royalty account, state appropriations to nursing, and limited foundation funds (see Standard 5 Resources). The Executive Director consults with the Department Chairpersons in all budgetary matters in accordance with faculty input as appropriate. In addition, each nursing department has their own budget (see Standard 5 Resources). These budgets are reviewed with the Executive Director to ensure that adequate resources are available to faculty, staff, and students.

Faculty and staff may request specific budget items and/or travel needs from time to time. These requests are made to the Department Chairperson on an as needed basis. If departmental funds are limited, a request for monetary support is made either by the faculty/staff member or the Department Chairperson directly to the Executive Director. The Executive Director then decides if the budget item or travel should be funded.

Requests for additional staff and/or faculty lines come from the departments and are presented to the Executive Director once per year in the fall semester. The Executive Director, in consultation with the Department Chairperson making the request, will review the supporting documentation and will, in turn, present the request to the Dean of the CONHHS.

CRITERION 1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

Policies of the nursing departments are reviewed during new faculty orientation and are congruent with policies of ISU. Table 1.10.1 sets forth various policies along with their location

in the *Indiana State University Handbook*, located at
<http://www.indstate.edu/adminaff/policyindex.htm>.

Table 1.10.1 *University Policies Regarding Faculty and Staff*

Policy	<i>Indiana State University Handbook</i>
Non-discrimination	http://www.indstate.edu/adminaff/docs/920%20EEOAA%20Policy.pdf#920.1 , page 1
Faculty Appointment	http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf#305.2 , page 2
Academic Rank	http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf#305.2 , page 5
Grievance Procedures	http://www.indstate.edu/adminaff/docs/246%20Bylaws%20to%20the%20Faculty%20Constitution.pdf#246.14 , page 17
Promotion and Tenure	http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf#305.2 , page 6
Salary	http://www.indstate.edu/adminaff/docs/505%20Compensation.pdf#505.2 , page 1
Benefits	http://www.indstate.edu/adminaff/docs/510%20Staff%20Benefits.pdf#510.1 , page 1
Duties and Responsibilities	http://www.indstate.edu/adminaff/docs/310%20faculty%20duties%20and%20responsibilities.pdf , page 1
Teaching Load	http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1 , page 1
Release Time	http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1 , page 2
Teaching and Advising	http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1 , page 4

Workload guidelines for tenured and tenure-track faculty used by the Departments of APN, BN, and BNC are consistent with University policy in that the normal teaching load is 24 semester credit hours over an academic year. Any teaching load greater than 13 hours per semester is considered an overload. Lecturers on a one year contract or Instructors on a multi-year contract carry a 15 hour teaching load per semester. University faculty duties and responsibilities with regard to teaching load are set forth at
<http://www.indstate.edu/adminaff/docs/310%20Faculty%20Duties%20and%20Responsibilities.pdf#310.1>.

The College Faculty Workload Policy applies to tenure/tenure-track faculty and instructors in the nursing departments, and addresses curriculum development, supervision of undergraduate and graduate student research, assistance in academic administration, research, publications and other academic commitments that contribute to the overall enrichment of the faculty members, students, and University community. The faculty supports the mission of the University and the CONHHS, and defines the main activities of faculty as teaching, scholarly activities, and service. Professional responsibilities may also include committee service, continuing education, and other service to the University and the profession of nursing.

For didactic courses, or the theory component of a clinical nursing course, one credit hour is equal to one contact hour (regardless of delivery method). The workload for faculty teaching in the nursing departments is decided in a collaborative process with the Department Chair and is approved by the Executive Director of Nursing. The Nursing Faculty Workload Policy is located at <http://www.indstate.edu/nursing/pdfs/handbook-personnel-docs/faculty-workload-nursing.pdf>.

Additional policies apply directly to the nursing faculty and differ from those of other University faculty. All nursing faculty must meet certain qualifications as outlined by the Indiana State Board of Nursing (ISBN). A copy of the ISBN's *Compilation of the Indiana Code and Indiana Administrative Code*, 2013 Edition can be found in the Document Room. Table 1.10.2 demonstrates the differences in requirements for nursing faculty and the supporting rationale for these differences.

Table 1.10.2 *Differing Policies for Nursing Faculty and Supporting Rationale*

Policy	Rationale for Difference
Unencumbered RN license in IN	ISBN and Clinical Agency Requirement
Minimum of Master's in Nursing (transcripts on file)	ISBN and ACEN Requirement
CPR certification	Clinical Agency Requirement
Bloodborne Pathogen Training (Annual)	Clinical Agency Requirement
Health Requirements: Tb Skin Testing (Annual) Updated vaccinations including flu, Hepatitis B, MMR, Varicella, Tdap	Clinical Agency Requirement
National Criminal Background Check (Upon hire)	Clinical Agency Requirement

CRITERION 1.11 Distance education, when utilized, is congruent with the mission of the governing organization and the mission/philosophy of the nursing education unit.

The mission and philosophy of faculty in the baccalaureate program include the belief that distance education is one modality in which the mission of the University can be realized. In a supportive, distance learning environment that includes mutual respect, diversity, experiential learning, and community engagement, students can achieve a solid nursing education. In defining distance education, both ISU and the Department of BNC utilize the U.S. Department of Education’s definition, located at <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=0900b7322acc5a5a10c558b8fe15ad7b&rgn=div8&view=text&node=34:3.1.3.1.1.1.23.2&idno=34>. Distance education means education that uses certain technologies to deliver instruction to students who are separated from the instructor and to support regular and substantive interaction between the students and the instructor.

The Department of BNC has two distance education tracks leading to the baccalaureate degree. Both the LPN to BS and RN to BS tracks are delivered asynchronously online through the Blackboard learning system. Table 1.11.1 shows congruency between the mission of the University and mission/philosophy of the baccalaureate program.

Table 1.11.1 *Comparison of University Mission Statement, Department of Baccalaureate Nursing Completion Mission Statement, and Philosophy of the Nursing Faculty*

Indiana State University	Nursing Department	Philosophy of the Nursing Faculty
<p>Mission Statement: Indiana State University combines a tradition of strong undergraduate and graduate education with a focus on community and public service. We integrate teaching, research, and creative activity in an engaging, challenging, and supportive learning environment to prepare productive citizens for Indiana and the world.</p>	<p>Mission Statement: Baccalaureate Nursing Completion: The mission of the Department of Baccalaureate Completion Nursing is to develop competent, caring professionals and productive citizens. This mission is accomplished through distance teaching modalities, experiential learning at the local level, research, and community and public service.</p>	<p>...Program outcomes are achieved through student-centered, active learning in an environment that values mutual respect, diversity, experiential learning, community engagement, and a wide range of teaching methods. Nursing education is accomplished through on-campus classes, clinical experiences, and distance modalities...</p>

STANDARD 2

Faculty and Staff

Qualified and credentialed faculty are sufficient in number to ensure the achievement of the student learning outcomes and program outcomes. Sufficient qualified staff are available to support the nursing education unit.

CRITERION 2.1 Full-time faculty hold a minimum of a graduate degree with a major in nursing; a minimum of 25% of the full-time faculty also hold an earned doctorate or are currently enrolled in doctoral study.

The baccalaureate nursing program is comprised of four (4) full-time tenured faculty, eight (8) full-time tenure-track faculty, two (2) lecturers, and eight (8) instructor faculty members.

Lecturers are full-time, temporary faculty members on a one year renewable contract.

Instructors are full-time, temporary faculty members with a multi-year renewable appointment who are not in a tenure-track position. All full-time faculty members have preparation at the master's degree level in nursing or hold a doctorate in nursing or a related field.

Of the full-time faculty, 100% have a minimum of a master's degree with a major in nursing or hold a doctorate in nursing or a related field. Six (6) full-time faculty members (27.27%) have an earned doctoral degree. Ten (10) full-time faculty members (45.45%) are currently enrolled in doctoral programs. Therefore, sixteen (16) out of twenty-two (22) full-time faculty members (73%) hold an earned doctorate or are currently enrolled in doctoral study.

Table 2.1.1 indicates the academic qualifications of the full-time faculty of the baccalaureate program.

Table 2.1.1 *Faculty Profiles, Baccalaureate Nursing Program (Full-Time)*

Faculty Name	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
Acree, Esther (Tenured)	August 1980	Associate Professor	Indiana State University (BS)	Indiana University (MSN) Indiana University (Specialist Degree)		Nursing of Children/Teacher Education Primary Health Care	Assessment Family Nurse Practitioner	Director of LPN to BS Track
Anderson, Heather	August 2000	Instructor	Indiana State University (BSN)	Indiana State University – MS Nursing Admin. 2010 Indiana State University – Post Master Nursing Education 2012		Community health Medical-Surgical Nursing ICU	Community Health Disaster Preparedness	President, Sigma Theta Tau chapter
Bauer, Renee (Tenure-Track)	August 2010	Assistant Professor	Indiana Wesleyan University (BS)	Indiana State University (MS)	Enrolled: Indiana State University, ABD (PhD)	Mental Health	Mental Health Nursing	Director of Accelerated Track
Cannon, Emily	August 2012	Instructor	Indiana Wesleyan University (BS)	Indiana Wesleyan University (MSN)	Enrolled: Indiana State University (DNP)	Medical-Surgical Infection Control	Medical-Surgical Nursing I	
Crawford, Donna (Tenure-Track)	August 1988	Assistant Professor	Ball State University (BS)	Indiana University (MSN)	Enrolled: Indiana State University, ABD (PhD)	Medical-Surgical Critical Care	Medical-Surgical Nursing Fundamentals	

Faculty Name	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
							Pharmacology	
Everly, Marcee (Tenured)	August 2007	Associate Professor	University of Nevada, Las Vegas (BS)	University of Colorado (MSN)	University of Colorado (ND)	Certified Nurse Midwife Women's Health Maternity Care	Maternity Nursing	Chair, Department of Baccalaureate Nursing (BN)
Gregory, Veda (Tenured)	January 1980	Associate Professor	Indiana University (BSN)	Indiana University (MSN) Indiana University (Specialist Degree) Indiana University (Post Graduate)		Nursing of Children/Teacher Education Primary Health Care Community Health Nursing	Community Health Nursing	
Huun, Kathleen	August 2010	Instructor	Old Dominion University (BSN)	Indiana State University (MSN)	Florida State University (PhD)	Medical-Surgical	Medical-Surgical Nursing	
Jones, Patrice (Tenured)	August 1975	Assistant Professor	Indiana State University (BS)	Indiana University (MSN)		Adult Health Nursing/Teacher Education	Fundamentals Medical-Surgical Nursing	
Kummerow, Andreas	August 2009	Instructor	Indiana State University (BS)	Indiana State University (MS)	Enrolled: Indiana State University (DHSc)	Psychiatric Nursing/Teacher Education	Mental Health Nursing	Director of RN to BS track

Faculty Name	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
Lucky, Daniel	August 2007	Instructor	Indiana State University (BSN)	University of Southern Indiana (MSN)	Duke University (DNP)	Geriatrics Family, Public health.	Nursing Research	
Marks, Sheila (Tenure-Track)	August 2012	Assistant Professor	Daemen College (BSN)	State University of New York (MSN)	State University of New York (DNS)	Medical – Surgical Dialysis Clinical Nurse Specialist Rehabilitation	Physical assessment Nursing Synthesis, Research	
McQuiston, Linda (Tenure-Track)	August 2012	Assistant Professor	University of Phoenix (BS)	University of Phoenix (MSN)	Nova Southeastern University (PhD)	Medical-Surgical Obstetrics Pediatrics Mental Health Community Nursing Education Nursing Administration	Leadership & Management Pediatric Clinical/Lab (2013)	
Moore, Jill (Tenure-Track)	August 2011	Assistant Professor	Indiana State University (BS)	Indiana State University (MS)	Enrolled: Indiana State University, ABD (PhD)	Medical-Surgical ICU Huntington's Disease	Medical-Surgical Nursing	Director of Traditional Track
Nelson, Jessica (Tenure-Track)	July 2012	Assistant Professor	Indiana State University (BS)	Indiana State University (MS)	Chatham University (DNP)	ER Critical Care	Evidence-Based Practice Information Technology	Chair, Department of Baccalaureate Nursing Completion

Faculty Name	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
Nourse, Somer	August 2012	Instructor	Indiana State University	Indiana State University (MS)	Enrolled: Indiana University (DNP)	Medical-Surgical	Medical-Surgical Nursing	
Owegi, Robert	January 2011	Instructor	Indiana State University (BS)	Indiana State University (MS)		Nursing Education Medical-Surgical	Medical-Surgical Nursing Community Health Nursing	
Pirtle, Kathy	January 2011	Instructor	Indiana University (BSN)	Walden University (MSN-FNP)		Medical Surgical Obstetrics Education	Medical Surgical Nursing Maternity Nursing	
Thomas, Constance (Tenure-Track)	August 2010	Assistant Professor	Indiana State University (BS)	University of Southern Indiana	Enrolled: Capella University, ABD (PhD)	Medical-Surgical	Introduction to Nursing Fundamentals Medical-Surgical	

Faculty Name	Date Initial Appt.	Rank	BS Institution	MS Institution	Doctoral Institution	Clinical Expertise	Academic (T)	Other (O)
							Nursing	
Walters, Linda (Tenure-Track)	August 2006	Assistant Professor	Indiana State University (BSN)	Indiana State University (MS)	Enrolled: Indiana State University, ABD (PhD)	Pediatrics NICU	Pediatrics	Faculty Representative Student Nurse Association
Ward, Amanda	August 2011	Instructor	Ball State University 2004 (BSN)	Ball State (MS)	Enrolled: Purdue University (DNP)	Emergency Medical-Surgical	Medical-Surgical Nursing	
Weust, Jan	August 2011	Instructor	Indiana Wesleyan University (BSN)	Indiana Wesleyan University (MSN)	Enrolled: Indiana State University (DNP)	Medical-Surgical ICU	Medical-Surgical Nursing Critical Care of the Adult	

2.2 Part-time faculty hold a minimum of a graduate degree with a major in nursing.

One hundred percent (100%) of the baccalaureate program part-time faculty holds a minimum of a master's degree within the field of nursing. As of fall 2013, two (2) part-time faculty members hold earned doctoral degrees and are currently in the phased retirement option from ISU. One (1) part-time faculty member is currently enrolled in a doctoral program. A complete and current list of part-time faculty members and their credentials will be available in the Document Room, as part-time faculty members do change frequently from semester to semester.

2.3 Faculty (full- and part-time) credentials meet governing organization and state requirements.

ISU adheres to faculty standards under The Higher Learning Commission's document entitled *The Commission Guidance on Determining Qualified Faculty*

<http://www.indstate.edu/academicaffairs/assessment/NCA%20BEST%20PRACTICES%20DOC%20ON%20AA%20WEB/Guidance%20on%20Determining%20Qualified%20Faculty.pdf>

from the *Handbook of Accreditation*

https://www.adams.edu/administration/finance/handbook_of_accreditation.pdf, which identifies qualified faculties as those who have completed formal education and have experience within the discipline. Faculty teaching in undergraduate programs should hold a degree at least one level above that of the program in which they are teaching (p. 1), “and those teaching general education courses typically hold a master's degree or higher and should have completed substantial graduate coursework in the discipline of those courses” (Commission Guidance on Determining Qualified Faculty, p.1).

The Indiana State Board of Nursing (ISBN), <http://www.in.gov/pla/2497.htm>, requires that faculty teaching within a registered nurse educational program meet the following requirements: have experience within the practice of nursing and hold a Master's degree. The preponderance of faculty members will hold a Master's degree with a major in nursing, with the remainder of the faculty holding a Master's degree in a field appropriate to their teaching or clinical responsibilities. The reappointment of a person who does not hold a master's degree in nursing shall be made only if that person, within one (1) year of initial appointment, has a written plan of study for degree completion and has matriculated in a college or university. Continuing

reappointment of a person who does not hold a master's degree in nursing shall be contingent upon orderly progression toward degree completion (848 IAC 1-2-13 Faculty qualifications; registered nurse programs; Authority: IC 25-23-1-7; Affected: IC 25-23-1-7; Sec.13).

Full-time and part-time faculty members (100%) within the Baccalaureate Nursing program at ISU hold a minimum of a Master's degree in nursing from accredited schools or colleges of nursing.

2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.

In the Department of BNC, students identify potential preceptors. If a contract is not already in place with the facility, one is initiated with the Contract Coordinator. All preceptors must be approved by the course faculty member. Certain facilities require that the Education Director at the facility complete all preceptor assignments. The Department abides by all facility requirements when utilizing preceptors. In the Department of BN when preceptors are utilized, students can request a particular region or facility and may have a preceptor in mind; however, all preceptors are assigned by the course faculty member based on the approval process and facility restrictions.

Preceptors are selected and approved based on the Indiana State Board of Nursing (ISBN) regulations. Preceptors are required to have at least three years of experience and licensure as a Registered Nurse, within the state in which they practice. The large majority of preceptors utilized by the program are BSN-prepared. Only one student is assigned to each preceptor.

Preceptors are oriented by use of written documents that are collectively referred to as a preceptor packet. These documents include the syllabus, student learning outcomes for the course and role descriptions for faculty preceptors and students. Preceptors receive the designated packet of information at the time they agree to serve as preceptors. A copy of the preceptor packet can be found in the Document Room. Preceptor packets contain the following information:

- Welcome Letter
- Definitions of Preceptor and Preceptor Roles

- Clinical Preceptor: Qualifications and Responsibilities
- Faculty Roles and Responsibilities
- Student Roles and Responsibilities
- Syllabus
- Preceptor Agreement
- Student/Faculty Clinical Preceptorship Agreement
- Tentative Clinical Hours Log
- Documentation of Preceptorship Hours
- Clinical Performance Evaluation Tool
- Evaluation of Preceptor Experience by the Preceptor
- Student Evaluation of Preceptor
- ISU Contact Information
- Specific course related materials, as needed

Prior to beginning the course, preceptors are required to complete a biographical data form specifying their licensure dates, past and present employment and signature stating that they have received and read the preceptor packet and understand all documents. The course facilitator or lead course faculty member approves the biographical data form before students can begin a clinical experience. The lead course faculty members are responsible for verifying preceptor credentials. The students and preceptor then sign an agreement regarding specific hours and potential clinical experiences that relate to the course objectives that may be provided by the preceptor. Preceptors document and sign a form to validate the hours that were completed by the student for each clinical experience.

The preceptor packet includes a check list for ease of keeping track of the requirements for all documentation. Preceptors provide feedback on student performance at the end of the clinical rotation. Preceptors also provide feedback to the course facilitator scoring their satisfaction with the preceptorship experience, and may offer comments and suggestions. A signed and detailed student self-evaluation form is completed by the student and preceptor that scores the student on quality of performance and level of independence for the course outcomes and competencies. All evaluations are reviewed and signed by a clinical instructor and the course facilitator. Grades are determined by course work, clinical evaluations, and conferring face-to-face with preceptor, student, and/or clinical instructor throughout the clinical.

Preceptors are mentored through face-to-face communication, emails, and/or phone conversations throughout the clinical experience. Preceptors have access to the course facilitator at all times, with alternate personnel available when facilitator is not available.

Preceptors are monitored on a weekly basis by a masters-prepared clinical nursing instructor.

Communication occurs as either a face-to-face site visit, email, or phone call. After the completion of the required clinical hours, the preceptor is evaluated by the student, and the clinical instructor to determine if the outcomes of the preceptorship experience were met. This evaluation is used when selecting preceptors for each semester.

2.5 The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.

The number of full-time faculty teaching in the program is sufficient and is monitored to ensure that resources are available should faculty to student ratios become a potential threat to success.

The on-campus classroom faculty to student ratio is no more than 1:50, depending on enrollment within the tracks (traditional and accelerated). If enrollment in a course exceeds 50, then two (2) faculty members are assigned to the course. The clinical faculty-to-student ratio is followed according to the ISBN guidelines with requirements of one (1) masters-prepared faculty member to ten (10) students in a clinical lab or agency. Faculty-to-student ratios for the online tracks (LPN to BS and RN to BS) are no more than 1:25 in an online course section. Faculty members teaching in a clinical section of the online courses maintain a 1:10 faculty-to-student ratio, while providing preceptor oversight. Faculty-to-student ratios for each course, both didactic and clinical, can be found in the Document Room.

Full-time tenured or tenure-track faculty members teach 12 contact hours per semester. Full-time Lecturers and Instructors (one year or multi-year contracts) teach 15 contact hours per semester, as they do not have the same requirements of service and scholarship that tenured and tenure-track faculty have. One on-campus faculty member agreed to one (1) hour overload fall 2013 and will carry a lighter load in spring 2014 to balance the overall teaching workload for the academic year. This adjustment in workload was discussed with the department chair and faculty member with an agreement reached to lower the spring load rather than be compensated for the

additional hour for fall 2013. Other faculty members that may teach an overload assignment would be compensated.

2.6 Faculty (full and part-time) maintains expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practices.

Faculty maintains their clinical and educational expertise through a variety of methods. Clinical skills are maintained through volunteer work at community based clinics, community engagement projects such as lead screening and health fairs, as well as clinical practice at the staff level and in advanced practice roles. Faculties attend staff development programs, in-services, webinars, continuing education programs, and enroll in college courses for academic credit.

Faculties are supported to maintain teaching expertise through university sponsored speakers, workshops, and continuing education programs. Nursing faculty retreats are held at the beginning of each fall semester since 2009. These retreats provide continuing education credits and focus on information pertinent to nurse educators. A regional Sigma Theta Tau Research Day is presented each spring semester showcasing both student and faculty evidence-based research. Both of these programs provide convenient continuing education contact hours for full-time and part-time faculty. Advances in the use of educational technologies are provided and encourage creative application. A summary of the activities to maintain expertise of the current full- and part-time faculty are available in the Document Room with a complete listing found in faculty curriculum vitae.

Scholarly activity encompasses multiple intellectual pursuits such as research, professional writing, and presentations for the purpose of expansion of knowledge and advancement of learning. The faculty subscribes to Boyer's* (1990) four types of scholarship that include discovery, teaching, application, and integration. As described by Boyer, discovery includes the generation of new and unique knowledge, which is suggestive of traditional research. Teaching includes the creative building of bridges between the teacher's understanding and the students' learning, and is congruent with expectations of experiential learning and interdisciplinary education. Application includes the effective movement between theory and practice,

particularly in relation to solving problems in society. Integration includes the development of new relationships among disciplines. The annual faculty evaluation performance review process addresses scholarship activities and evidence-based practice.

Table 2.6.2 indicates that faculty members have evidence of scholarship activities through the four realms of Boyer's model. This table is only a representative sample of faculty scholarship and a complete listing is available for each faculty as listed on current faculty vitas located in the Document Room.

Table 2.6.2 *Faculty Scholarship*

Boyer Model Applied to Nursing	Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
<p><u>Acree, Esther</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Grants: Acree, E., & Plascak, G. Lead Screening offered by the Sycamore Nursing Center As community outreach for nursing students in Nursing 328: Nursing care of the childrearing family. At target areas known for High Lead Levels. Focus Indiana, for 2011-2013 \$8,000 Funded. Project Director, Acree, Esther, Advanced Nursing Education Traineeship, submitted for 2010-11, \$65,523 Funded.</p>			X		X X
<p><u>Anderson, Heather</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Presentations: Anderson, H., Moore, T., & Weust, J. Interprofessional Mass Casualty (MCI) Disaster Simulation – Active Shooter Drill with ISU Police, ISU Nursing & ISU PA, and Ivy-Tech Community College Paramedic Students. ISU old business towers, Terre Haute, IN (4/19/2013) Poster Presenters: Anderson, H., Moore, T., & Hall, N. “Simulation, Students, and Scaffolding: An Interprofessional Mock Disaster Collaboration” 2013 ATI Nurse Educator Summit, Red Rock, Las Vegas, Nevada (4/8/2013 – 4/12/2013) Anderson, H., Butwein, P, & Moat, K. Terre Haute Children’s Museum – “Go-Figure’s – Focus on Fitness” A hands-on math & science encouragement/enrichment program targeted toward 3rd-5th graders. Terre Haute, IN (2/2/2013 & 2/16/2013) Anderson, H., Moore, T., & Weust, J. Interprofessional Mass Casualty (MCI) Disaster Simulation – Active Shooter Drill with ISU Police, ISU Nursing & ISU PA, and Ivy-Tech Community College Paramedic students. ISU old business towers, Terre Haute, IN</p>			X	X X	X X

Boyer Model Applied to Nursing	Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
(11/30/2012) Anderson, H., Moore, T., & Weust, J. Interprofessional Mass Casualty (MCI) Disaster Simulation –Airplane Crash - ISU Nursing, ISU PA, 181 st Air Guard Medics & Nurses, Terre Haute Airport Regional Fire Fighters, Terre Haute Airport Authority, and Ivy-Tech Community College Paramedic Students. Hulman International Airport, Terre Haute, IN (7/19/2012)				X	
<u>Bauer, Renee</u> Publications: Contributor, NLNAC Self-Study Report. (2013). Fairchild, R., Everly, M., Bauer, R. , Walters, L., & Anderson, L. (2013) Rural Nurses’ Continuing Education Needs: A U.S. Multi-site Survey Reveals Challenges and Opportunities. <i>Journal of Nursing Education and Practice</i> , 3(6), doi:10.5430/jnep.v3n5p45 Fairchild, R., Everly, M., Bozarth, L, Bauer, R. , Walters, L., Sample, M., & Anderson, L. (2012) A qualitative study of continuing education needs of rural nursing unit staff: The nurse administrator's perspective, <i>Nurse Education Today</i> , doi:10.1016/j.nedt.2012.05.023 DeYoung, J., Bauer, R. , Brady, D., & Eley, S. (2011) Controlling blood glucose levels in hospital patients: Current recommendations. <i>American Nurse Today</i> , 6(5). Presentations: Bauer, R. (2013) <i>A Qualitative Study of Nursing Living-Learning Communities</i> . Albuquerque, NM 10/29-11/1, 2013 Bauer, R. , Brady, C., DeYoung, J., & Eley, S. (2011). Weight-based correction insulin: Time to lose the sliding scale. <i>The Global Impact of Nursing Research</i> , Sigma Theta Tau International, Lambda Sigma Chapter, Terre Haute, IN.		X	X	X	X
<u>Cannon, Emily</u> Publications: Contributor, NLNAC Self-Study Report. (2013).			X		

Boyer Model Applied to Nursing	<i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).</i>	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
<p>Book Review: Cannon, E. Elsevier: Adult Health Nursing, 7th edition Chapter 16 “Care of the Patient with HIV/AIDS” Chapter 17 “Care of the Patient with Cancer” (Spring 2013)</p> <p>Reviews: Cannon, E. CE: Chest Tube Drainage, Nurses Notebook, LLC (12/30/2012)</p> <p>Presentation: Bergbower, M., Cannon, E., Guell, R., Pot and Politics, Political Science Club Cunningham Memorial Library, Indiana State University, Terre Haute, Indiana (4/9/2013)</p>				X	X
<p><u>Crawford, Donna</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Crawford, D. (In press). To half or to hold: Is tablet-splitting safe practice? <i>Nursing Made Incredibly Easy</i>.</p>			X	X	
<p><u>Everly, Marcee</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Fairchild, R, Everly, M, Bauer, R, Walters, L, & Anderson, L (2013) Rural Nurses’ Continuing Education Needs: A U.S. Multi-site Survey Reveals Challenges and Opportunities. <i>Journal of Nursing Education and Practice</i>, 3(6), doi:10.5430/jnep.v3n5p45</p> <p>Everly, M (2012) Anybody hungry for a VEAL CHOP? <i>Student Nurse</i> (In press, accepted 7/17/2012)</p> <p>Fairchild, R, Everly, M, Bozarth, L, Bauer, R, Walters, L, Sample, M & Anderson, L (2012) A qualitative study of continuing education needs of rural nursing unit staff: The nurse administrator's perspective, <i>Nurse Education Today</i>, doi:10.1016/j.nedt.2012.05.023</p> <p>Everly, M (2012) Facilitators and barriers of independent decisions by midwives during labor and birth. <i>Journal of Midwifery and</i></p>			X	X	X

Boyer Model Applied to Nursing	<i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).</i>	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
<p><i>Women's Health</i>, 57(1), 49-54</p> <p>Everly, M (2012) Are Students' impressions of improved learning through active learning methods reflected by improved test scores? <i>Nurse Education Today</i>, (in press, accepted 10/27/11)</p> <p>Presentations: "Simulation and Case Studies: Does one method lead to higher test scores?" Presented at Boot Camp for Nurse Educators, Albuquerque, NM 7/20-23/2012 "Simulation and Case Studies: Does one method lead to higher test scores?" Presented at Global Nursing Research Influence: At home and abroad, Terre Haute, IN. First Place Award. 4/12/2012</p>		X	X	X	
<p><u>Gregory, Veda</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Grants: Gregory, V., Kummerow, A. M., & Krockenberger, L. Meeting community health needs of the homeless and at risk populations with a focus on women's health. Terre Haute, IN, Focus Indiana Grant, 2010-present \$7500 funded.</p>			X	X	
<p><u>Huun, Kathleen</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Huun, K. (2012). Scope and standards of practice for preceptor advancement. <i>American Academy for Preceptor Advancement</i>.</p> <p>Huun, K. M., & Lyons, J. (February, 2012). Up close with distance education. <i>Advance for Nurses</i> (online edition).</p> <p>Huun, K. (2012). <i>Generational Divides in the Nursing Workforce: Parameters, Characteristics, and Propensities</i>. Precepting CE Module. College Network.</p> <p>Presentations:</p>			X	X	X

Boyer Model Applied to Nursing	<i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).</i>	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
<p>Huun, K., & Hughes, L. (2013, May). <i>Autonomy among thieves: Template course design for faculty and student success.</i> Poster session presented at the USDLA Conference, St. Louis, MO.</p> <p>Huun, K. (2013, April). <i>Community Health Promotion. The 5210 in 30 Challenge: A novel slant to a commendable concept.</i> Podium session Research Day Lambda Sigma Chapter, Sigma Theta Tau Landsbaum Health Education Center, Terre Haute, Indiana (4/16/2013)</p> <p>Huun, K., & Hughes, L. (2012, October). <i>Autonomy among thieves: Template course design for faculty and student success.</i> Poster session presented at the NLN Technology Conference, Spokane, WA.</p> <p>Huun, K., & Hughes, L. (2012, August). <i>Autonomy among thieves: Template course design for faculty and student success.</i> Podium session presented at the Indiana State University College of Nursing, Health, and Human Services: Continuing Education Program. Terre Haute, IN.</p> <p>Huun, K. (2012, August). 5210: Live it, Share it. Podium session presented at the Indiana State University College of Nursing, Health, and Human Services: Continuing Education Program. Terre Haute, IN.</p>		X		X	X
<p><u>Jones, Patti</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p>			X		
<p><u>Kummerow, Andreas</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Kummerow, A. M., Miller, M. A., & Reed, R. J. (2012, March 16). Baccalaureate courses for nurses online and on campus: A comparison of learning outcomes. <i>American Journal of Distance Education.</i> (ID: 645679 DOI:10.1080/08923647.2011.645679)</p>		X	X		
<p><u>Lucky, Daniel</u></p> <p>Publications:</p>					

Boyer Model Applied to Nursing	<i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).</i>	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
<p>Contributor, NLNAC Self-Study Report. (2013).</p> <p>Presentations: Lucky, D. S. (2013) <i>The First Nurse-Managed Health Center operated by the NAACP and Police Department in The United States.</i> Annual Report presented to the Mayor and City Council for Ceres, Ceres, California</p> <p>Lucky, D. S. (2012) <i>The Nursing Process versus the Medical Model: A Community-Based Primary Care Approach.</i> Presented for the City of Turlock, Turlock, California.</p> <p>Lucky, D. S. (2012) <i>Providing Health Care Services in a Cultural Context.</i> Presented for the NAACP, Stanislaus County, Modesto, California.</p>			X		<p>X</p> <p>X</p> <p>X</p>
<p><u>Marks, Shelia</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p>			X		
<p><u>McQuiston, Linda</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Presentations: McQuiston, L. & Hanna, K. Peer Coaching between graduating senior and incoming junior nursing students within a clinical setting Sigma Theta Tau International: Creating Healthy Work Environments. The JW Marriott Indianapolis Indianapolis, Indiana (4/11-14/2013)</p>		X	X		
<p><u>Moore, Jill</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Moore, J. (2012). "Strategic Planning Implementation and Change in Higher Education" A graduate project qualitative study conducted</p>		X	X		

Boyer Model Applied to Nursing	<i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).</i>	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
<p>at Indiana State University. (Internal Institutional Report)</p> <p>Moore, J. (2012). "Unbounded Possibilities" A graduate project qualitative study conducted at Indiana State University. (Internal Institutional Report)</p> <p>Presentations: Moore, J., & Miller, M. <i>"When a Faculty Member Dies: A View Through Four Lenses"</i> Research Day Lambda Sigma Chapter, Sigma Theta Tau, Landsbaum Health Education Center, Terre Haute, Indiana (4/2013)</p>		X			
<p><u>Nelson, Jessica</u></p> <p>Publications:</p> <p>Nelson, J.R. (2013, April). Increasing Telehealth Knowledge in United States Veterans through Video Education. Series: "Global Telemedicine/eHealth Updates", Vol. 6.</p> <p>Matteson, T., Henderson-Williams, A., & Nelson, J. (2013) Preventing In-hospital Newborn Falls: A Literature Review. CN, The American Journal of Maternal Child Nursing. In Press.</p> <p>Contributor, NLNAC Self-Study Report. (2013).</p> <p>Powell, A., Halon, J., & Nelson, J. (2013). Rural Emergency Medical Technician Pre-Hospital Electrocardiogram Transmission. Accepted in Revision, International Electronic Journal of Remote and Rural Health.</p> <p>Brown, S. & Nelson, J. (2013). Use of Interprofessional Simulation among Chronic Pediatric Populations: Systematic Review. Accepted in Revision, Clinical Simulation in Nursing, August 2013.</p> <p>Presentations:</p> <p>Nelson, J.R. (2013, April). Oral Presentation. Sigma Theta Tau, Lambda Sigma Research Day, Terre Haute, IN.</p> <p>Nelson, J. R. (2013, April). Oral Presentation at International Society for Telemedicine & eHealth, Increasing Telehealth Knowledge in United States Veterans through Video Education. Electronic Proceedings Med-e-Tel 2013, Luxembourg City, Luxembourg.</p>		X	X	X	X

Boyer Model Applied to Nursing	<i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).</i>	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
<p><u>Owegi, Robert</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Presentations: Podium presentation: Effects of Social Networks on Patient Healthcare Behaviors. <i>The Global Impact of Nursing Research</i>, Sigma Theta Tau International, Lambda Sigma Chapter, Terre Haute, IN.</p>		X	X		
<p><u>Pirtle, Kathleen</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p>			X		
<p><u>Thomas, Constance</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Thomas, C. (2013). Comprehensive literature review preparation for doctoral dissertation. Capella University.</p>		X	X		
<p><u>Walters, Linda</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Fairchild, R., Everly, M., Bauer, R., Walters, L., & Anderson, L. (2013) Rural Nurses' Continuing Education Needs: A U.S. Multi-site Survey Reveals Challenges and Opportunities. <i>Journal of Nursing Education and Practice</i>, 3(6), doi:10.5430/jnep.v3n5p45</p> <p>Fairchild, R., Everly, M., Bozarth, L., Bauer, R., Walters, L., Sample, M., & Anderson, L. (2012) A qualitative study of continuing education needs of rural nursing unit staff: The nurse administrator's perspective, <i>Nurse Education Today</i>, doi:10.1016/j.nedt.2012.05.023</p> <p>Presentations: Walters, L., & Crawford, D. (2011). Poster: Larry stopped breathing: A simulation. <i>The Global Impact of Nursing Research</i>, Sigma</p>		X X	X		

Boyer Model Applied to Nursing	<i>Scholarship in nursing can be defined as those activities that systematically advance the teaching, research, and practice of nursing through rigorous inquiry that 1) is significant to the profession, 2) is creative, 3) can be documented, 4) can be replicated or elaborated, and 5) can be peer-reviewed through various methods. This definition is applied in the following standards that describe scholarship in nursing (American Association of Colleges of Nursing, 1998, p.1).</i>	Scholarship of Discovery	Scholarship of Teaching	Scholarship of Application	Scholarship of Integration
Theta Tau International, Lambda Sigma Chapter, Terre Haute, Indiana.					
<p><u>Weust, Jan</u></p> <p>Publications: Contributor, NLNAC Self-Study Report. (2013).</p> <p>Presentations: Anderson, H., Moore, T., & Weust, J. Interprofessional Mass Casualty (MCI) Disaster Simulation: Active Shooter Drill with ISU Police, ISU Nursing & ISU PA, and Ivy-Tech Community College Paramedic students. ISU old business towers, Terre Haute, IN. (4/19/2013)</p> <p>Hughes, E., Truxal, B., & Weust, J. Interprofessional Simulation: ACLS Simulation with ISU Nursing, IU 1st year Medical Students and Ivy Tech Respiratory Therapy students. RHIC Simulation Center, Terre Haute, IN (4/15/2013).</p>			X		X X

2.7 The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.

There are no non-nursing faculty teaching nursing courses. The number and credentials of staff are appropriate to meet the goals of the baccalaureate program. This includes one Learning Resource Center Director, one Contract Coordinator, one Testing Coordinator, three Student Services Assistants, and six additional support staff for the two undergraduate departments. Position descriptions for these individuals are included in the Document Room (Exhibits for Standard 2).

Table 2.7.1 *Staff Who Support the Baccalaureate Program*

Name	Initial Appoint.	Position	Education	Responsibilities
Downs, Joelle	June 2013	Student Services Assistant	AAS in Business LPN license	Advises potential and progressing campus students
Hilton, Mary	October 2002	Office Assistant	Associate of Arts- Ivy Tech Community College	Receptionist and clerical support for campus nursing students
Kimble, Kim	September 2004	Support Staff	AS in Paralegal Study- University of Mississippi	Assists with admissions to nursing distance programs
Krabel, Tiffany	August 2011	Student Services Assistant	BA English Literature - Bradley Graduate hours – MA Eastern Illinois University	Advises potential and progressing campus students and facilitates the admissions process
Layton, Carol	May 2007	Administrative Assistant	AS in Secretarial Administration- Indiana State University	Administrative assistant for faculty and Chair of Department of Baccalaureate Nursing Completion
Newhart, Kathy	December 2012	Support Staff	BS-St. Mary-of-the- Woods College	Handles program and general inquiries pertaining to the distance programs
Overfelt, Jeanine	May 1972	Student Services	3 years of college classes-	Advises potential and progressing

		Assistant	Indiana State University	distance students
Reed, Rhonda	August 1981	Learning Resource Center Director	MSN- University of Evansville BSN- Indiana University	Manage supplies and equipment, order supplies, responds to web request, orients faculty to technology (no teaching or evaluation)
Rubin, Franci	January 2011	Testing Coordinator	BA - Indiana State University	Proctors and coordinates standardized testing for students
Schaffer, Mark	October 1997	Contract Coordinator	MA in Human Resources- Indiana State University BA in Human Resources- Indiana State University	Arranges all clinical contracts
Stateler, Teresa	January 2003	Administrative Assistant	AS in Business- Indiana State University BS in Elementary Education- Indiana State University 24 graduate hours	Administrative assistant for faculty and Chair of Department of Baccalaureate Nursing
Taylor, Joe	February 2012	Support Staff	4 years of college courses	Handles inquiries regarding pre-requisites and transfer credits for distance students

2.8 Faculty (full and part-time) are oriented and mentored in their areas of responsibility.

New, full-time faculty members attend a University-wide orientation. There are approximately 27 sessions, lasting 90 minutes each. This Orientation supports the University's Strategic Goal Six: *Recruit and Retain Great Faculty and Staff*. This orientation designates four sessions to be held in each department to address: Creating the Promotion and Tenure Profile, College Research, College Expectation for Service and Community Engagement, and College Governance.

Full-time faculty members are oriented to the baccalaureate nursing program upon hire and on-going as needed. The *Faculty Orientation Manual* is given to each new member of the faculty (available in the Document Room). Special needs and/or differences for distance faculty are clearly noted. The *Faculty Orientation Manual* contains the following sections: Faculty Appraisal, Mission/Philosophy/Structure/Accreditation, Faculty Governance, Workload, Faculty Travel Authorization, Curriculum, Assessment and Technologies Institute (ATI), Running the Course, Academic Integrity, Student Clinical Policies, Support Services, and Other Orientation Services. Also, there is a separate Handbook for Academic Advising (available in the Document Room). The handbook is used for new and current advisors as a referral source related to academic progression.

Additionally, new faculty members are assigned to a nursing faculty member by the Department Chair to assist in role transition. Often the mentor-mentee will teach different sections of the same course to enhance the mentorship experience. Mentor-mentee relationships are negotiated between those involved, but mentors are assigned for one year. Formal mentorship is extended as needed by the mentee. At least a minimum of three meetings between the mentor and mentee are scheduled during the mentorship period. These meetings may occur face to face, via the telephone, or via a Skype-type system. The Nursing New Mentor Role and Responsibilities can be found in Appendix D.

Part-time, temporary faculty members are oriented to their role and responsibilities. Clinical faculty who will be with students in clinical facilities attends orientation programs delivered by the corresponding course faculty. They are also required to complete an online Clinical Instructor Orientation Program delivered online via Blackboard or attend a face-to-face orientation session. Topics included in the orientation session include the following:

- Description of role
- How adults learn
- Creating learning environments
- Clinical performance evaluation
- University and department resources (including policies)
- General “dos and don’ts”

They also receive additional orientation to the specific course by the course faculty, who also serves as their faculty mentor. In addition, part-time faculty members are mentored by the Department Chairperson and are encouraged to attend department meetings. They meet frequently throughout the semester with the course facilitator to discuss any issues related to their role or the course.

2.9 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

Faculty performance guidelines focus on teaching, research and scholarly activity, service, and community engagement. The timing of systematic appraisal is determined by the Office of Academic Affairs; and, a Calendar of Key Activities is published for each academic year with the timeline for the appraisal of faculty at each rank. Full-time, tenure-track faculty, multi-year contract instructors, one year instructors, and part-time adjunct faculty are evaluated annually based on University, College, and Department criteria. The departments have also developed a biennial faculty performance evaluation model for post-tenure review. The first biennial post-tenure review occurred fall 2011. Feedback from the process was received and further enhancements to the review process have occurred for fall 2013.

All full-time faculty, and multiyear and one year instructors are evaluated by an elected department peer review committee, respective Department Chair, the Executive Director of Nursing, the College Faculty Affairs Committee (FAC), the Dean of the College, and the Provost, who also serves as the Vice President for Academic Affairs. University policies related to appointment, retention, promotion, and tenure, are located in the Indiana State University Handbook, Section 305.1 at <http://www.indstate.edu/adminaff/docs/305%20Faculty%20Appt,%20Promotion,%20and%20Tenure%20Policies.pdf>.

Evaluation materials including student evaluations, peer evaluations, teaching methods, scholarly work, and service record are presented in an annual report submitted by the faculty member to the respective Department Chair. All faculties in each department are evaluated by students within their respective courses at the conclusion of each semester. Students evaluate faculty

based on course organization, communication, educator effectiveness, program goals, and outcomes. Standard electronic course evaluations (ESIRs) or paper evaluations are sent out or provided for all students at the close of each semester and results are disseminated to the faculty responsible for each individual course. The faculty is encouraged to utilize feedback from these evaluations to make course enhancements and improvements, as necessary. The course faculty of record and Department Chair evaluate the part-time, adjunct clinical faculty. Based on this evaluation, Department Chairs determine the effectiveness of the part-time faculty and utilize this information to determine future faculty needs.

2.10 Faculty (full and part-time) engage in ongoing development and receive support for instructional and distance technologies.

Distance faculty receives orientation, ongoing development, and support for distance education courses. The Office of Information Technology (OIT) employs Instructional Designers to help in the development and delivery of online teaching modalities, evaluation and the effective utilization of Blackboard. OIT also offers ongoing faculty development workshops and support in the use of Blackboard, Tegrity, Lectora, and other instructional programs, as well as new technological methods and modalities for distance education courses. In spring of 2013, the workshops presented were: *Creating & Grading Exams in Blackboard* and *Posting Grades in Blackboard*. Several times throughout the year, OIT personnel come to the nursing faculty meetings to update the faculty on changes to Blackboard or other systems, such as Collaborate. Additionally, if there is a common problem that the faculty members are experiencing, a representative from OIT will attend a nursing faculty meeting or a special request meeting. Furthermore, faculty has access to various webinar offerings, and other online workshops. Additional opportunities to enhance the online environment are available at local, regional, and national conferences. For new faculty, an instructional session on Blackboard is included in the New Faculty Orientation.

If there are immediate issues, OIT has a telephone Help-Line/Help Desk at 812-237-2910 that can be contacted from Monday-Thursday from 7:30 a.m. to 6:00 p.m., Friday 7:30 a.m. to 4:00 p.m., Saturday 12:00 p.m. to 4:00 p.m. and Sunday 4:00-8:00 p.m. For non-emergent issues

there is also a “ticketing” system where issues can be emailed to the Help Desk. The web site of OIT can be found at <http://www.indstate.edu/oit/>.

STANDARD 3

Students

Student policies and services support the achievement of the student learning outcomes and program outcomes of the nursing education unit.

CRITERION 3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the student learning outcomes and program outcomes.

Student policies of the Baccalaureate program are congruent with the policies of Indiana State University (ISU), and are publicly accessible, non-discriminatory, and consistently applied.

Student policies at ISU and the College of Nursing, Health, and Human Services (CONHHS) are publicly accessible and available. All University policies may be accessed online at the University's home page at <http://www.indstate.edu>, and the ISU Student Handbook at <http://www.indstate.edu/studentaffairs/Student%20Handbook.pdf>.

Student policies specific to the Baccalaureate program can be found on the two department websites at <http://www.indstate.edu/bacc-nursing/student-handbook/student-handbook.htm> and <http://www.indstate.edu/bacc-comp-nsg/student-handbook/student-handbook.htm>. Policies for undergraduate nursing students are consistent with those for students enrolled in other Colleges within the University. Table 3.1.1 outlines examples of policies that are similar between the University and the Baccalaureate Nursing program.

Table 3.1.1 *Examples of Similarities Between the Governing Organization and the Baccalaureate Nursing Program*

Policy	Governing Organization	Baccalaureate Nursing
Nondiscrimination Including ADA Statements	Indiana State University has long been pledged to the principles of nondiscrimination and is firmly and unequivocally committed to the creation of a culturally diverse community among and between its faculty, staff, and students. Diversity within the University community advances the academic purpose of the University, and a nondiscrimination policy is essential to	Faculty and administration in the College of Nursing, Health, and Human Services are committed to a policy of non-discrimination related to admission, progression, and graduation of individuals. The Americans with Disabilities Act (ADA) Policy with Core Performance Standards is utilized to guard against discriminatory practices for those who are

	<p>achieving such diversity. Our expectation is that the University will do more than merely comply with civil rights legislation and enactments.</p> <p>Affirmative Action: http://www.indstate.edu/aao/ http://www.indstate.edu/aao/facultyhirin_g.htm http://www.indstate.edu/aao/equaloppstmnt.htm</p> <p>Student Academic Services Center: http://www.indstate.edu/sasc/programs/dss/services.htm</p>	<p>qualified, yet need special accommodations to meet with success in a nursing major.</p> <p>The ADA Act is located at http://www.indstate.edu/sasc/programs/dss/services.htm</p> <p>The ADA document with core standards is linked on the College web page at http://www.indstate.edu/aao/disability-accmmpolicy.htm</p>
Transfer Credit	<p>Standards for transferability of credit for general education courses taken from other accredited institutions are the same for all students at Indiana State University. The standards are written to be consistent with the admission, progression, and retention standards for each nursing program. Determination of equivalency for a course being transferred to Indiana State University is made by the respective department in which it is taught. Some courses have been pre-approved for equivalency through the Indiana College Network.</p> <p>Transfer: http://www.indstate.edu/transfer/</p> <p>Transfer guidelines: http://www.indstate.edu/transfer/guidelines.htm</p>	<p>Campus track: A student transferring to an Indiana State University nursing program has the same consideration for admission to the baccalaureate nursing major as any matriculating ISU nursing student providing that the minimum admission requirements for the major have been met either at Indiana State University, or through transfer or equivalent courses from another accredited collegiate institution.</p> <p>Transfer applicants who have completed a portion of the nursing curriculum at another accredited institution will be held to the same progression, retention, dismissal, and graduation requirements as matriculating students. http://www.indstate.edu/nursing-basic/pdfs/admission-progression-graduation-requirements-traditional.pdf</p> <p>LPN-BS track: A L.P.N. /L.V.N. student transferring to an Indiana State University LPN to BS in nursing track of the baccalaureate nursing program has the same consideration for admission to the LPN to BS track of the baccalaureate nursing program at</p>

		<p>the sophomore level providing that the minimum admission requirements for the major have been met either at Indiana State University, or through transfer, credit by exam, or equivalent courses from another accredited collegiate institution.</p> <p>If the L.P.N. /L.V.N. student has completed a portion of a baccalaureate nursing curriculum at another accredited institution, the L.P.N. /L.V.N student will be held to the same progression, retention, and graduation requirements as matriculating students. http://www.indstate.edu/lpn-bs/pdfs/transfer-student-lpn-bs.pdf</p> <p>RN-BS track: An R.N. student transferring to the Indiana State University RN to BS track in the baccalaureate nursing program has the same consideration for admission to the RN to BS track in the baccalaureate nursing program at the junior level providing that the minimum admission requirements for the major have been met either at Indiana State University or through transfer or equivalent courses from another accredited collegiate institution.</p> <p>If the R.N. student has completed a portion of a baccalaureate nursing curriculum at another accredited institution, the R.N. student will be held to the same progression, retention, and graduation requirements as matriculating students. http://www.indstate.edu/rn-bs/pdfs/transfer-student-rn-bs.pdf</p>
--	--	--

<p>Personal Wireless Communication Device Usage</p>	<p>Violation of Ethical and Professional Standards</p> <p>Students shall adhere to the standards, guidelines, and/or codes associated with the ethics and conduct established for academic programs and courses.</p> <p>Such standards generally are communicated by instructors and are available in professional publications. Assistance in accessing these standards is available through the appropriate academic department.</p> <p>Unethical or unprofessional behavior is a violation of the Policy on Academic Integrity. (<i>Indiana State University Code of Student Conduct</i>, Section I, p. 9)</p> <p>http://www.indstate.edu/sci/docs/CodeConduct.pdf</p>	<p>Guidelines for use of cell phones and PWCD usage are intended to promote academic and professional integrity, professional communication, and a safe effective learning environment. The policy is consistent with the ISU Code of Student Conduct and the National Student Nurse Association (NSNA) Code of Student Conduct. Violation of this policy may create a situation that could lead to failure of a course, dismissal from the nursing program or University, or criminal charges. Such actions could become part of the individual's future criminal background check and jeopardize a student's future employment.</p> <p>http://www.indstate.edu/nursing/archives/pdfs/archived-pwcd-usage-policy-2010.pdf</p>
---	--	--

There are some nursing program policies that are more stringent to reflect best practices in professional nursing education. The University allows for variation in policies of individual academic units, if the nature of the program justifies the variation, and the variation does not create a more lenient standard. A brief delineation of the Baccalaureate program policies that vary from the University standard is found in Table 3.1.2 below.

Table 3.1.2 *Examples of Differences between the Governing Organization and the Baccalaureate Nursing Program.*

Policy	Governing Organization	Baccalaureate Nursing Program	Rationale
<p>Selection and Admission</p>	<p>The University has established admission criteria.</p> <p>2012-2013 Undergraduate Catalog: http://catalog.indstate.edu/content.php?catoid=15&navoid=332</p>	<p>In order to be considered for admission to a nursing program, applicants must first be admitted to the University.</p> <p>Application for admission with links to admission criteria is found at: http://www.indstate.edu/nursing/programs/programs.htm</p>	<p>Standards within the Nursing departments are consistent with other nursing programs in the nation in that they reflect requirements necessary for success in professional nursing education.</p>

Policy	Governing Organization	Baccalaureate Nursing Program	Rationale
Student Evaluation/ Grading	<p>The University has an established grading system. A plus/minus grading system was implemented in fall 2009. Students pass the course with a D- or above.</p> <p>http://catalog.indstate.edu/content.php?catoid=17&navoid=388#grad_syst</p>	<p>Undergraduate Grading Scale: Letter Grade /Percent Lower Limits</p> <p>A+ 98 A 93 A- 90 B+ 87 B 83 B- 80 C+ 78 C 75 C- 70 D+ 68 D 65 D- 60 F <60</p> <p>Students must achieve a minimum grade of C, as well as satisfactory performance for the clinical component of each nursing course, in order to pass the course.</p>	<p>Standards within the Nursing departments are consistent with other nursing programs in the nation in that they reflect requirements necessary for success in professional nursing education.</p>
Retention/ Dismissal	<p>The cumulative grade point average (GPA) is used to indicate the academic standing of students at the end of any semester or summer term and will determine their eligibility for continued enrollment. Requirements for Good Standing, Academic Probation and Academic Dismissal are found at http://www.indstate.edu/expression/academic-standing.htm</p>	<p>Students must maintain a GPA of at least 2.25 throughout the program.</p> <p>Students must achieve a minimum grade of C as well as satisfactory performance for the clinical component of each nursing course.</p> <p>Failure of any nursing course for a second time will result in dismissal from the program. A failed nursing course may be repeated only one time.</p> <p>Failure of any two nursing courses will result in dismissal from the program.</p> <p>A failed cognate course in the nursing curriculum may be repeated only one time. Failure of any cognate course for a second time will result in dismissal from the program.</p>	<p>Standards within the Nursing departments are consistent with other nursing programs in the nation in that they reflect requirements necessary for success in professional nursing education.</p>

Policy	Governing Organization	Baccalaureate Nursing Program	Rationale
		Failure of any three cognate courses in the nursing curriculum will result in dismissal from the program.	
Graduation Requirements	Students must fulfill all University requirements for graduation and have a minimum GPA of 2.0 or above. Graduation Requirements: http://catalog.indstate.edu/content.php?catoid=17&navoid=388#grad_repo	Students must fulfill all University requirements for graduation and have: Maintained a cumulative grade point average of 2.25 or above Passed each nursing course and cognate course with a minimum grade of C.	
Health Requirements	All students enrolled must meet health requirements as outlined by the University that are governed by the laws of the State of Indiana for post-secondary institutions. Student Health Center: http://www.indstate.edu/shc/Required.html	The Baccalaureate nursing program has additional health requirements that must be met in order for the student to be eligible for clinical experiences. Student Nurse Health Policy: http://www.indstate.edu/nursing/pdfs/handbook-docs/student-health-policy-under.pdf Nursing Program-Immunization Record: http://www.indstate.edu/nursing/pdfs/handbook-docs/immunization-record.pdf	These requirements are necessary to protect the student and clients, and to meet the terms of contractual agreements with clinical agencies.
Criminal Background Check	A criminal background check is not required for admission to the university.	Admission criteria to the nursing program which includes the criminal background requirement can be found at: http://www.indstate.edu/nursing/programs/programs.htm	The clinical agencies utilized by the nursing program require criminal background checks as a condition for clinical placement.

Some policies may differ between the Baccalaureate nursing tracks due to differences in student characteristics. For example, students in the LPN to BS and RN to BS tracks must hold an active license as a practical nurse or associate degree prepared registered nurse. In addition, students admitted to the accelerated second degree track must have a previous bachelor's degree. Examples of differences between the Baccalaureate Program tracks are listed below in Table 3.1.3.

Table 3.1.3 *Examples of Differences in Policies Between the Baccalaureate Nursing Completion (LPN to BS and RN to BS) and the Campus Baccalaureate Nursing Tracks.*

Policy	Department of Baccalaureate Nursing (On-campus Traditional track; On-campus Accelerated Second Degree track)	Department of Baccalaureate Nursing Completion (Distance LPN to BS track; Distance RN to BS track)	Rationale for Difference
Selection and Admission Criteria	<p>Science courses GPA TEAS (see below) Minimum 2.75 overall GPA</p> <p>http://www.indstate.edu/nursing-basic/pdfs/admission-progression-graduation-requirements-traditional.pdf</p> <p>The accelerated second degree students must have a previous bachelor's degree and have completed all of the pre-requisites required for admission into the nursing program.</p>	<p>Challenge examinations TEAS (see below) Minimum 2.5 overall GPA (Department approved minimum GPA of 2.75 beginning fall 2014)</p> <p>LPN-BS track: Active LPN/LVN licensure-UNRESTRICTED in state of residence or employment http://www.indstate.edu/lpn-bs/admission-criteria.htm</p> <p>RN-BS track: Active RN licensure-UNRESTRICTED in state of residence or employment http://www.indstate.edu/rn-bs/rn-bs-admission-criteria.htm</p>	<p>The campus and accelerated tracks determined that using both the science GPA and minimum grade point average of 2.75 is a better indicator for potential student success for first-degree nursing students. The Baccalaureate Nursing Completion students have already demonstrated success by completing a previous licensing program.</p>
Test of Essential Academic Skills (TEAS)	<p>Students applying to the campus program must achieve a level of proficient, advanced, or exemplary in the ATI Academic Preparedness Category.</p> <p>Students placing at the developmental or basic level will not be considered for admission to the nursing program.</p> <p>The Adjusted Individual Scores (individual subscale scores for reading, English, mathematics and science) will be used in the selection process.</p> <p>http://www.indstate.edu/nursing/pdfs/testing-program-docs/pre-admission-exam-benchmarks-campus.pdf</p>	<p>LPN-BS track: Students must meet or exceed the minimum required benchmarks on the pre-admission examination.</p> <p>Total Adjusted Individual Score 65% Sub-Scores: Reading 70% Math 70% Science 52% English 63%</p> <p>http://www.indstate.edu/nursing/pdfs/testing-program-docs/pre-admission-exam-benchmarks-distance.pdf</p>	<p>Students in the LPN-BS track must achieve a level of proficient, advanced or exemplary on the total adjusted individual score; however, the individual sub-scores are utilized as the characteristics of this population of students vary significantly from the campus program.</p>
Validation of Prior Learning/ Articulation	<p>Transfer credit Previous nursing/cognate course failures</p>	<p>Challenge Exams Licensure Permanent Resident Card Valid SS Card Previous nursing course</p>	<p>Validation of prior learning has been approved for Licensed Vocational/Practical Nurses (LVN/LPNs) and</p>

		failures	<p>Registered Nurses (RNs) entering the LPN-BS track or RN-BS track and are consistent with University advanced placement policies.</p> <p>Advanced standing is earned by LPN/LVNs through credit transfer and credit by examination. For RNs, advanced standing may be earned through credit transfer, credit by examination, and professional portfolio review.</p> <p>Guidelines for advanced standing are located at http://www.indstate.edu/lpn-bs/advanced-standing.htm (for RNs) and http://www.indstate.edu/lpn-bs/advanced-standing.htm (for LVN/LPNs).</p> <p>The purpose of the portfolio evaluation is to provide experienced registered nurses an opportunity to earn either total or partial credit for nursing courses by demonstrating successful attainment of specific course objectives. The portfolio option is available for all courses in the track except N300 Transition to Professional Nursing Practice, N450 Community Health, and N486, Professional Nursing Synthesis.</p> <p>There are several types of articulation agreements through the University that facilitate degree completion for students. The Indiana College Network has identified numerous courses from various accredited state</p>
--	--	----------	---

			<p>and private institutions as equivalent to facilitate transfer of credits among institutions.</p> <p>DegreeLink is a University program that enables students to transfer credit from Ivy Tech State College, Vincennes University, and other accredited institutions to Indiana State University, and complete one of several baccalaureate degrees, including nursing.</p>
Technology Requirements	<p>University Laptop Initiative- all campus students must have a laptop with wireless capabilities</p> <p>Laptop Program: http://www.indstate.edu/collegeportal/tech.htm Minimum Specifications: https://www.indstate.edu/oit/students/minimum-specs.php</p>	<p>LPN-BS track: Access to a computer. Be able to create, submit, and retrieve documents and documentation electronically.</p> <p>Successful completion of an approved information technology literacy course.</p> <p>RN-BS track: Access to a computer. Be able to create, submit, and retrieve documents and documentation electronically</p> <p>Information technology information covered in NURS300- course waived</p>	<p>A minimum level of technological competence is required for students to participate using the distance education format.</p>

CRITERION 3.2 Public information is accurate, clear, consistent, and accessible, including the program’s accreditation status and the ACEN contact information.

Accreditation information is linked from all nursing web pages and can be accessed on the left navigation menu. ACEN contact information is included on the linked page at <http://www.indstate.edu/nursing/structure/accreditation.htm>.

Information about the Departments of Baccalaureate Nursing (BN) and the Baccalaureate Nursing Completion (BNC) is consistently presented in the online University Catalog, nursing website, social media, and brochures distributed for public information. Information is reviewed annually and updated, as needed, with changes posted to the website.

The Catalog of ISU is the document of authority for all students. Requirements given in the catalog supersede information issued by any academic department, program, college, or school. The University reserves the right to change requirements at any time. When a change is approved mid-cycle of Catalog revision, updates are posted on the appropriate Nursing Catalog Updates web page and then removed the following July when the updated Catalog information is available. The catalog is available at <http://catalog.indstate.edu/>

CRITERION 3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

Changes in all policies, procedures, and program information are posted on the applicable web page(s) and social media when the updated information is provided to the Technology Coordinator by the person (or designee) responsible for a particular page/site. In addition, the Technology Coordinator will send out a link to all appropriate students affected by the change. Changes in policies, procedures, and program information are also communicated to on-campus students via course faculty in the classroom and the course Blackboard sites.

All students admitted to the on-campus nursing program participate in an orientation session prior to the start of classes. Students are given updated information during this session, which includes hard copies of the ATI Policy, the Admission/Progression/Dismissal/Graduation Policy, the Uniform Policy, the leveled and terminal outcomes and competencies, and the Student Nurse Health Policy. The Student Handbook is available online at <http://www.indstate.edu/bacc-nursing/student-handbook/student-handbook.htm> and contains all updated information. Students are shown how to access the Student Handbook during their orientation session.

Distance students in the Department of BNC receive information about changes via email, postal mail, social media, and/or course Blackboard sites. Students are also given updated information during their individual course orientation.

Both departments require students to acknowledge, upon admission to the program, that they have received and read the Student Handbook. This signed acknowledgement is placed in their

student file. In addition, students are informed that policies and procedures can be updated at any time throughout their program and that it is their responsibility to read any updates that are distributed.

CRITERION 3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.

ISU provides a variety of support services for undergraduate students. Table 3.4.1 provides a sample of the types of services available within the University and identifies the location of information published to facilitate access to these services. Table 3.4.2 summarizes those support services available specifically to the nursing student population.

Table 3.4.1 *Indiana State University Student Support Services*

Support Service	Services Provided	Availability of Published Information
Admissions Office Melissa Hughes, Director 812-237-2027 Melissa.Hughes@indstate.edu	Offers assistance to all who wish to complete undergraduate studies at Indiana State University, including entering freshmen, transfer, non-degree, and international students.	<i>2013-2014 Undergraduate Catalog:</i> http://catalog.indstate.edu/ Admission Requirements and Regulations http://www.indstate.edu/admissions/
Center for Student Success Roberta Allen, Student Success Program Coordinator 812-237-8075 Roberta.Allen@indstate.edu	Provides programs, services, and facilities designed to enhance the academic performance and success of Indiana State University students and to assist students in assuming a significant role in planning and completing their academic career. These programs and services include tutoring, supplemental instruction, and summer bridge programs.	Center for Student Success: http://www.indstate.edu/cfss/
Office of Student Financial Aid Crystal Baker, Director 812-237-2215 Crystal.Baker@indstate.edu	Offers assistance to prospective and current students at Indiana State University. Our commitment is to serve the students and campus community in a consistent, knowledgeable, and efficient manner.	Office of Financial Aid: http://www.indstate.edu/finaid/

Support Service	Services Provided	Availability of Published Information
<p>Office of Registration and Records</p> <p>April Hay, Registrar</p> <p>812-237-2473 April.Hay@indstate.edu</p>	<p>Provides assistance with registration and enrollment, maintains academic records, issues transcripts, prepares degree audits, certifies candidates for degrees, prepares diplomas, provides statistics, produces schedule of classes.</p>	<p>Office of Registration and Records: http://www.indstate.edu/registrar</p>
<p>Student Counseling Center</p> <p>L. Kenneth Chew, Director</p> <p>812-237-3939 Kenneth.Chew@indstate.edu</p>	<p>The mission of the Student Counseling Center is to provide ISU students with timely and effective mental health services that allow them to improve and maintain their mental well-being and therefore to meet their educational, personal, emotional, and psychological goals. We also provide outreach and consultation services that help create supportive learning and living environments, while at the same time addressing students' developmental needs to help them become effective and productive citizens.</p>	<p>Student Counseling Center http://www.indstate.edu/cns/</p>
<p>Math & Writing Center</p> <p>Nicole Bailey, Center Director</p> <p>812-237-2578 Nicole.Bailey@indstate.edu</p>	<p>Assists students with writing tasks: prepare for writing, review drafts, or edit near-final copies. Can also assist with math projects at any level. Distance education students can take advantage of distance tutoring in writing by emailing their papers to a consultant, or by meeting with a tutor via Collaborate.</p>	<p>Math & Writing Center: http://libguides.indstate.edu/content.php?pid=18359&sid=125822</p>
<p>Cunningham Memorial Library</p> <p>Gregory Youngen, Interim Dean of Library Services</p> <p>812-237-2649 Gregory.Youngen@indstate.edu</p>	<p>Provides instructional services, electronic database searching, interlibrary loan services, distance education services</p>	<p>Cunningham Memorial Library: http://lib.indstate.edu/</p>
<p>University Bookstore</p> <p>Derek Holbert</p> <p>812-232-2665</p>	<p>Provides textbooks, magazines, general supplies, art supplies and gifts</p>	<p>University Bookstore: http://indiana-state.bncollege.com/</p>
<p>Career Center</p> <p>Darby Scism,</p>	<p>Provides assistance with: Selecting a major, developing a resume, internships, career fairs, on-campus interviews, candidate</p>	<p>Career Center: http://www.indstate.edu/carcen/</p>

Support Service	Services Provided	Availability of Published Information
<p>Executive Director</p> <p>812-237-2653 Darby.Scism@indstate.edu</p>	<p>referrals</p> <p>Goal is to prepare students/alumni to make career decisions, to find related employment, and to meet workplace expectations.</p>	
<p>Student Activities and Organizations</p> <p>J. Brooks Moore, Assoc. Dean of Students</p> <p>Brooks.Moore@indstate.edu</p>	<p>Develops and promotes co-curricular opportunities for personal and professional development through student life programs: Campus Ministries, commuter students, fraternities and sororities, special events, Union Board, Student Government Association (S.G.A.).</p> <p>Promotes student success by providing opportunities for community and public service; identify, engage and develop student leaders in collegiate and community life through participation in student organizations and activities.</p>	<p>Student Activities and Organizations: http://www.indstate.edu/sao/</p>
<p>Office of Student Conduct and Integrity</p> <p>Craig Enyeart, Director</p> <p>812-237-3800 Craig.Enyeart@indstate.edu</p>	<p>Responsible for administering the Code of Student Conduct. Assists student who believe their rights have been violated by actions of other students</p>	<p>Office of Student Conduct and Integrity: http://www.indstate.edu/sjp/</p>
<p>Office of Equal Opportunity</p> <p>Bonita McGee, Director</p> <p>812-237-8954 Bonita.McGee@indstate.edu</p>	<p>Responsible for carrying out Indiana State University's commitment to preventing discrimination on the basis of sex, race, age, national origin, sexual orientation, religion, disability or veteran status, against any of its employees, students or invited guests.</p>	<p>Office of Equal Opportunity: http://www.indstate.edu/aaof/</p>
<p>Diversity Office</p> <p>Elonda Erwin, University Diversity Officer</p> <p>812-237-2877 Elonda.Erwin@indstate.edu</p>	<p>Promote the climate, competencies and connections that enhance the lives of all our students, staff and faculty as well as others who live in the greater Terre Haute community. The ISU Office of Diversity, working in conjunction with the President's Council on Diversity, advocates for practices, programs and policies that model equity and lead to multicultural excellence.</p>	<p>Diversity Office: http://www.indstate.edu/diversity/ http://www.indstate.edu/diversitycouncil/</p>

Support Service	Services Provided	Availability of Published Information
University Testing Office Joe Thomas, Director 812-237-7666 Joe.Thomas@indstate.edu	Supports the testing needs of faculty, students, staff, and guests. We strive to meet those needs by providing a wide variety of testing services and maintaining a secure testing environment. These services will be provided in accordance with professional standards set in place by the National College Testing Association (NCTA).	University Testing: http://www.indstate.edu/testing/
International Programs and Services Chris McGrew, Director 812-237-4325 Chris.McGrew@indstate.edu	Support and Counseling for international students and scholars at ISU. Activities to facilitate diverse cultural education for domestic students. Committed to facilitating the research, travel, events and activities that support and promote the transformation of our respective constituencies into successful global citizens.	International Programs and Services: http://www.indstate.edu/ips/
Office of Information Technology (OIT) Lisa Spence, Associate Vice President for Academic Affairs and Chief Information Officer Director 812-237-9604 Lisa.Spence@indstate.edu	Provides technology-based solutions and services that support the academic, service, and administrative activities of Indiana State University (ISU). Partners with constituents in all areas to enable the efficient and effective use of campus resources, to promote innovation in research and teaching, and to foster the growth and success of our students.	Office of Information Technology: http://www.indstate.edu/oit1/

Table 3.4.2 *Additional Support Services available for nursing students.*

Support Service	Services Provided	Availability of Published Information
Learning Resource Center Rhonda Reed, Director 812-237-4295 Rhonda.Reed@indstate.edu	Provides a quality learning environment that functions to enhance teaching and learning activities.	Learning Resources Center: http://www.indstate.edu/nursing/lrc/lrc-procedures.htm
McKee Nursing	Provides a comfortable, convenient area for	

Center Deb Barnhart, Director 812-237-4418 Deb.Barnhart@indstate.edu	individual and group study, access to learning tools and resources, and improved accessibility to pre-nursing advisement enabling students to extend their learning experiences beyond the classroom.	
Sandison Hall Living- Learning Community Residential Life 812-237-8525	Provides an academically-supportive living environment for nursing students	Residential Life: http://www.indstate.edu/reslife/index.htm
Rural Health Innovation Collaborative: Simulation Center Jack Jaeger, Director 812-238-4625 jejaeger@uhhg.org	Provides high quality educational opportunities featuring sophisticated, computer-driven high-fidelity mannequins that bridge the gap between theoretical learning and clinical practice. Simulation allows students to learn the art and science of patient interaction, decision making and clinical care skills using scenarios that occur in the real world.	Simulation Center: http://www.rhicsimcenter.org/

Support services for students in distance education programs include: admission-graduation services, advisors, University Bookstore, Career Center, IT services, financial aid, library services, MyISU Portal, Veterans' services, and the Writing Center. Distance education students who live near campus may take advantage of all services that are available to campus students.

ISU also has designed the Student Services Concierge especially for distance learners. Students, who have encountered problems that are keeping them from moving forward with their educational goals, can turn to the Concierge for assistance. Concierge services can be accessed at <http://www.indstate.edu/distance/studentServices.shtml>.

The Department of BNC has one Student Services Assistant (SSA) who advises LVN/LPNs after they are admitted to this track. In addition, the SSA maintains a record of all student compliance items and assists students in the department with meeting their graduation requirements. The Contract Coordinator works collaboratively with faculty and individual students to meet the overall clinical needs of distance students by establishing clinical contracts with requested

facilities. Currently, faculty members who teach in the nursing program are assigned to advise students in the RN to BS track. Faculty and staff collaborate and communicate with students via email, telephone, video, and/or in person. Individual students' needs are managed by faculty, or staff, and channeled to appropriate University services.

CRITERION 3.5 Student educational records are in compliance with the policies of the governing organization and state and federal guidelines.

Both the CONHHS and ISU are in compliance with the provisions of the Family Educational Rights and Privacy Act (FERPA) of 1974, as amended. The University policy statement may be found in the *Indiana State University Handbook* (March 2011) at <http://www.indstate.edu/adminaff/docs/405%20FAMILY%20EDUCATIONAL%20RIGHTS%20AND%20PRIVACY%20ACT.pdf#405.1>. The complete act is referenced through the Indiana State University Student Judicial Programs at <http://www.indstate.edu/sjp/legislation.htm>. The FERPA final regulations can also be accessed through the U. S. Department of Education at <http://www.gpo.gov/fdsys/pkg/FR-2011-12-02/pdf/2011-30683.pdf>. In addition to being in compliance with FERPA, the Office of Registration and Records also follows recommendations contained in the *Academic Record and Transcript Guide* (2011) published by American Association of Collegiate Registrars and Admissions Officers.

Non-disclosure and confidentiality statements are set forth in the current undergraduate catalog and the class schedules which are published each term. *Indiana State University Code of Student Conduct*, Section IV, pp. 19-22 (<http://www.indstate.edu/sci/docs/CodeConduct.pdf>), outlines the rights of a student under FERPA with regard to student records. The Office of the Vice President for Student Affairs, Parsons Hall, Room 203, is responsible for receiving complaints in the event of a FERPA violation. Access to further information about guidelines for implementing FERPA is through the Student Judicial Programs at <http://www.indstate.edu/sci/>.

The MyISU portal, central website for the ISU community, provides password-protected access to personal information for students. Students may view and edit biographical information, change passwords, view grades, schedules, holds, transcripts, account information, financial aid

status, awards and eligibility information, and their personal Degree Auditing and Reporting System (DARS) report. Access to electronic records is available to academic advisors, staff, and administrators on a limited basis as needed basis.

In addition to following federal regulations related to the maintenance of student records, the CONHHS is guided by Indiana Code, Title 25, Nurses, 848 IAC 1-2-22 Records and School Bulletin (reaffirmed 2001). This rule requires a provision for safe storage of records and indicates which documents must be maintained in a student's file. Department of Baccalaureate Nursing (BN) student records are stored securely in the Office of Student Affairs (NB 328). Department of Baccalaureate Nursing Completion (BNC) student records are stored in a secure area in room 315 of the Nursing Building. The Dean, Executive Director, Department Chairperson, Academic Advisors, in addition to the Student Services Assistant and staff, have access to files on a need to know basis related to his/her job within the College. A procedure for signing out a file is in place. Students must show picture identification in order to access information in their personal files.

A checklist is included in each file to identify mandatory, as well as optional documents. Within the CONHHS, nursing student records are maintained for ten years after graduation and transcripts are maintained by the University indefinitely. Nursing departments maintain files of inactive or dismissed for two years.

CRITERION 3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.

Certification requirements are maintained. A record of default rates can be obtained for the last twenty years and the results of audits are maintained for six years.

3.6.1 A written, comprehensive student loan repayment program addressing loan information, counseling, monitoring, and cooperation with lenders is available.

The primary lender for ISU is the United States Department of Education (DOE). Students applying for financial aid are required to complete an online entrance and exit counseling before

they become eligible for student loans. An application, the Free Application for Federal Student Aid, is required to determine basic eligibility. United States DOE borrowers have access to their loan information at http://www.nslds.ed.gov/nslds_SA/ and loan repayment information at <https://studentloans.gov/myDirectLoan/index.action>. Students are also able to monitor their financial aid status in the MyISU portal. The portal notifies students of any pending documentation requests and provides them with links to loan servicing and commonly frequented financial aid sites.

The most recent default rates for all ISU students are presented in the table below. Students who have graduated are allowed a grace period and this is reflected in the percentages reported below. The increased default rate noted in 2010-2011 is due to a change in the method of calculation of this score and all schools had an increase.

Table 3.6.1. *Indiana State University Student Default Rates.*

School Year	Default Rate Percentage
2007-2008	6.8%
2008-2009	7.4%
2009-2010	7.2%
2010-2011	10.2%

3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.

Students are counseled when they apply for a loan and when they exit the University regarding their responsibilities for loan repayment and financial assistance. Exit counseling information is located at <http://www.studentloans.gov>. Policies and procedures related to the financial records of students at ISU were developed and are implemented in accordance with FERPA guidelines and the Indiana State Board of Accounts and Audits.

3.6.3 Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.

Financial records are maintained in the Office of Student Financial Aid. Refund and payment information is maintained in the Office of the Controller. All records are housed electronically and require a username, password, and on-campus network authentication for access. All employees sign the FERPA acknowledgment, as well as an additional statement of confidentiality, and the office maintains such records for 7 years.

CRITERION 3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

A complaint is defined as a communication that expresses a concern, a problem, or an injustice as perceived by the person or persons involved with the CONHHS. In providing a climate that is open to feedback from the public, students, parents, faculty, and staff, there are two mechanisms for resolving complaints: informal investigations and resolutions, or formal grievance procedures. To encourage responsibility, conflict management, and conflict resolution skills, any student with a grievance is encouraged to communicate with parties directly involved prior to escalating their resolution efforts.

Comments, compliments, concerns, and complaints about the nursing program can be submitted electronically by completion of the Opportunity for Improvement Form, which can be accessed at http://indstate.qualtrics.com/SE?SID=SV_1TE9z7kMhB8g7c0&SVID=Prod. Students submit information about the issue, have input as to a satisfactory resolution, and have an opportunity to be informed of the resolution. This information may also be submitted anonymously by students. Forms are reviewed by the Technology Coordinator who submits a report to the appropriate Department Chair, Program Director, Executive Director of Nursing, and the Associate Dean of Student Services. Privacy rights are respected and protected at all levels of reporting. If the student includes contact information and wants to know the outcome of the complaint (there is a column on the form to indicate action/resolution), the Department Chair would respond to the student directly. If the student wants contact information to remain confidential, then the Department Chair would send the response to the Technology Coordinator

to forward to the student. A record of the Opportunity for Improvement submissions and resolutions for the past three years can be found in the Document Room.

Any student at ISU may register complaints regarding violation of the Code of Student Conduct with the Office of Student Conduct and Integrity. A complaint alleging a violation of the Code of Student Conduct must be in writing (preferably typed) and signed by the complainant.

Complaints can be submitted directly to the Office of Student Conduct and Integrity. A student living in a residence hall may contact the hall staff about filing a complaint. Finally, any report made against a student to ISU Public Safety that alleges a crime and/or a violation of the Code of Student Conduct will also be forwarded to the Office of Student Conduct and Integrity. All complaints should be specific and answer the questions of who, when, where, what, and how in regards to an alleged violation. The code and rights of students are outlined in the Code of Student Conduct: <http://www.indstate.edu/sci/code.htm>. This publication also contains the appeals process for decisions of the hearing body. All students are referred to the University Affirmative Action Office in Parsons Hall, ISU for complaints specifically related to discrimination: <http://www.indstate.edu/aa/policy-procedure.htm>.

The CONHHS' student grievance policy applies to any situation in which a student "has a grievance or believes that his/her rights are being impinged upon." All students within the College follow the same procedure. The procedures for informal and formal grievances are available to students on the web at: <http://www.indstate.edu/nhhs/pdfs/governance/governance-docs/student-docs/student-grievance-procedures.pdf>.

For grievances based on possible discrimination based on sex, sexual orientation, race, religion, age, disability, or national origin, the student is advised to contact the University Affirmative Action Office at <http://www.indstate.edu/aa/>. For grievances involving faculty/staff members outside the CONHHS, the student must contact the appropriate Department Chair and follow their grievance policy. For grade appeals, the student should follow the Grade Appeal Process as outlined in the University Handbook: <http://www.indstate.edu/adminaff/docs/323%20Grade%20Appeal%20Policy.pdf>

or in the Undergraduate Catalog:

http://catalog.indstate.edu/content.php?catoid=17&navoid=388#Grade_Appeal

Within the Constitution of the Faculty of Indiana State University, Article VI 245.6.2.2 directs that a student or group of students with an academic grievance may follow the procedures for Faculty Grievances outlined in Article VI 245.6.2.1 (a grievance not falling within the authority of a college/library may be brought directly to the Executive Committee of the University Faculty Senate or may appeal a grievance to the Executive Committee after avenues of relief within the college/library affected have been exhausted).

CRITERION 3.8 Orientation to technology is provided, and technological support is available to students.

Orientation and technological support are available to students in the baccalaureate program through a variety of methods, including Blackboard Tutorials for Students at <http://www.indstate.edu/cirt/facdev/blackboard/blackboard9student/index.htm>. A variety of links to resources are available from the Office of Information Technology (OIT) at <http://www.indstate.edu/oit1/>, and the OIT Help Desk <http://www.indstate.edu/oit1/userservices/ithelp/>, which is open 7 days a week from 8am - 4:30pm and accessible via local telephone at 812-237-8439 (Main Office), 812-237-2910 (Help Desk) and toll free phone number at 888-818-5465. The Technology Coordinator for the CONHHS is also available via email and phone for technology assistance for all nursing students. In addition, specific Blackboard staff members are available to answer Blackboard questions Monday through Friday 8am-4:30pm.

In addition, the Center for Instruction, Research and Technology's (CIRT) Student IT Training Program at <http://www.indstate.edu/cirt/student/training.html>, as well as Institutional Support Links at <http://www.indstate.edu/cirt/facdev/blackboard/de-links.html>, provide assistance for nursing students. A Computer Guide for Nursing Students located at <http://www.indstate.edu/nursing/lrc/computer-guide/lrc-computer-guide.htm> and multiple Library Guides at <http://libguides.indstate.edu/index.php> provide additional help.

The Computer Support Center (one division of the Help Desk) is a walk-in service for on-campus students who need hardware maintenance, software support, and help with viruses and internet issues. Two locations are available on campus. Distance learning students have access to new and emerging technologies for enhancing learning and support through the OIT. The office provides technology-based solutions that support the academic, service, and administrative activities of ISU.

CRITERION 3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.

Students entering the LPN to BS and RN to BS tracks are directed to each course Blackboard site for directions and specifications. In addition, technology needs are listed on the Admission Application Process web page for each track (<http://www.indstate.edu/lpn-bs/application-process.htm> and <http://www.indstate.edu/rn-bs/rn-bs-application-process.htm>).

The Distance Learning site for undergraduate students, Degreelink, at http://www.indstate.edu/degreelink/computer_req.html is an ISU program that enables individuals to transfer credit and complete bachelor degrees via distance learning. Information regarding technology and required skills for undergraduate distance nursing students is also indicated on Admission Criteria pages for each track: (<http://www.indstate.edu/lpn-bs/admission-criteria.htm> and <http://www.indstate.edu/rn-bs/rn-bs-admission-criteria.htm>).

Applicants in the LPN to BS track are informed that an information technology literacy course is required for admission in the initial contact information sent to them via email by nursing distance education personnel. The course is listed on the advising worksheet at <http://www.indstate.edu/bacc-comp-nsg/pdfs/advising-worksheets/advising-worksheet-lpn-bs.pdf>, the application form at <http://www.indstate.edu/lpn-bs/application-process.htm>, and brochures about the LPN to BS track that are distributed at recruitment events.

Policies specific to distance education students in the Department of BNC are clear, accurate, consistent with University requirements, and accessible at <http://www.indstate.edu/bacc-comp-nsg/student-handbook/student-handbook.htm>.

STANDARD 4

Curriculum

The curriculum supports the achievement of the identified student learning outcomes and program outcomes of the nursing education unit consistent with safe practice in contemporary healthcare environments.

CRITERION 4.1 The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.

The baccalaureate nursing program fully integrates theoretical learning with clinical experiences; the nursing courses include correlation of theory with direct care provided to clients supervised by faculty with expertise in particular practice areas. The foundational education component complements the nursing sequence of courses enhancing the student's intellectual, cognitive, psychomotor, and affective domains. The curriculum has been designed to flow from the program philosophy and mission through an organizing framework into a logical progression of course outcomes and learning activities to achieve the desired overall program outcomes. The revised curriculum, implemented in fall 2011, has been designed to progress from basic nursing practice into a complex advanced application of the nursing process including critical thinking, therapeutic communication, clinical decision-making, and delegation.

As noted in Standard 1, the Mission and Values Statements for Indiana State University (ISU) are published online at <http://www.indstate.edu/academicaffairs/mission.htm>, and in the *Indiana State University Handbook* at <http://www.indstate.edu/adminaff/policyindex.htm> (Section 200, Governance). The mission and values statements for the Department of Baccalaureate Nursing (BN) are located at <http://www.indstate.edu/bacc-nursing/mission.htm>. The mission and value statements for the Department of Baccalaureate Nursing Completion (BNC) are located at <http://www.indstate.edu/bacc-comp-sng/mission.htm>. Additional information about the institutional history and setting can also be found through this link. The mission statement and core values of the College of Nursing, Health, and Human Services (CONHHS) are based on respect, integrity, compassion, health, and performance.

There is one overarching Philosophy for the Nursing faculty and each department has its own Mission Statement. The *Philosophy of the Nursing Faculty* serves as the foundation for the programs of study and articulates the faculty's beliefs about nursing, nursing education, and continuous quality improvement in instruction, nursing care, and academic performance. Based on the systematic plan of evaluation, the current (old) curriculum was revised to be more aligned with established standards, guidelines and competencies as identified by the American Association of Colleges of Nursing (AACN) Baccalaureate Essentials, the Institute of Medicine (IOM) recommendations for core knowledge required of all health care professionals and the Quality and Safety Education for Nurses (QSEN). As such, the teach-out plan for the old curriculum for the BNC tracks will be no later than spring 2016; the traditional BN track will teach out no later than spring 2015. The reason for the delayed time-table for the BNC track is because students vary in their speed of progression. The accelerated second degree track was started in summer 2011 with the new curriculum. Please refer to the teach-out plans located in the document room.

Old Curriculum

The philosophy of the old curriculum is:

The philosophy is based on the paradigm of nursing, environment, health, and client, in conjunction with the organizing framework that articulates role outcomes and is based on differentiated expectations of the three nursing programs. Considerations for differentiated education includes: the extent of general education, complexity and length of the program, concentration on nursing research, consideration of societal needs, and the legal scope practice and essential services that the graduate safely provides.

This prior philosophy of the nursing education unit and the mission statements of the Departments of BN and BNC provided a framework in which to foster the development of measurable student learning outcomes and program outcomes. In addition, the outcomes of the baccalaureate program were based on the following:

- AACN's *Essentials of Baccalaureate Education for Professional Nursing Practice* (1998)
- American Nurses Association Standards of Clinical Nursing Practice (1998)
- American Nurses Association Code for Nurses (2001)

- Indiana Code Title 25 Article 23, Nurses
- Expected Competencies of Associate, Baccalaureate and Advanced Prepared Nurse Providers (Indiana Deans and Directors: Indiana Organization of Nurse Executives, 1998)
- Pew Commission Competencies for Health Care Practitioners: 21 Competencies for the Twenty-first Century (1998)

The undergraduate student learning outcomes for the baccalaureate program included critical thinker, communicator, provider of care, manager of care, member of nursing profession, and life-long learner. Student learning outcomes directly related and built upon the baccalaureate competencies. Course descriptions connected course outcomes and competencies to the overall student learning outcomes at that time.

New Curriculum

The philosophy of the nursing faculty for the new curriculum is presented in Standard 1. It is reviewed in odd numbered years and revisions are made, as needed. The latest revision was completed in fall 2011 and reviewed again without revision in fall 2013. The philosophy of the nursing education unit and the mission statements provide a framework in which to foster the development of measurable student learning outcomes and program outcomes. In addition, the outcomes are based on the AACN's *Essentials of Baccalaureate Education for Professional Nursing Practice* (2008), Quality and Safety Education for Nurses (QSEN), and Institute of Medicine (IOM). The baccalaureate student learning outcomes include safe and holistic patient centered-care, participation in the interprofessional delivery of care, implementation of evidence-based practice, use of continuous quality improvement, utilization of informatics, demonstration of leadership, partnering in health promotion, and display of professional behavior. Student learning outcomes directly relate and build upon the baccalaureate competencies. Course descriptions connect course outcomes and competencies to overall new student learning outcomes. Table 4.1.1 compares AACN BSN Essentials, IOM/QSEN Core competencies with the new student learning outcomes.

Table 4.1.1 *Comparison of AACN BSN Essentials, IOM/QSEN Core Competencies and the Baccalaureate Program New Graduate Outcomes*

Baccalaureate Program New Graduate Outcomes (2010)	AACN BSN Essentials	IOM/QSEN Core Competencies
<p>The baccalaureate prepared student will provide safe and holistic patient centered care by demonstrating the following competencies:</p> <p>1.1 Integrate patients’ differences, values preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.</p> <p>1.2 Conduct comprehensive and focused bio-psychosocial and environmental assessments of health and illness in diverse settings.</p> <p>1.3 Formulate plans of care for diverse populations across the health care continuum.</p> <p>1.4 Communicate effectively with patients, families, groups, and communities.</p> <p>1.5 Demonstrate appropriate patient teaching that reflects holistic patient preferences and fosters the informed engagement in care.</p>	<p>Essential IX: Baccalaureate Generalist Nursing Practice. The baccalaureate-graduate nurse is prepared to practice with patients, including individuals, families, groups, communities, and populations across the lifespan and across the continuum of healthier environments. The baccalaureate graduate understands and respects the variations of care, the increased complexity, and the increased use of healthcare resources inherent in caring for patients.</p> <p>Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice. A solid base in liberal education provides the cornerstone for the practice and education of nurses.</p>	<p>Patient-Centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.</p> <p>Safety: Minimized the risk of harm to patients and providers though both system effectiveness and individual performance.</p>
<p>The baccalaureate prepared student will work effectively in inter-professional teams by demonstrating the following competencies:</p> <p>2.1 Contribute the unique nursing perspective to inter-professional teams to enhance patient outcomes.</p> <p>2.2 Incorporate effective inter-professional communication, negotiation, and conflict resolution to deliver evidence-based and patient-centered care.</p>	<p>Essential VI: Interprofessional Communication and Collaboration for Improving Patient Health Outcomes. Communication and collaboration among healthcare professionals are critical to delivering high quality and safe patient care.</p> <p>Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice. A solid base in liberal education provides the cornerstone for the practice and education of nurses.</p>	<p>Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.</p>
<p>The baccalaureate prepared student will employ evidence-based practice by demonstrating the following competencies:</p> <p>3.1 Integrate best research with clinical expertise and patient values for optimum safe care.</p> <p>3.2 Implement methods of retrieval, appraisal, and synthesis of evidence-based learning and</p>	<p>Essential III: Scholarship for Evidence Based Practice. Professional nursing practice is grounded in the translation of current evidence into one’s practice.</p>	<p>Evidence-Based Practice: Integrate best current evidence with clinical expertise and patient/family preferences and values for delivery of optimal health care.</p> <p>Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</p>

Baccalaureate Program New Graduate Outcomes (2010)	AACN BSN Essentials	IOM/QSEN Core Competencies
<p>research activities to improve patient outcomes.</p> <p>3.3 Propose mechanisms to resolve identified discrepancies between standards and practices that impact patient outcomes.</p>		
<p>The baccalaureate prepared student will apply quality improvement principles by demonstrating the following competencies:</p> <p>4.1 Demonstrate leadership skills to effectively implement patient safety in the identification of variances and hazards in health care.</p> <p>4.2 Analyze quality improvement processes and safety design principles such as standardization and simplification.</p> <p>4.3 Evaluate quality of care in terms of structure, process, and outcomes in relation to patient and community needs.</p> <p>4.4 Design interventions to change the processes and system of care with the objective of improving quality.</p>	<p>Essential II: Basic Organizational and Systems Leadership for Quality Care and Patient Safety.</p> <p>Knowledge and skills in leadership, quality improvement, and patient safety are necessary to provide high quality health care.</p>	<p>Quality Improvement: Use data to monitor the outcomes of care processes and use improvement methods to design and test changes to continuously improve the quality and safety of health care systems.</p> <p>Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</p>
<p>The baccalaureate prepared student will utilize Informatics by demonstrating the following competencies:</p> <p>5.1 Integrate information systems, communication, and technology methods in the management of safe nursing practice.</p> <p>5.2 Evaluate data from all relevant sources, including technology, to deliver care.</p> <p>5.3 Uphold ethical principles when using patient care technologies.</p>	<p>Essential IV: Information Management and Application of Patient Care Technology.</p> <p>Knowledge and skills in information management and patient care technology are critical in the delivery of patient care.</p>	<p>Informatics: Use information and technology to communicate, manage knowledge, mitigate error, and support decision making.</p>
<p>The baccalaureate prepared student will demonstrate leadership skills by demonstrating the following competencies:</p> <p>6.1 Appraise the impact of health care policies, including financial, regulatory, and organizational mission, vision, and value statements.</p> <p>6.2 Apply leadership concepts, skills, and decision-making in the provision of high quality safe</p>	<p>Essential V: Health Care Policy, Finance, and Regulatory Environments.</p> <p>Healthcare policies, including financial and regulatory, directly and indirectly influence the nature and functioning of the healthcare system and thereby are important considerations in professional nursing practice.</p>	<p>Patient-Centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values and needs.</p> <p>Safety: Minimizes risk of harm to patients and providers through both system effectiveness and individual performance.</p>

Baccalaureate Program New Graduate Outcomes (2010)	AACN BSN Essentials	IOM/QSEN Core Competencies
<p>nursing care and emergency preparedness.</p> <p>6.3 Participate in the development and implementation of imaginative and creative strategies to enable systems to change.</p> <p>6.4 Discuss the role of the nurse as a leader in the delivery of safe and effective healthcare.</p>		
<p>The baccalaureate prepared student will demonstrate health promotion by demonstrating the following competencies:</p> <p>7.1 Advocate for health promotion and disease prevention at the individual and population level necessary to improve population health, wellness, and the promotion of healthy lifestyles.</p> <p>7.2 Collaborate with other healthcare professionals and patients to provide spiritual and cultural appropriate health promotion.</p>	<p>Essential VII: Clinical Prevention and Population Health.</p> <p>Health promotion and disease prevention at the individual and population level are necessary to improve population health and are important components of baccalaureate generalist nursing practice.</p>	<p>Patient-Centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.</p>
<p>The baccalaureate prepared student will display professional behaviors by demonstrating the following competencies:</p> <p>8.1 Incorporate nursing values into daily practice.</p> <p>8.2 Demonstrate accountability and responsibility for one’s own academic, professional, and public actions.</p> <p>8.3 Demonstrate ethical and legal decisions surrounding health care dilemmas.</p> <p>8.4 Serve as an advocate for the nursing profession.</p>	<p>Essential VIII: Professionalism and Professional Values.</p> <p>Professionalism and the inherent values of altruism, autonomy, human dignity, integrity, and social justice are fundamental to the discipline of nursing.</p> <p>Essential I: Liberal Education for Baccalaureate Generalist Nursing Practice. A solid base in liberal education provides the cornerstone for the practice and education of nurses.</p>	<p>Patient-Centered Care: Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.</p> <p>Teamwork and Collaboration: Function effectively within nursing and inter-professional teams, fostering open communication, mutual respect, and shared decision-making to achieve quality patient care.</p>

References: QSEN Institute. Pre-Licensure KSAS, www.qsen.org/competencies/pre-licensure-ksas/. American Association of Colleges of Nursing (2008) The Essentials of Baccalaureate Education for Professional Nursing Practice, www.aacn.ncha.edu/education-resources/baccessentails08.pdf.

To measure the success of the baccalaureate program, the following program outcomes are expected:

1. NCLEX-RN Pass Rates will be at or above the three year national mean (excluding RN to BS track)
2. 80% of students will complete the program within 150% of stated program/track length

3. Students and employers will report satisfaction with the program 6-12 months post-graduation
4. 80% of students will be employed within 6-12 months of graduation

CRITERION 4.2 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

The curriculum is organized starting with basic or simple concepts and progressing to more complex and advanced concepts. Tables 4.2.1 (old curriculum) and 4.2.2 (new curriculum) demonstrate the progression of SLOs throughout the program related to each major core competency. Leveled competencies refer to progression of achievement within each role. Initial competencies are those that are achieved in the beginning nursing courses; intermediate competencies are outcomes that are met within courses taught at the junior level in the traditional track and in the end of the 3rd and 4th semesters of the accelerated second degree track; and terminal competencies are those that are met within courses taught in the senior year.

Table 4.2.1 *Roles and Leveled Student Learning Outcomes in the Current Baccalaureate Nursing Program*

Critical Thinker: A critical thinker who demonstrates purposeful thinking, intellectual integrity, solid reasoning and creative problem solving as the basis for making decisions and clinical judgments.			
<p>Level One (Semesters 1 & 2) 1. Defines critical thinking and how it relates to nursing.</p> <p>2. Acquires theoretical and empirical knowledge from the sciences and humanities.</p> <p>3. Identifies that more than one alternative exists when considering solutions.</p> <p>4. Identifies that data may be interpreted differently.</p>	<p>Level Two (Semesters 3 & 4) 1. Recognizes how to apply critical thinking in making decisions, clinical judgment, and in problem solving.</p> <p>2. Compares theoretical and empirical knowledge from the sciences, humanities, and nursing in organizing, planning, and providing care in collaboration with individuals and families.</p> <p>3. Lists various alternatives when considering solutions to identified health needs of individuals and families.</p> <p>4. Lists various viewpoints in the interpretation of data and in determining conclusions.</p>	<p>Level Three (Semesters 5 & 6) 1. Develops skills in applying critical thinking in making decisions, clinical judgment, and in problem solving.</p> <p>2. Analyzes theoretical and empirical knowledge from the sciences, humanities, and nursing in organizing, planning, and providing care in collaboration with individuals, families, and groups.</p> <p>3. Compares multiple alternatives when considering solutions to identified health needs of individuals, families, and groups.</p> <p>4. Compares diverse viewpoints in the interpretation of data and in determining conclusions.</p>	<p>Level Four (Semesters 7 & 8) 1. Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving.</p> <p>2. Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing in organizing, planning, and providing care in collaboration with individuals, families, groups and communities.</p> <p>3. Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities.</p> <p>4. Analyzes diverse viewpoints in the interpretation of data and in determining conclusions.</p>

Communicator: A communicator who incorporates goal-directed and focused dialogue into nurse-client interactions, demonstrates effective listening, reading, writing, and speaking skills, and uses technology appropriately to facilitate management of information.

<p>Level One (Semesters 1 & 2) 1. Applies therapeutic communication skills in scenario situations.</p> <p>2. Communicates effectively with peers, faculty, and small groups.</p> <p>3. Identifies writing skills and the use of a standard format.</p> <p>4. Identifies technology and resources available to obtain and present information.</p>	<p>Level Two (Semesters 3 & 4) 1. Develops therapeutic communication skills in interactions with individuals and families.</p> <p>2. Communicates effectively with individuals, families, and members of the interdisciplinary health care team.</p> <p>3. Develops skills in college-level writing.</p> <p>4. Uses technology for obtaining and presenting information.</p>	<p>Level Three (Semesters 5 & 6) 1. Applies therapeutic communication skills in interactions with individuals, families, and groups.</p> <p>2. Communicates effectively with individuals, families, groups, and members of the interdisciplinary health care team.</p> <p>3. Increases the use of appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Develops skills in the use of technology for seeking, sorting, selecting, and presenting relevant information.</p>	<p>Level Four (Semesters 7 & 8) 1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities.</p> <p>2. Communicates effectively with individuals, families, groups, communities and members of the interdisciplinary health care team.</p> <p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>
--	---	--	--

Professional: A professional who demonstrates accountability and responsibility for nursing judgments and actions within an ethical and legal framework.

<p>Level One (Semesters 1 & 2) 1. Identifies the sources of legal and ethical standards in professional nursing practice.</p> <p>2. Defines accountability and responsibility in professional nursing practice.</p> <p>3. Identifies ethical and legal issues surrounding health care dilemmas.</p> <p>4. Describes client and organizational confidentiality.</p>	<p>Level Two (Semesters 3 & 4) 1. Practices within an ethical and legal framework and standards of professional nursing practice.</p> <p>2. Demonstrates accountability and responsibility for one's own choices and behaviors related to nursing care.</p> <p>3. Examines ethical and legal issues surrounding health care dilemmas.</p> <p>4. Implements client and organizational confidentiality.</p>	<p>Level Three (Semesters 5 & 6) 1. Practices within an ethical and legal framework and standards of professional nursing practice.</p> <p>2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making.</p> <p>3. Compares various models for ethical and legal decision making surrounding health care dilemmas.</p> <p>4. Protects client and organizational confidentiality.</p>	<p>Level Four (Semesters 7 & 8) 1. Practices within an ethical and legal framework and standards of professional nursing practice.</p> <p>2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making.</p> <p>3. Demonstrates ethical and legal decision making surrounding health care dilemmas.</p> <p>4. Protects client and organizational confidentiality.</p>
---	--	---	---

Provider of Care: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings.

Level One (Semesters 1 & 2)	Level Two (Semesters 3 & 4)	Level Three (Semesters 5 & 6)	Level Four (Semesters 7 & 8)
<p>1. Identifies assessment as a nursing function.</p> <p>2. Provides culturally sensitive active listening during role play and structured situations.</p> <p>3. Identifies the principles of the teaching learning process.</p> <p>4. Identifies the evaluation of client outcomes as a nursing function.</p> <p>5. Identifies that revisions to the plan of care will occur based on individual client outcomes.</p> <p>6. Identifies sources of nursing information.</p>	<p>1. Develops nursing assessment skills.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals and families in multiple settings.</p> <p>3. Educates individuals, families, and peers about selected topics.</p> <p>4. Evaluates client outcomes.</p> <p>5. Revises plan of care in collaboration with individual and family.</p> <p>6. Identifies research and evidence-based information for application to nursing.</p>	<p>1. Assesses wellness, health needs, and risks of individuals, families, and groups.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, and groups in multiple settings.</p> <p>3. Educates individuals, families, and groups about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Develops skills in evaluating client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, and members of the interdisciplinary health care team.</p> <p>6. Analyzes research and evidence-based information for application to nursing.</p>	<p>1. Assesses wellness, health needs, and risks of individuals, families, groups, and communities.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</p> <p>3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Evaluates client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, community, and members of the interdisciplinary health care team.</p> <p>6. Evaluates research and evidence-based information for application to nursing.</p>

Leader: A leader who provides responsible direction in the management of human, fiscal, and material resources necessary for achieving quality health care outcomes.

Level One (Semesters 1 & 2)	Level Two (Semesters 3 & 4)	Level Three (Semesters 5 & 6)	Level Four (Semesters 7 & 8)
<p>1. Identifies leadership as one of the roles of the professional nurse.</p> <p>2. Identifies trends that influence the cost in health care.</p> <p>3. Identifies the importance of indicating therapeutic goals.</p> <p>4. Practices self-management for the achievement of academic success.</p>	<p>1. Identifies leadership functions in guiding members of the interdisciplinary health care team.</p> <p>2. Identifies methods of cost savings in health care.</p> <p>3. Identifies therapeutic goals for providing quality care in collaboration with individuals and families.</p> <p>4. Identifies management functions in the health care settings.</p>	<p>1. Assumes a leadership role in selected and guided situations.</p> <p>2. Compares methods of cost savings in health care.</p> <p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, and groups.</p> <p>4. Identifies human, fiscal, and material resources required for providing care.</p>	<p>1. Assumes a leadership role in guiding members of the interdisciplinary health care team.</p> <p>2. Adopts a consumer-oriented approach in the delivery of cost-effective care.</p> <p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</p> <p>4. Compares the connection between human, fiscal, and material resources required for</p>

5. Identifies that each state has a nurse practice act.	5. Identifies the steps and methods of delegation consistent with the Indiana Nurse Practice Act.	5. Compares tasks that could be delegated to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.	5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.
6. Identifies the role of the supervisor in health care settings.	6. Reports information to supervisor.	6. Compares the methods of supervision observed in practice.	6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.

Advocate: An advocate for policy changes that promote health for individuals, families, and communities.

<p>Level One (Semesters 1 & 2)</p> <p>1. Identifies advocacy as one of the roles of the professional nurse.</p> <p>2. Discusses the nurse's involvement in socio-political issues.</p> <p>3. Identifies health care issues in current events.</p>	<p>Level Two (Semesters 3 & 4)</p> <p>1. Recognizes activities to improve health care practices.</p> <p>2. Identifies steps in the change process.</p> <p>3. Identifies health care policies.</p>	<p>Level Three (Semesters 5 & 6)</p> <p>1. Participates in activities to improve health care practices.</p> <p>2. Identifies role of political activism.</p> <p>3. Compares health care policies in a variety of health care settings.</p>	<p>Level Four (Semesters 7 & 8)</p> <p>1. Participates in activities to improve health care practices and policies.</p> <p>2. Advocates for policy changes that promote health for individuals, families, groups, and communities.</p> <p>3. Analyzes the role of the nurse policy developer in a variety of health care settings.</p>
--	--	---	---

Life-long Learner: A life-long learner who adapts to changes related to culture, ecology, economics, politics, and the expansion of scientific knowledge and technology.

<p>Level One (Semesters 1 & 2)</p> <p>1. Defines how cultural beliefs, values, and practices influence the health care.</p> <p>2. Identifies factors that influence health care delivery.</p> <p>3. Defines life-long learning.</p> <p>4. Verbalizes the value of nursing information.</p>	<p>Level Two (Semesters 3 & 4)</p> <p>1. Explores how cultural beliefs, values, and practices influence the health care of individuals and families.</p> <p>2. Describes how ecological factors, economics, and the political arena shape health care policies and delivery of care.</p> <p>3. Lists sources for continual professional development in nursing.</p> <p>4. Recognizes the use of nursing research for standards of practice.</p>	<p>Level Three (Semesters 5 & 6)</p> <p>1. Compares how different cultural beliefs, values, and practices influence the health care of individuals, families, and groups.</p> <p>2. Compares how ecological factors, economics, and the political arena shape health care policies and delivery of care.</p> <p>3. Identifies a plan for life-long learning and attends a continuing education offering.</p> <p>4. Integrates nursing research is providing nursing care and participates in research activities as directed by others.</p>	<p>Level Four (Semesters 7 & 8)</p> <p>1. Considers how cultural beliefs, values, and practices influence the health care of individuals, families, groups, and communities and plans accordingly.</p> <p>2. Analyzes how ecological factors, economics, and the political arena shape health care policies and delivery of care.</p> <p>3. Assumes responsibility to maintain current knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>
---	--	--	--

Coordinator of Community Resources: A coordinator who collaborates with members of the interdisciplinary health care team in multiple settings.			
Level One (Semesters 1 & 2) 1. Identifies members of the interdisciplinary health care team. 2. Lists community resources to meet health needs and to reduce health risks. 3. Recognizes the value of wellness and health promotion.	Level Two (Semesters 3 & 4) 1. Interacts with members of the interdisciplinary health care team. 2. Selects appropriate community resources to meet health needs for individuals and families. 3. Identifies services and programs that promote wellness.	Level Three (Semesters 5 & 6) 1. Coordinates care with members of the interdisciplinary health care team. 2. Develops skill in assisting individuals, families, and groups in accessing community resources to meet health needs. 3. Compares services and programs that promote wellness for disenfranchised and underserved populations.	Level Four (Semesters 7 & 8) 1. Coordinates care with members of the interdisciplinary health care team from a variety of health care settings. 2. Assists individuals, families, groups, and communities in accessing community resources to meet health needs. 3. Refers individuals, families, groups, and communities to services and programs that promote wellness.

Table 4.2.2 *Leveled Student Learning Outcomes for the Revised Baccalaureate Nursing Program.*

1. The baccalaureate prepared student will provide safe and holistic patient centered care.		
Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
1.1i Recognize patients' differences, values preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.	1.1m Evaluate patients' differences, values preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.	1.1f Integrate patients' differences, values preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.
1.2i Conduct defined bio-psychosocial and environmental assessments of health and illness in selected settings.	1.2m Conduct complex bio-psychosocial and environmental assessments of health and illness in multiple settings.	1.2f Conduct comprehensive and focused bio-psychosocial and environmental assessments of health and illness in diverse settings.
1.3i Formulate plans of care for selected populations.	1.3m Formulate plans of care for selected populations across the health care continuum.	1.3f Formulate plans of care for diverse populations across the health care continuum.
1.4i Communicate effectively with patients and families in select settings.	1.4m Communicate effectively with patients, families, and groups in select settings.	1.4f Communicate effectively with patients, families, groups, and communities.
1.5 Recognize patient teaching needs in the plan of care.	1.5m Develop patient teaching that reflects holistic patient needs and fosters the informed engagement in care.	1.5f Demonstrate appropriate patient teaching that reflects holistic patient preferences and fosters the informed engagement in care.

2. The baccalaureate prepared student will work effectively in interprofessional teams.		
Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
2.1i Identify roles for various members of the health team.	2.1m Use effective interprofessional communication and collaborative skills to deliver evidence-based, patient-centered care.	2.1f Contribute the unique nursing perspective to interprofessional teams to enhance patient outcomes.
2.2i Demonstrate appropriate team building and collaborative strategies when working with peers and other members of the health care team.	2.2m Advocate for high quality and safe patient care as a member of the interprofessional team.	2.2f Incorporate effective interprofessional communication, negotiation, and conflict resolution to deliver evidence-based and patient-centered care.

3. The baccalaureate prepared student will employ evidence-based practice.

Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
3.1i Discuss research findings related to safe patient care.	3.1m Investigate research findings and clinical experiences supporting safe patient care in multiple settings.	3.1f Integrate best research with clinical expertise and patient values for optimum safe care.
3.2i Identify and locate evidenced-based materials related to patient care.	3.2m Participate in retrieval, appraisal, and synthesis of evidenced-based activities related to improved outcomes.	3.2f Implement methods of retrieval, appraisal, and synthesis of evidence-based learning and research activities to improve patient outcomes.
3.3i Describe possible sources of discrepancies found between standards and practice.	3.3m Examine discrepancies between best practice standards and existing practices impacting patient outcomes.	3.3f Propose mechanisms to resolve identified discrepancies between standards and practices that impact patient outcomes.

4. The baccalaureate prepared student will apply quality improvement principles.

Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
4.1i List methods to identify potential hazards and to record variances in health care.	4.1m Distinguish the roles of nurses working within an interprofessional team to improve patient safety.	4.1f Demonstrate leadership skills to effectively implement patient safety in the identification of variances and hazards in health care.
4.2i Identify the steps in the quality improvement process.	4.2m Examine a quality improvement process that plans, collects data, and conducts analysis.	4.2f Analyze quality improvement processes and safety design principles such as standardization and simplification.
4.3i Describe the structure, process, and outcomes related to patient care.	4.3m Construct methods of analysis including root cause, trended data, and workflow in relation to patient care.	4.3f Evaluate quality of care in terms of structure, process, and outcomes in relation to patient and community needs.
4.4i List types of quality improvement activities and measures used to determine patient outcomes.	4.4m Compare targeted changes based on data analysis and best practices.	4.4f Design interventions to change the processes and system of care with the objective of improving quality.

5. The baccalaureate prepared student will utilize Informatics.

Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
5.1i Distinguish information systems, communication, and technology methods in the management of safe nursing practice.	5.1m Apply information systems, communication, and technology methods in the management of safe nursing practice.	5.1f Integrate information systems, communication, and technology methods in the management of safe nursing practice.
5.2i Evaluate data from selected relevant sources, including technology, to deliver care.	5.2m Use data from multiple relevant sources, including technology, to deliver care.	5.2f Evaluate data from all relevant sources, including technology, to deliver care.
5.3i Describe ethical principles related to patient information.	5.3m Demonstrate ethical principles related to patient information and patient care technologies.	5.3f Uphold ethical principles when using patient care technologies.

6. The baccalaureate prepared student will demonstrate leadership skills.

Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
6.1i Discuss implications of health care policies	6.1m Examine implications of health care	6.1f Appraise the impact of health care

and organizational mission and vision statements.	policies and organizational mission, vision, and value statements.	policies, including financial, regulatory, and organizational mission, vision, and value statements.
6.2i Examine characteristics and qualities of current and historical nurse leaders.	6.2m Demonstrate leadership skills in providing high quality safe nursing care.	6.2f Apply leadership concepts, skills, and decision-making in the provision of high quality safe nursing care and emergency preparedness.
6.3i Identify change agents and discuss approaches to enable change within healthcare.	6.3m Examine and propose methods to put into practice.	6.3f Participate in the development and implementation of imaginative and creative strategies to enable systems to change.
6.4i List characteristics of a nurse leader.	6.4m Examine the roles of an effective nurse leader.	6.4f Discuss the role of the nurse as a leader in the delivery of safe and effective healthcare.

7. The baccalaureate prepared student will demonstrate health promotion.

Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
7.1i Identify need for health promotion and disease prevention for individual and selected populations to promote healthy lifestyles.	7.1m Construct health promotion and disease prevention models to improve the health and wellness and promotion of healthy lifestyles in multiple settings.	7.1f Advocate for health promotion and disease prevention at the individual and population level necessary to improve population health, wellness, and the promotion of healthy lifestyles.
7.2i Identify own spiritual and cultural values and those of selected populations related to health promotion.	7.2m Investigate aspects of nursing care to appropriately provide for spiritual and cultural competent health promotion.	7.2f Collaborate with other healthcare professionals and patients to provide spiritual and cultural appropriate health promotion.

8. The baccalaureate prepared student will display professional behaviors.

Initial Program Competencies	Intermediate Program Competencies	Terminal Program Competencies
8.1i List the nursing values.	8.1m Discuss the application of nursing values in patient care.	8.1f Incorporate nursing values into daily practice.
8.2i Define personal accountability for civility, honesty, and fairness in academic, professional, and public behavior.	8.2m Demonstrate the principles of professional conduct in academic, professional and public behavior.	8.2f Demonstrate accountability and responsibility for one's own academic, professional, and public actions.
8.3i Identify the legal scope and ethical principles of nursing.	8.3m Apply ethical and legal principles to patient care situations.	8.3f Demonstrate ethical and legal decisions surrounding health care dilemmas.
8.4i Identify the expectations of the role of the professional nurse.	8.4m Discuss trends and issues that apply to the nursing profession.	8.4f Serve as an advocate for the nursing profession.

The curricular SLOs are used to guide the delivery of instruction, direct learning activities, and evaluate student progress. The baccalaureate program is designed to prepare graduates to function as novice staff nurses who participate as members of an interprofessional team, who demonstrate professional behaviors, and deliver safe, high-quality, patient-centered nursing care. Student success is measured by three separate, interrelated components that include student

achievement of all identified student learning outcomes and new graduate clinical competencies for the program, program completion, NCLEX-RN licensure examination pass rates, student satisfaction, employer satisfaction, and job placement rates.

All didactic and clinical nursing courses in the new curriculum have been designed to demonstrate achievement of identified student learning outcomes at three competency levels: initial program competencies (i), intermediate program competencies (m), and terminal program competencies (f). Evaluation of student progress in each course is assessed on this continuum and on how well students meet the learning outcomes that are appropriate to their progression level in the program. Faculty acknowledge that assessment is most effective when it reflects an understanding of learning as multidimensional, integrated, and revealed in performance over time. Student learning outcomes serve as a basis for the accomplishment of all other program-related performance measures and also serve as the basis for approaches to teaching and evaluation.

Tables 4.2.3; 4.2.4 (old curriculum) and 4.2.5; 4.2.6 (new curriculum) illustrate examples of how the learning outcomes guide instructional delivery with learning activities and evaluative methods to assess student progress.

Table 4.2.3 *Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for Old Curriculum for BN*

BN Course	Leveled SLO	Level	Course Objective(s)	Instructional Delivery Method and Learning Activity	Evaluative Method
N 328	Communicator – A communicator who incorporates goal-directed and focused dialogue into nurse-client interactions, demonstrates effective listening, reading, writing, and speaking skills, and uses technology appropriately to facilitate management of information.	Third	Utilize effective communication skills to collaborate with peers, children and their families, and members of the profession. Utilize nursing literature to support interventions in nursing care of children.	Lectures, evidence-based articles accompany reading assignments, case studies, clinics, and daycare and concept map assessments. QI paper assigned based on evidence-based practice.	QI APA paper on pain control on a pediatric floor. Test items on unit exam, and cumulative final.
N 328	Provider of Care- A provider of care who	Third	Discuss the value of research related to	Lab content deliverable consists	Well-child reflection paper

	assumes a variety of roles in the delivery of holistic, competent, culturally sensitive nursing care in multiple settings.		nursing care of children and their families. Evaluate the effectiveness of professional nursing practice as applied to individual children and families. Identify cultural and environmental factors that impact the plan of care. Review nursing literature related to the nursing care of children using computer data bases. Demonstrate an organized method of performing comprehensive nursing assessments for children in a variety of health care settings.	of detailed information regarding key elements of an assessment based on evidence-based practice and the variances of the different settings students might see an assessment in: daycare, clinics, doctor's offices, and hospital settings. Lecture, case studies, reflections of current cultural beliefs.	discussing the variety of roles seen, and how nurses address and/or care for patients from different cultures. Test items on unit exam and cumulative final.
N 486	Life-Long Learner – A life-long learner who adapts to changes related to culture, ecology, economics, politics, and expansion of scientific knowledge and technology.	Fourth	Assess and negotiate cultural adoptions of traditions and healing practices. Evaluate current proposed solutions and initiatives for resolution of the nation's most pressing health care problems. Develop strategies for intervention at the societal level using theories of leadership, power, and change.	Reading assignment, internet searches and lecture regarding life-long learning, including: maintaining competence over time, career planning, and continuing professional development.	Students prepare and submit a formal graded Life-Long Learning Plan which includes how they will prepare for NCLEX testing, maintain competence over time (journals, CEUs, professional organizations), and a career plan. ATI Comprehensive Predictor exam.
N 486	Critical Thinker – A critical thinker who demonstrates purposeful thinking, intellectual integrity, solid reasoning, and creative problem-solving as the basis for making decisions in clinical judgments.	Fourth	Integrate and synthesize theoretical concepts, evidence based knowledge, and other ways of knowing to professional nursing practice. Refine capacity for independent thinking, critical analysis, and reasoned inquiry.	Comparison of research articles related to complementary and alternative medicine. Students use multiple information sources and creative thinking to address different topics—for example: How diet	A graded evidence-based presentation and paper regarding complementary and alternative medicine (actual individual topics vary, an example is: Diet and Autism)

			Enhance capacity for making informed judgments and reasonable choices. Critically analyze the current major issues confronting the nursing profession. Evaluate the impact of selected social forces on nursing practices and health care policy.	may affect an individual with autism)	ATI Comprehensive Predictor exam.
--	--	--	---	---------------------------------------	-----------------------------------

Table 4.2.4 *Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for Old Curriculum for BNC*

BNC Course	Leveled SLO	Level	Course Objective	Instructional Delivery Method and Learning Activity	Evaluative Method
N 486	Critical Thinker – A critical thinker who demonstrates purposeful thinking, intellectual integrity, solid reasoning, and creative problem-solving as the basis for making decisions in clinical judgments.	Fourth	Integrate and synthesize theoretical concepts, evidence based knowledge, and other ways of knowing to professional nursing practice.	Comparison of research articles related to complementary and alternative medicine. Example: Diet and Autism. The job of the student is to provide evidence-based practices in a non-biased presentation/paper manner for evaluation of efficacy. Students’ use information from the faculty video lecture and assigned readings to analyze the Module 2 “Ways of Knowing”	Graded Paper “Ways of Knowing” based on Carper’s Principles. Graded Paper “Professional Nursing Synthesis Paper” (students selects a position paper, a nursing theory paper or a historical paper to present a logical analysis of the topic related to professional nursing practice. Graded discussion board questions “What is your definition of professional nursing; what are the characteristics of a profession. Do you think nursing is a profession?”
N 486	Life-Long Learner – A life-long learner who adapts to changes related	Fourth	Evaluate current proposed solutions and initiatives for	A life-long learning contract plan: how they prepare for	Graded discussion board “where do we go from here”

	to culture, ecology, economics, politics, and expansion of scientific knowledge and technology.		resolution of the nation's most pressing health care problems.	ATI, maintain competence over time (journals, CEUs, professional organizations). Next the students have to career plan. Lastly what have they done as a student to attend a professional development program that was not required? Module 9 "Nursing Present and Future video lecture, assigned readings from book and internet sources."	Using a quote from Sandelowski (2002) to stimulate discussion. Unit Exam 2 Questions.
N 424	Life-Long Learner – A life-long learner who adapts to changes related to culture, ecology, economics, politics, and expansion of scientific knowledge and technology.	Fourth	Evaluate current proposed solutions and initiatives for resolution of the nation's most pressing health care problems.	Knowledge gained through class work, clinical, and independent library investigation to produce an evidenced-based paper on a high-acuity topic (ex. current methods for preventing ventilator associated pneumonia; pain assessment in the non-communicative patient; assessing and preventing ICU delirium).	High-acuity nursing paper – The student will identify standards of care and aligned nursing interventions. In addition, the student will identify and explain the role of another profession in the interdisciplinary care of the patient with the indicated clinical problem. Students utilize textbook, lectures, scholarly peer reviewed journals and clinical experiences to complete this paper.
N 318	Provider of care- A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings.	Third	Educates individual clients and family members about the impact of stressful events, alternative coping responses, available support systems, community resources, and anticipatory planning	Reading Assignment: Varcarolis and Halter: Chapter 6 On-Line Lecture including notes and PowerPoint presentation	Test on unit exam 1, question 24

			<p>for the future in simulated learning activities.</p> <p>Recognizes appropriate community referral resources that will assist individuals and families in reducing the impact of stressful events.</p>		
--	--	--	--	--	--

Table 4.2.5 *Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for New Curriculum for BN*

BN Course	Leveled SLO	Level	Course Objective	Instructional Delivery Method and Learning Activity	Evaluative Method
N 209	The baccalaureate prepared student will provide safe and holistic patient centered care.	initial	Conduct defined bio-psychosocial and environmental assessments of health and illness including identification of plan of care and client education needs in selected community based settings.	Assessment of the client and environment included in lecture with a focus on safety. Assessment techniques introduced in the lab and then utilized in the clinical setting. A physical assessment is completed and appropriate documentation entered into the client record. Client safety emphasized as skills are introduced. Students are to formulate a plan of care for an older adult client utilizing the nursing process.	Test items on Unit Exam #3, Prep-U Mastery Quiz (“Introduction to Assessment”), and Cumulative Final Exam.
N 209	The baccalaureate prepared student will demonstrate health promotion; The baccalaureate student will display professional behaviors.	initial	Identify selected factors that influence the adult’s ability to meet health goals including disease prevention and promotion of a healthy lifestyle. Demonstrate ethico-	Lecture based on legal aspects of nursing. Basic concepts are discussed in class. Methods of health promotion and disease prevention are discussed at	Test items (Legal aspects) on Unit Exam, Prep-U Mastery Quiz (“Legal Issues in Nursing Practice”), and Cumulative final exam.

			legal principles and apply nursing values in the provision of maternal and pediatric nursing care.	length in lecture, also included in textbook reading.	
N 364	The baccalaureate prepared student will provide safe and holistic patient-centered care. The baccalaureate prepared student will effectively work in inter-professional teams.	initial	Use effective inter-professional communication, collaborative skills and effective teaching to deliver evidence-based patient-centered care.	Clinical simulation mixed with high-risk child birth and complicated infant. Activity includes reporting off of patient care in labor and delivery, NICU, pediatric floor, and emergency room. This also includes communication with health care team members such as respiratory therapists and physicians.	Test items on unit exam. Test items on cumulative final. ATI Content Mastery exams: Maternal Newborn, and Nursing Care of Children
N 364	The baccalaureate prepared student will apply quality improvement.	initial	Use data from multiple relevant sources, including technology, to deliver contemporary maternal and pediatric care.	Quality improvement is addressed in multiple lecture content areas, including pain management, comfort measures, and infection reduction. In addition to the lecture content, the course textbook for pediatrics is built around QSEN's KSAs.	A quality improvement APA-based paper identifying measures to assess pain in maternal-child populations. The paper includes discussion of the student's role in quality improvement and implementation. ATI Content Mastery exams: Maternal Newborn, and Nursing Care of Children

Table 4.2.6 *Examples of SLOs with Instructional Delivery Method, Learning Activities, and Evaluative Methods for New Curriculum for BNC*

BNC Course	Leveled SLO	Level	Course Objective	Delivery Method and Learning Activity	Evaluative Method
N 208	The baccalaureate prepared student will employ evidence-based practice.	initial	Identify and locate evidence-based materials related to patient care.	Lecture and discussion board topic on evaluation of websites and the	Submission covering topics such of scholarly writing, evidence-

				differences in the quality of the search engine results, including scholarly peer reviewed journals and evidence-based practice.	based practice and research article identification. APA topic paper entitled, LPN to RN transitions: Achieving success in your new role which includes evaluation of how the new RN will utilize EBP in practice.
N 300	The baccalaureate prepared student will provide safe and holistic patient centered care.	initial	Discuss selected theories and concepts which form the basis for professional nursing practice.	Tegrity lecture on patient care considerations on culture and spirituality.	Scored Discussion Board submission on leadership module entitled "QSEN competencies"
N 304	The baccalaureate prepared student will provide safe and holistic patient centered care.	initial	Demonstrate an organized method of performing a comprehensive health assessment for individuals throughout the life span in a variety of health care settings.	Weekly lectures and textbook readings cover each body system	Final physical assessment video submission. Rubric includes all key pieces of complete head to toe assessment.

CRITERION 4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.

The curriculum was developed by faculty and is regularly reviewed for academic rigor, student-centeredness, and currency. Faculty meets at least monthly within the Departments of BN and BNC to address curricular issues. Assessment and evaluation of courses within each track and the review of changes that reflect current nursing practice occur during some of these meetings. Assessment and evaluation of courses and the curriculum is based on feedback from course-level evaluations, departments, and college-wide review processes.

In order to review the curriculum in each department, data are collected from student learning outcomes, classroom evaluations, clinical evaluations, exit surveys, alumni surveys, employer surveys, standardized proficiency testing results for each course, and licensure pass rates. These data are reviewed each semester by faculty and the department chairpersons for strengths and

opportunities for improvement. Assessment of curriculum is supported by researching current nursing and health related literature. In addition, faculty participates in multi-level conferences and collaborates with health care agencies concerning best practices based on established professional standards.

Faculty in the Departments of BN and BNC collaborated on revisions to the baccalaureate nursing curriculum. As students are just now starting to progress into the revised nursing courses, faculty have begun to evaluate the curriculum for rigor and consistency.

The new curriculum, implemented in fall 2011, was developed from a major review of the curriculum in October, 2009 and was designed to address the following goals:

1. Improve student experiences as part of a wider focus on improving success in achieving their educational goals.
2. Improve NCLEX-RN licensure examination pass rates.
3. Modernize the curriculum in line with NLN core competencies, IOM core competencies, QSEN core competencies and AACN recommendations on the Essentials of Baccalaureate Nursing.

The revised baccalaureate (traditional campus track) nursing curriculum addresses the need to improve student success by organizing courses to show progression throughout the program. The revised curriculum also addresses a decreased emphasis on specialty areas (nursing of children, maternity nursing, and mental health nursing) to better align with the NCLEX-RN test plan. In addition, a separate nutrition course has been added to strengthen concepts from the test plan. To enhance pharmacology retention, the content is now integrated with pathophysiology. This course is now titled Pharmacotherapeutics, with the intent to enhance student comprehension of the interrelationships of pathophysiology and pharmacology.

The curriculum revision also helped address poor NCLEX-RN licensing examination pass rates. This was accomplished with the following changes:

- Admitting students to the nursing major in the second half of the second year.
- Moving cognates into the first three semesters from later semesters, thus freeing the later semesters to include more nursing courses.

- Concentrating nursing content closer to the time of taking the licensing examination.
- Addition of Nursing 490, which focuses on licensure preparation only.

Using the QSEN core competencies, IOM core competencies and the AACN recommendations on the Essentials of Baccalaureate Nursing to guide curriculum revision helps to achieve the third goal by providing a more contemporary education for students. Changes that have occurred in the core competencies have been incorporated in order to prepare graduates for contemporary practice. There has been a change in pedagogy for all curriculum revisions using student-centered learning, problem-based learning, simulation, and current Web-based technologies. Nursing courses focus on core content to help students think critically and make sound clinical judgments. This will also enhance their probability for success on the NCLEX-RN licensing examination and increase the students' capacity to deliver safe and effective care.

In conjunction with the new curriculum, there was an addition of an accelerated second degree nursing program, which was implemented in summer 2011. The development of this program is consistent with and directed by goal 1 of the University's strategic plan; thereby increasing the number of students taking advantage of educational opportunities at ISU. The accelerated track also helps to address the nursing shortage by allowing students to complete courses in 15 months and helps to educate those who have been displaced from jobs in other disciplines, thus, providing economic benefits, as well.

CRITERION 4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.

The curriculum includes foundational studies (FS) courses that enhance professional nursing knowledge and practice. The following link provides access to foundational studies policies, requirements, and learning objectives:

<http://www.indstate.edu/fs/Learning%20Outcomes%20and%20Category%20Learning%20Objectives%20for%20FS.htm>. For those students entering the accelerated second degree track, they are awarded credit for foundational studies from having a previous baccalaureate degree. Table 4.4.1 illustrates the additional Foundational Studies courses not included in the cognates for the major that are listed below.

Table 4.4.1 *Foundational Studies Requirements Not Included in Cognates/Major Courses*

FS Category	Course Requirement
Health and Wellness	1 course
Non-native Language	0-2 courses
Historical Studies	1 course
Literary Studies	1 course
Fine and Performing Arts	1 course
Global Perspectives and Cultural Diversity	1 course
Ethics and Social Responsibility	1 course
Upper Division Integrative Elective (UDIE)	1 course*

*Decreased from 2 additional courses to 1 course- NURS 486 is 1 UDIE requirement

In addition to the foundational studies requirements, the curriculum also requires non-nursing or cognate courses to enhance professional nursing knowledge and practice. Tables 4.4.2 to 4.4.5 list the required cognate courses for the nursing program according to track.

Table 4.4.2 *Traditional Track Required Cognate (non-nursing) Courses*

Course Number	Course Name	Credit Hours
AHS 111 (PE 101/L)	Personal Health Science and Wellness	3
ATTR 210 or BIO 231	Human Anatomy for Allied Health Professions Human Anatomy	2 2
ATTR 210L Or BIO 231L	Human Anatomy for Allied Health Professions Laboratory Human Anatomy Laboratory	1 1
BIO 241 – or PE 220	Human Physiology Human Physiology for Allied Health Professions	2 2
BIO 241L or PE 220L	Human Physiology Laboratory- Human Physiology for Allied Health Professions Laboratory	1 1
BIO 274	Introductory Microbiology	2
BIO 274L	Introductory Microbiology Laboratory	1
CHEM 100	Chemistry and Society	3
CHEM 100L	Chemistry and Society Laboratory	1
COMM 101	Introduction to speech communications	3
ENG 107	Rhetoric and writing	3
AHS 201	Fundamentals of Nutrition	3
PSY 101	General Psychology: Understanding Human Behavior	3
PSY 266 or EPSY 221	Developmental Psychology Developmental Psychology	3 3

ENG 305	Advanced Expository Writing	3
AHS 340 or EPSY 302	Health Biostatistics Introduction to Applied Psychological Statistics	3 3
SOC 101*	Introduction to Sociology	3

*Proposed removal to meet 120 credit hour requirement

Table 4.4.3 *Accelerated Second Degree Required Prerequisites (non-nursing) Courses*

Course Number	Course Name	Credit Hours
ATTR 210 or BIO 231	Human Anatomy for Allied Health Professions Human Anatomy	2 2
ATTR 210L Or BIO 231L	Human Anatomy for Allied Health Professions Laboratory Human Anatomy Laboratory	1 1
BIO 241 or PE 220	Human Physiology Human Physiology for Allied Health Professions	2 2
BIO 241L or PE 220L	Human Physiology Laboratory Human Physiology for Allied Health Professions Laboratory	1 1
BIO 274	Introductory Microbiology	2
BIO 274L	Introductory Microbiology Laboratory	1
CHEM 100	Chemistry and Society	3
CHEM 100L	Chemistry and Society Laboratory	1
PSY 101	General Psychology: Understanding Human Behavior	3
PSY 266 or EPSY 221	Developmental Psychology Developmental Psychology	3 3
AHS 340 or EPSY 302	Health Biostatistics Introduction to Applied Psychological Statistics	3 3

Table 4.4.4 *LPN to BS Required Cognate (non-nursing) Courses*

Course Number	Course Name	Credit Hours
AHS 111 (PE 101/L)	Personal Health Science and Wellness	3
ATTR 210 or BIO 231	Human Anatomy for Allied Health Professions Human Anatomy	2 2
ATTR 210L or BIO 231L	Human Anatomy for Allied Health Professions Laboratory Human Anatomy Laboratory	1 1
BIO 241 –	Human Physiology	2

or PE 220	Human Physiology for Allied Health Professions	2
BIO 241L or PE 220L	Human Physiology Laboratory- Human Physiology for Allied Health Professions Laboratory	1 1
BIO 274	Introductory Microbiology	2
BIO 274L	Introductory Microbiology Laboratory	1
CHEM 100	Chemistry and Society	3
CHEM 100L	Chemistry and Society Laboratory	1
COMM 101	Introduction to speech communications	3
ENG 107	Rhetoric and writing	3
PSY 101	General Psychology: Understanding Human Behavior	3
PSY 266 or EPSY 221	Developmental Psychology Developmental Psychology	3 3
SOC 101	Introduction to Sociology	3
AHS 340 (EPSY 302)	Introduction to Applied Psychological Statistics	3
BIO 412	Pathophysiology	3
ENG 305	Advanced Expository Writing	3

Table 4.4.5. *RN to BS Required Cognate (non-nursing) Courses*

Course Number	Course Name	Credit Hours
AHS 340 (EPSY 302)	Introduction to Applied Psychological Statistics	3
BIO 412	Pathophysiology	3
ENG 305	Advanced Expository Writing	3

CRITERION 4.5 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

Culture, ethnic, and socially diverse concepts are an important aspect of our nursing program. Corresponding to this increase in social diversity, faculty at Indiana State University has integrated culture diversity throughout the program. Table 4.5.1 displays the examples of culture, ethnic, and socially diverse concepts across the curriculum.

Table 4.5.1 *Examples of Cultural, Ethnic, Socially Diverse Concepts Across the Curriculum (Old/New)*

Course	Student Learning Outcome	Topic and Teaching/Learning Method
NURS 104	-discuss the nurse's role in a diverse society -develop beginning competencies for learning success (communicating/interpreting, succeeding academically, thinking critically, setting goals, developing self-knowledge,	-Lecture on culture and diversity. Content includes: US racial categories (Hispanic-Americans, African-Americans, and Asian-Americans, cultural

	developing social awareness, maintaining health, surviving financially)	parameters in nursing care, and how to develop cultural competence, cultural groups presented are Buddhism, Islamic, American-Indian, Mexican-American, German, Amish, Judaism, Hinduism, and Greek. -Small group discussion and in-class presentations on cultural variations in nutrition/dietary preferences.
NURS 204/209	-define culture -discuss cultural phenomena of communication, space, social organization, time, environmental control, and biological variation -discuss the culture influences of health needs of the older adult -discuss how to provide culturally diverse care	-Lecture -group presentations on culture and nutrition (presentation topics included American-Indian, Mexican-American, Islamic, Hinduism, German, and Buddhist)
NURS 207	-identify own spiritual and cultural values and those of selected populations related to health promotion -locate and address nursing values including legal and ethical principles of nursing including patient information, and define personal accountability for civility, honesty, and fairness	-Lecture, discussion, reading assignment. -Populations explored include: gay/lesbian/transgendered, marginalized populations, Hispanics, Asians or Pacific Islanders, and Native Americans. Content includes: definition of terms (such as assimilation, acculturation, cultural sensitivity, ethnocentrism, ethnicity, stereotyping, and prejudice), populations trends, economic issues, diversity, and how to develop cultural competence
NURS 218	-explore how age, cultural beliefs, values, and practices can influence healthcare related to medication administration -examine the ethical and legal issues surrounding medication administration in healthcare dilemmas	-Lecture, discussion, reading assignments. -Cultural topics include: cultural beliefs related to health and disease, alternative therapies, genetic differences with the use and effects of medications. -Ethical/legal topics include: compliance with medications, medication errors and strategies to reduce medication errors, and discussion of past major medications errors and case

		studies and how hospitals dealt with the problems.
NURS 226/338	<ul style="list-style-type: none"> -demonstrate roles of care provider, advocate and teacher in the delivery of culturally sensitive care to individuals clients experiencing mental illness -related legal and ethical aspects of practice to psychiatric nursing care -assume responsibility for the care of mentally ill clients that is within the ANA Code of Ethics and the law 	<ul style="list-style-type: none"> -Lecture, reading -Topics include sexuality (gay, lesbian, transgendered), crisis, abuse, religion and prayer, and fasting practices related to religious/cultural beliefs.
NURS 328/364	<ul style="list-style-type: none"> -describe ways that socio-cultural influences effect child health nursing -recognize the impact of the child/family's culture in providing effective nursing care 	<ul style="list-style-type: none"> -Reading, lecture -clinical care pathway/case study includes addressing cultural differences, socioeconomic, religion, family structure and where they live on plan of care -topics include socioeconomic status, lack of healthcare, lead screening. Different religions included are: Buddhist, Church of Crist, scientology, Latter-Day Saints (Mormon), Hindu, Islam, Jehovahs, and Roman Catholics. Also discuss age, gender, and sexual orientation.
NURS 330/364	<ul style="list-style-type: none"> -evaluate how society and culture can influence the health of women and their children -review the ethical and legal issues that may arise when caring for women and their families 	<ul style="list-style-type: none"> -Reading, lecture, case studies -Society and culture topics include: health trends, mortality/morbidity trends and factors, malnutrition, chronic disease, the definition of family, poverty, homelessness, violence, cultural variations/practices (including African American, Asian Americans, Arab Americans, Native Americans, Hispanics). -Ethical/legal issues include: legal informed consents— responsible person, legal age for consent, state law variations regarding age of legal consent for reproductive health care; client's rights, HIPAA violations.
NURS 450/444	<ul style="list-style-type: none"> -synthesize the inter-relationship between man's culture/ethnic diversity and the 	<ul style="list-style-type: none"> -Reading, lecture, case studies, discussion

	<p>healthcare delivery system</p> <ul style="list-style-type: none"> -incorporate professional values, legal and ethical responsibility, political awareness, legislative advocacy, and the standards or community health nursing into professional nursing 	<ul style="list-style-type: none"> -Topics include: population trends, immigrants, Burmese refugees here in Indiana, diversity (or lack thereof) among nursing professionals, Healthy People 2020, racial disparities in healthcare, health disparities among social groups, Transcultural Nursing (Leininger Sunrise Model), ethnocentrism, culture and family, socioeconomic factors, and cultural assessment.
NURS 470	<ul style="list-style-type: none"> -describe the impact of social, economic, legal, and ethical forces upon professional nursing in the healthcare environment 	<ul style="list-style-type: none"> -IPE vignette/discussion project dealing with ethics. The ethical topics vary among groups and are changed frequently from semester to semester. -Movie with social/ethical topics viewed followed by discussion related to ethical and legal treatment patients (for example—a movie about withholding information from patients (i.e. not informing them of their diagnosis and prognosis)—students discuss this ethical issue and submit written assignments addressing certain aspects of the issue. -Economic discussion/topics include: paying for health care, healthcare reform, health disparities, and un-insured or under-insured individuals/families.
NURS 486	<ul style="list-style-type: none"> -assess and negotiate cultural adoptions of traditions and healing practices -analyze how culture impacts health promotion -analyze how healthcare delivery integrates cultural sensitivity -compare ethical models -utilize a biomedical decision model to determine professional actions 	<ul style="list-style-type: none"> -Student presentations on culture, religion and nursing care -Topics include Voodoo, Mormon, Scientology, Jewish, Muslim, Amish, Greek, Orthodox, Hindu. -Student evidence-based paper about effectiveness of complementary and alternative medicine practice

CRITERION 4.6 The curriculum and instructional processes reflect educational theory, interprofessional collaboration, research, and current standards of practice.

The learning theories that provide the foundation for curriculum and instructional processes revolve around adult learning theory and experiential learning, although faculty are not limited in their theoretical underpinnings. For example, the adult learning model identified by Malcolm Knowles (1973 – Principles of Adult Learning) provides the nurse educator with the tools needed to create a mutual collaboration that facilitates self-directed activities and utilizes life experiences to enhance learning. According to Knowles, Holten, & Swanson, (1998) the six principles of andragogy are:

1. The learners need to know
2. Self-concept of the learner
3. Prior experience of the learner
4. Readiness to learn
5. Orientation to learning
6. Motivation to learn

Table 4.6.1 addresses how these principles are applied to enhance student learning.

Table 4.6.1 Instructional Process and Current Standards of Practice

Instructional Process	Self-Reflective and Learning Goals	Current Standards of Practice
<ul style="list-style-type: none"> • Simulations • Therapeutic Skills practice • Unfolding Case Studies • Online discussions • Flipped classrooms • Therapeutic Communication Scenarios • Discussion Boards • Critical Thinking Exercises • SBAR • Care Plans and Concept Maps • Dosage Calculation Exams 	<ul style="list-style-type: none"> • Journals • Self-reflection of roles • APA papers • Role playing • Skills competencies • Time management • Delegation 	<ul style="list-style-type: none"> • ATI skills modules • Safety • Nursing Research • Quality Improvement • Nursing practice standards • Interprofessional Education • Patient-Centered Care • Teamwork and Collaboration • Informatics • Leadership

David Kolb’s (1984- Principles of Adult Learning) model supports clinical education based on doing or watching and engaging in transforming experiences that result in reflective feeling and thinking. Kolb’s theory also provides a model for learning styles and learning preferences. Teaching that incorporates various learning styles maximizes student success in mastering content and achieving student learning outcomes.

Research in education and best practice standards in education are drawn from journals, conferences, and national organizations. The free online in-service education offerings from the AACN have been a source of current educational best practice standards and innovative faculty discussions. The current standards of practice used to facilitate learning are used to reflect educational theory, research, and recent recommendations by the ANA, NLN, IOM, QSEN, and AACN Essentials of Baccalaureate Nursing. Faculty stay abreast on current standards of practice through library searches, attendance at local, regional, national, and international nursing conferences, additional continued enrollment into formal courses and journal subscriptions.

Interprofessional learning is valued by the college and the institution. Collaboration is structured into interprofessional simulation activities with shared faculty meetings to strengthen student learning outcomes. The following are examples of incorporated interprofessional activities into the course curriculum: ethics panel, case studies, intervention planning, presentations, mass casualty disaster simulation, guest presentations and discussion. Interprofessional competencies are identified for each interaction and linked to specific nursing courses. Table 4.6.2 provides examples.

Table 4.6.2 *Examples of Interprofessional Interaction.*

Course	Activity	Interprofessional interaction	Contact Person	IPE competency
NURS 470 Fall	Ethics Panel	Social Work, Athletic Training, KRS, AHS, Nursing	IPE Task force, Lindsey Eberman	1.1-1.10
NURS 424 NURS 470	Case studies; assessment; intervention planning;	Nursing, IU medicine, OT, PT, Social Work	AHEC	2.1-2.9, 3.1-3.9

Spring	presentations			
NURS 424 NURS 450 Fall, Spring and Summer	Mass casualty disaster simulations	Nursing, National Guard,	Heather Anderson	2.5, 2.7, 2.8-3.7, 4.1, 4.5
NURS 224 Fall & Spring	Guest presentation and discussion	Nursing, EMT, paramedic	Emily Cannon	1.4, 1.7, 2.2, 2.4, 2.6, 2.7
NURS 224 Fall & Spring	Guest presentation and discussion	Nursing, mortician	Emily Cannon	1.2, 2.4, 2.7

CRITERION 4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.

All course assessments are in alignment with course components and module/section objectives to ensure that students meet the desired learning outcomes/competencies. These learning objectives/competencies are measurable and appropriately designed for the level of the course. These assessments include but are not limited to exams, quizzes, formal papers, journals, case studies, concept maps and the like. Tables 4.7.1, 4.7.2 and 4.7.3 address courses and the examples of evaluative methods in the BN and BNC programs in the old and new curriculum.

Table 4.7.1 *BN Curriculum Evaluative Methods*

Course	Old/New Curriculum	Exams	Quizzes	EBP papers	ATI	Case Studies	Discussion board	Reflective Journals	Student presentations	Clinical papers	Clinical Performance Evaluations
N104	New	1	0	0	0	0	0	0	1	0	0
N207	New	4	10	0	0	0	0	0	1	0	0
N209	New	5	0	1	0	0	0	0	1	2	1
N218	New	Summer: 4 plus final Fall/ Spring: 6 plus final	Both: Dosage calculation test Quizzes: Summer: 6 Fall/Spring : 10	1	0	0	0	0	1 skills demo	1	Yes
N224	New	5	9	1	1	2	0	4	1	2	2
N309	New	5	6	1	0	0	0	0	0	3	2
N318	Old	4	0	0	1	3	0	0	1	0	0
N322	Old New	5	15	1	0	0	5	0	1	0	0
N324	Old/New	5	10	0	1	12	0	0	0	2	2
N 328	Old	4	12	2	1	0	0	0	0	3	1
N 338	New	4	7-10	1	1	0	0	2-4	0	1	1
N364	New	4	16	1	2	2	0	2	1	4	2
N330	Old	4	10	2	1	2	0	1	1	4	1
N424	Old/New	5	8	2	2	0	0	4	0	4	1
N444	New	4	3	1	1	2	3	3	1	3	1
N450	Old	4	3	1	1	2	3	3	1	3	1
N470	Old/New	4/4	10/10	1/0	1/1	0	0	0/5	1/1	0	0
N484	Old/New	0/0	1/1	1/1	0/0	0/0	2/2	1/1	0/0	0/0	1/1
N486	Old/New	4/4	0/0	1/1	1/1	0/0	0/0	0/0	1/1	0/0	0/0

N490	New	0	0	1	2	0	1	0	1	0	0
-------------	------------	---	---	---	---	---	---	---	---	---	---

Table 4.7.2 LPN to BS Evaluative Methods

Course	Old/New Curriculum	Exams	Quizzes	EBP papers	ATI	Case Studies	Discussion board	Reflective Journals	Student presentations	Clinical papers	Clinical Performance Evaluation
N208	Old/New	1	10	0	1	0	10	0	0	1	0
N226	Old	5	0	1	0	1	10	1	0	3	1
N304	Old/New	1	9	0	0	0	1	4	1 DVD-PE	8	3
N318	Old	4	0	0	1	0	10	0	1	0	0
N322	Old/New	5	15	1	0	0	5	0	1	0	0
N324	Old/New	5	9	2 concept map	1	9	4	0	0	15	2
N338	NEW (not taught yet)										
N424	Old/New	3	10	1	2/1	12	4	0	0	15	1
N450	Old/New	4	0	1	2/1	0	8	4	1	1	1
N470	Old/New	3	19	1	1	10	15	0	1	0	0
N484	Old/New	1	0	0	0/1	0	2	4	0	2	1
N486	Old/New	3	0	2	2	0	12	0	1	0	0
N 490	New(not taught yet)										

Table 4.7.3 RN to BS Evaluative Methods

Course	Old/New Curriculum	Exams	Quizzes	EBP papers	ATI	Case Studies	Discussion board	Reflective Journals	Student presentations	Clinical papers	Clinical Performance Evaluation
N300	Old/New	0	0	1 (not EBP)	1	0	2-3 per week	0	1	0	0
N304	Old/New	1	9	0	0	0	1	4	1 DVD-PE	8	3
N318	Old/New	4	0	0	0	0	10	0	1	0	0

N322	Old/New	5	15	1	0	0	5	0	1	0	0
N450	Old/New	4	0	1	2/1	0	8	4	1	1	1
N470	Old/New	3	19	1	1	10	15	0	1	0	0
N484	Old/New	1	0	0	0	0	2	4	0	2	1
N486	Old/ New	3	0	2	2	0	12	0	1	0	0

A Cognitive Test Plan was developed and implemented as early as fall 2009. This plan is utilized to ensure faculty prepared course exams assess student progression from lower level knowledge and comprehension up to application and higher type questions. By following the Cognitive Test Plan, faculty written tests ensure students in the first semester of the nursing major are assessed by at least 50% application and higher level test items, and ultimately progress to 90-100% application and higher level test items in the final semester. The Cognitive Test Plan also ensures pharmacology and alternative format items are included throughout student testing experiences. Tables 4.7.4, 4.7.5, and 4.7.6 demonstrate the Cognitive Test Plan for both the revised curriculum and the old curriculum.

Table 4.7.4 *Cognitive Test plan for Traditional, LPN and RN to BS-revised curriculum*

Cognitive Level of Items	Sophomore 2	Junior 1	Junior 2	Senior 1	Senior 2
Knowledge	15%	0%	0%	0%	0%
Comprehension	30%	25%	20%	15%	0%
Application or higher	55%	75%	80%	85%	100%
Pharmacology Items*	0%	20%	20%	20%	20%
Alternate Format Items	0%	5%	5%	10%	15%

*As applies to course content

Table 4.7.5 *Cognitive Test plan for Accelerated Track*

Cognitive Level of Items	Summer 1	Fall 2	Spring 3	Summer 4
Knowledge	10%	5%	0%	0%
Comprehension	20%	15%	10%	0%
Application or higher	70%	80%	90%	100%
Pharmacology Items*	0%	20%	20%	20%
Alternate Format Items	0%	5%	10%	15%

*As applies to course content

Table 4.7.6 *Cognitive Test plan for Traditional, LPN and RN to BS -old curriculum*

Cognitive Level of Items	Sophomore 1	Sophomore 2	Junior 1	Junior 2	Senior 1	Senior 2
Knowledge	20%	15%	0%	0%	0%	0%
Comprehension	30%	30%	25%	20%	15%	10%
Application	50%	45%	60%	60%	60%	60%
Analysis	0%	10%	15%	20%	25%	30%
Total Percentage of Test	100%	100%	100%	100%	100%	100%
Pharmacology Items*	0%	20%	20%	20%	20%	20%

*As applies to course content

A Testing, Test Writing and Analysis Policy has recently been developed and implemented by faculty members in both departments. In addition to cognitive levels, this policy defines guidelines for writing test items, test-blueprinting, administering tests, and the statistical analysis of test items. This policy will be available in the Document Room.

CRITERION 4.8 The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.

Recent changes to the undergraduate program length have been submitted to ACEN as a substantive change. The changes have been approved by both ISU and the Indiana State Board of Nursing (ISBN). Nursing faculty carefully evaluated the traditional 4-year nursing curriculum in order to decrease the total credit hours to 120 credits. This change follows trends in baccalaureate education both in the state and across the country. Based on the evaluation, faculty identified the following acceptable changes for the traditional 4-year baccalaureate curriculum that aligns with the 120 credit hour recommendation:

- Removal of SOC 101 (Introduction to Sociology) as a nursing prerequisite course

The decision to remove the SOC 101 requirement was based on the comparison of the SOC 101 course objectives to the sociological objectives within the nursing program, and student reflections regarding the limited value they reported from the SOC 101 course. Faculty

identified that nursing students get more applicable sociology content throughout the nursing courses. In addition, other nursing programs in the state were reviewed and many do not require a separate sociology course.

The original curricular change proposed the removal of both SOC 101 and AHS 340/EPsy 302 (Health Biostatistics/Introduction to Applied Psychological Statistics), while creating a new nursing research course that would incorporate statistical analysis. This proposal was approved internally by ISU; however the ISBN recommended that we reconsider eliminating statistics as a pre-requisite course. The solution was the following: ISU recently decided to decrease the Upper-Division Integrative Elective (UDIE) requirement in Foundational Studies from 3 courses to 2 courses. With this approved decrease in Foundational Studies requirements, an additional course (AHS 340/EPsy 302) no longer needed to be removed, as previously proposed. In addition, the new research course was no longer needed. Therefore, no changes to the nursing major courses were needed.

With these revisions, the baccalaureate program has 120 credit hours, consistent with the policies of the university, Indiana and national standards, and best practices. This change puts the program on par with other state and national universities and demonstrates a commitment to offering students a degree that allows them to complete within four years without impacting the integrity of the program. Tables 4.8.1 through 4.8.4 illustrates the required nursing courses, didactic credit hours, clinical credit hours and clinical contact hours for the current traditional baccalaureate track, the accelerated second degree track, the LPN to BS track, and the RN to BS track, respectively. A plan of study for each track is located in Appendix E.

The traditional campus track is designed to be completed in eight semesters of full-time study. The accelerated second degree track is designed to be completed in four semesters of full-time study, not including any prerequisites to the program. The LPN to BS track is designed to be completed in six semesters of full-time study, not including any prerequisites to the program. The RN to BS track is designed to complete in four semesters of full-time study.

Table 4.8.1 describes the old and new curriculum formula for calculating hours for theory, lab, and clinical. One credit hour of theory is equivalent to one contact hour of teaching (i.e., 1:1). One clinical credit hour is equivalent to three contact hours of teaching (i.e., 1:3). One credit hour of clinical equals 45 hours in the clinical and/or laboratory setting.

Table 4.8.1 *BN curriculum credit and contact hours*

Course	Course credit hours	Didactic credits	Didactic Contact hours	Clinical Credits	Clinical contact hours	Old curriculum/ New curriculum
104 Introduction to Professional Nursing	2	2	30	0	0	Old/New
207 Nursing Perspectives	3	3	45			New
209 Essential Nursing Practice	5	3	45	2	90	New
218 Pharmacotherapeutics	4	3	45	1	45	New
224 Nursing Care of Adults I	5	3	45	2	90	Old/New
309 Adult Assessment	2	1	15	1	45	New
322 Research/Theoretical Basis for Nursing Practice	3	3	45			Old/New
324 Nursing Care of Adults II	5	3	45	2	90	Old/New
318 Nursing Care of Families in Stress and Crisis	3	3	45			Old
328 Nursing Care of the Child and Family	4	3	45	1	45	Old
330 Nursing Care of the Childbearing Family	4	3	45	1	45	Old
338 Mental Health Nursing	4	3	45	1	45	New
364 Maternal and Child Nursing Care	6	4	60	2	90	New
424 Nursing Care of Adults II	5	3	45	2	90	Old/New
444 Community Health Nursing	4	3	45	1	45	New
450 Population-Focused	5	3	45	2	90	Old

Community Health Nursing						
470 Nursing Leadership	3	3	56			Old/New
484 Reflective Nursing Practice	3			3	135	Old/New
486 Professional Nursing Synthesis	3	3	45			Old/New
490 Licensure Preparatory Course	2	2	30			New

Table 4.8.2 Accelerated BS Curriculum

COURSE	Credits	Didactic Credits	Didactic Contact hours	Clinical Credits	Clinical Contact hours
207 Nursing Perspectives	3	3	45	0	0
209 Essentials Nursing Practice	5	3	45	2	90
218 Pharmacotherapeutics	4	3	45	1	45
309 Adult Assessment	2	1	15	1	45
322 Research/Theoretical Basis for Nursing practice	3	3	45	0	0
338 Mental Health Nursing	4	4	45	1	45
350 Adult Health I	6	3	45	3	135
364 Maternal and Child Nursing Care	6	4	60	2	90
380 Adult Health II	9	6	90	3	90
444 Community Health Nursing	4	3	45	1	45
470 Nursing Leadership	3	3	56	0	0
484 Reflective Nursing Practice	3	0	0	3	135
486 Professional Nursing Synthesis	3	3	45	0	0
490 Licensure Preparatory Course	2	2	30	0	0

Table 4.8.3 BNC LPN to BS Credit and Contact hours

Course	Course credit hours	Didactic credits	Didactic Contact hours	Clinical Credits	Clinical contact hours	Old curriculum/ New curriculum
106 Mental Health Aspects of Nursing Practice	2	Credit by Exam	--	--	--	Old/New
208 Transition from L.P.N to B.S. in Nursing	3	3	45	0	0	Old/New
224 Nursing Care of	5	Credit by	--	--	--	Old/New

Adults I		Exam				
226 Nursing in Mental Illness	3	2	30	1	45	Old
304 Comprehensive Health Assessment for Nursing Practice	4	3	45	1	45	Old/New
318 Nursing Care of Families in Stress and Crisis	3	3	45	0	0	Old
322 Research /Theoretical Basis for Nursing Practice	3	3	45	0	0	Old/New
324 Nursing Care of Adults II	5	3	45	2	90	Old/New
328 Nursing Care of the Child and Family	4	Credit by Exam	--	--	--	Old/New
330 Nursing Care of the Childbearing Family	4	Credit by Exam	--	--	--	Old/New
338 Mental Health Nursing	4	3	45	1	45	New
424 Nursing Care of Adults II	5	3	45	2	90	Old/New
450 Population-Focused Community Health Nursing	6	4	60	2	90	Old/New
470 Nursing Leadership	3	3	45	0	0	Old/New
484 Reflective Nursing Practice	3	0	0	3	135	Old/New
486 Professional Nursing Synthesis	3	3	45	0	0	Old/New
490 Licensure Preparatory Course	2	2	30	0	0	New

Table 4.8.4 *BNC RN to BS Credit and Contact hours*

Course	Course credit hours	Didactic credits	Didactic Contact hours	Clinical Credits	Clinical contact hours	Old curriculum/ New curriculum
300 Transition to Professional Nursing Practice	4	4	60	0	0	Old/New
304 Comprehensive Health Assessment for Nursing Practice	4	3	45	1	45	Old/New
318 Nursing Care of Families in Stress and Crisis	3	3	45	0	0	Old/New
322 Research /Theoretical Basis for Nursing Practice	3	3	45	0	0	Old/New
450 Population-	6	4	60	2	90	Old/New

Focused Community Health Nursing						
470 Nursing Leadership	3	3	45	0	0	Old/New
484 Reflective Nursing Practice	3			3	135	Old/New
486 Professional Nursing Synthesis	3	3	45	0	0	Old/New

CRITERION 4.9 Practice learning environments support the achievement of student learning outcomes and program outcomes.

Practice learning environments are selected based on the appropriate health focus in each clinical nursing course and to support the achievement of student learning and program outcomes. The following factors are used by faculty when selecting clinical agencies in which students complete their clinical experiences:

- Appropriate state or national accreditation.
- Variety and sufficient number of patients for students to achieve learning outcomes.
- Appropriate clinical experiences and opportunities for student learning.
- Interaction between agency contact personnel and college administration/faculty.
- A signed contract between the agency and the University/College.

In the interest of fostering positive relationships between the agency, faculty, and students, there should be:

- Compatibility between the mission of the agency and the university.
- Access by students and faculty to the agency and its resources.
- Ongoing collaboration between agency personnel, Faculty, and administration of the college.
- Climate of mutual receptivity between agency personnel, students, faculty, and administrators.
- Physical characteristics that provide safe environments for students in clinical practice.

Table 4.9.1 identifies the clinical agencies utilized by course for the on campus tracks. A complete clinical agency list with current and pending affiliation agreements for all tracks can be found in the Document Room and is located online at

<http://www.indstate.edu/nhhs/contracts/agencylist-complete.asp>.

Table 4.9.1 *Agency Sites*

COURSE	AGENCY/UNIT	CONTACT PERSON	CENSUS/BED CAPACITY (if applicable)	AGENCY Accreditation/ Approval Body
N209	Meadows Manor North Retirement and Convalescent	Wendy Baker – Administrator 812-466-5217	104 Bed Capacity	Indiana State Board of Health Centers for Medicare and Medicaid Services
	Meadows Manor East Convalescent and Rehabilitation	Cindy Defore - Director of Nursing 812-235-6281	86 Bed Capacity	Indiana State Board of Health Centers for Medicare and Medicaid Services
N 218	Wabash Valley Surgery Center	Lisa Bryant 812-232-0564	12 Bed Capacity	HFAP
N224	Wabash Valley Surgery Center	Cheryl Auler 238-7000	12 Bed Capacity	HFAP
	Union Hospital	Cheryl Auler 238-7000	330 Bed Capacity	HFAP
N324	Union Hospital Telemetry – Unit 2EA	Marianne McIntyre	31 Bed Capacity	HFAP
	Union Hospital Ortho/Neuro/Uro – Unit 3EA	Amanda Barnett 812-238-4720	31 Bed Capacity	HFAP
	Union Hospital Surgical Care – Unit 3EC	Angela Shaw 812-478-4159	32 Bed Capacity	HFAP
	Union Hospital Medical Care – Unit 4EA	Amy Armstrong 812-238-7186	32 Bed Capacity	HFAP
	Union Hospital Medical Care – Unit 4EC	Lisa Reinhardt 812-238-4565	32 Bed Capacity	HFAP
	Union Hospital Respiratory Therapy-ICU	Robin McCalister 812-238-4919	36 Bed Capacity	HFAP
	Union Hospital Emergency Department	Maggie Hayne 812-238-7896	36 Bed Capacity	HFAP
	Union Hospital Wound Center	Mary Huffman 812-238-7433	N/A	HFAP
	Sycamore Nursing Center	Esther Acree (FNP) 812-237-3696	N/A	ANCC
	Union Hospital Cardiac Catheterization Center	Misty Armstrong 812-238-7582	N/A	Non-profit Community Hospital/HFAP
	UAP Wabash Valley Surgery Center	Lisa Bryant 812-231-4603	6 OR suites, 1 Minor procedure room, 3 GI procedure rooms	HFAP
	Regional Hospital Medical Care – Unit 4E	Carrie Deakins	29 Bed Capacity	The Joint Commission (TJC)

		812-841-0161		
	Regional Hospital – Unit 5E	Carrie Deakins 812-841-0161	35 Bed Capacity	TJC
N328/364	Union Hospital Pediatric Unit	Jennifer Harra 812-238-7372	15 Bed Capacity	TJC
N330/364	Union Hospital—Mother/Baby	Jennifer Harra 812-238-7372	30 Bed Capacity	TJC
	Union Hospital--NICU	Jennifer Harra 812-238-7372	16 Bed Capacity	TJC
	Union Hospital—L&D	Jennifer Harra 812-238-7372	8 Bed Capacity	TJC
	Union Hospital—L&D Triage	Jennifer Harra 812-238-7372	16 Bed Capacity	TJC
N338	Harsha Center	Cindy Dowers, RN 812-298-8888	25 Bed Capacity	TJC
	Hamilton Center	Brooke Kempf, RN 812-231-8200	16 Bed Capacity	CARP
N 424	Union Hospital ICU	Annette Smith and Joely Lemke 812-238-7809	36 Bed Capacity	HFAP
	Union Hospital Respiratory Therapy-ICU	Robin McCalister 812-238-4919	36 Bed Capacity	HFAP
	Union Hospital Emergency Department	Maggie Hayne 812-238-7896	36 Bed Capacity	HFAP
	Hospice of the Wabash Valley	Janet Webster 812-234-2515	Average Census 60	Hospice agency
	Terre Haute Regional Hospital: ICU, ER, RT-ICU	Carrie Deakins 812-841-0161	ER 18 Bed Capacity ICU 16 Bed Capacity	TJC
	Gentiva Hospice	Debra Witt 812-478-3250	84-98 Bed Capacity	Hospice Corporation
N 444	Vigo County Schools- Alternative for Living and Learning	Ellen Baker, RN 812-462-4011	N/A	Indiana Dept. of Education
	Clay County Health Department	Kim Hyatt, RN 812-448-9019	N/A	Indiana State Department of Health
	Clay County School Corporation	Lynn Stoelting, RN 812-443-4461	N/A	Indiana Dept. of Education
	The Conner Center	Rev. Tim Long 812-466-3867	N/A	N/A
	Covered Bridge Special Education District	Amy Ladd, RN 812-462-4030	N/A	Indiana Dept. of Education

	Head Start	Shelly Vicars 812-232-3917	N/A	Indiana Dept. of Education
	ISU Health Promotions Center	Aimee Robinson-Janseen 812-237-3939	N/A	N/A
	Light House Mission	Owen Davenport 812-232-7001	N/A	N/A
	Putnam County Health Department	Kristine Vandermark, RN 765-658-2782	N/A	Indiana State Department of Health
	Putnam County Schools-Cloverdale High School	Lisa Baker, RN 765-795-4203	N/A	Indiana Dept. of Education
	Southwest Parke School Corporation	Marla Hasbrouck, RN 765-569-2073	N/A	Indiana Dept. of Education
	Vigo County School Corporation	Carol Lucas, RN 812-462-4011	N/A	Indiana Dept. of Education
	Rockville Elementary School	Amy McCallister, RN 765-569-5363	N/A	Indiana Dept. of Education
	Southwest School Corporation	Susan Tincher, RN 812-268-6311	N/A	Indiana Dept. of Education
	Ryves Youth Center at Etling Hall	Jim Edwards 812-235-1265	N/A	N/A
	Bethany House	Dotty Crippen 812-232-4978	N/A	N/A
	Wabash Valley Red Cross	Nikki Wessley 812-232-3393	N/A	N/A
	Mosaic	Brenda Tryon 812-235-3399	N/A	N/A
	Normal Life of Indiana (Res Care)	Cheryl Moore 812-234-3454	N/A	N/A
	Vermillion Co. Health Dept.	Penny Bridwell, RN 765-832-3622	N/A	Indiana State Department of Health
	Vermillion Parke Community Health Center	Nicole Hall, FNP, RN 765-828-1003	N/A	Indiana State Department of Health
	Vigo Co. Health Dept.	Jane Keyes, RN 812-462-3428	N/A	Indiana State Department of Health
	The Crossroad Connection/Gary's Place	Anastasia Fritz 812-232-4267	N/A	N/A
	Better Health Wabash Valley	James Twitchell 812-232-2391	N/A	HFAP
	Baby & Me Tobacco Free (Oct. 1 st).	Carrie Evans	N/A	Indiana State Dept. of Health

	/Prenatal Substance Use Prevention Program (PSUPP)	812-238-7631		
	14 th & Chestnut Community Center	Amanda Otieno 812-232-3126	N/A	N/A
	MDwise West Central Outreach – Indiana Wellness Consultants, LLC.	Becky Klingele 812-249-3920	N/A	N/A
	Minority Health Coalition of Vigo County	Dinah Farrington 812-234-8713	N/A	N/A
	Sullivan Co. Community Hospital – Wellness Program	Michelle Sly-Smith 812-268-4311	N/A	HFAP
	Hospice of Wabash Valley – VNA	John Meyer, RN 812-234-2515	Average census 60	Indiana State Dept. of Health
	Clay County YMCA – Summer Program	Nicole Frye 812-442-6761	N/A	N/A
	Plainfield School Corporation	Deb Draper, MSN, RN 317-839-2578	N/A	Indiana Dept. of Education
NURS 484	Union Hospital – OB/L&D	Dena Cochran 812-238-7000	8 Bed Capacity	HFAP
	Union Hospital – NICU	Toni Earlywine 812-238-7000	16 Bed Capacity	HFAP
	Union Hospital – ER	Jackie Martin 812-238-7000	18 Bed Capacity	HFAP
	Union Hospital – ICU	Annette Smith 812-238-7000	16 Bed Capacity	HFAP
	Union Hospital – Med/Surg	LouAnn Bender 812-238-7000	32 Bed Capacity	HFAP
	Union Clinton – ER	Marina Wolfe 765-832-1234	12 Bed Capacity	HFAP
	Methodist Hospital	Cindy Bowers 317-962-2000	828 Bed Capacity	TJC
	St. Vincent’s Hospital	John Coonrod 317-338-2273	750 Bed Capacity	TJC
	Bloomington Hospital	Debra Wellman 812-353-6821	355 Bed Capacity	TJC
	Hendricks Regional Hospital	Jennifer Harring 317-745-4451	160 Bed Capacity	HFAP
	Putnam County Hospital	Joni Perkins 765-653-5121	25 Bed Capacity	HFAP
	Veterans Hospital Indianapolis	Mary McMullen	165 Bed Capacity	TJC

		317-988-4198		
	Community East	Ron Day 317-355-1411	116 Bed Capacity	TJC
	Regional Hospital	Carrie Deakins 812-841-0161	278 Bed Capacity	TJC
	IU West	Angie Drake 317-217-3000	126 Bed Capacity	TJC
	St. Francis Hospital	Marcia McKinney 317-528-5000	170 Bed Capacity	HFAP
	Wishard Hospital	Amy Little 317-639-6671	293 Bed Capacity	TJC
	Riley Children's Hospital	Sharon Cochran	455 Bed Capacity	TJC

CRITERION 4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.

Clinical learning experiences are selected based on the appropriate health focus in each clinical nursing course and to support the achievement of student learning. The clinical experiences are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.

As reflected in Criterion 4.9, all clinical agencies are nationally accredited or at a minimum regulated by appropriate governing bodies. As accredited licensed facilities, these facilities have their own developed quality assurance and improvement programs, patient-safety initiatives, and emphasize evidence-based practice. Additionally, many of these facilities have or are seeking Magnet status.

CRITERION 4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.

Clinical contracts are on file in the nursing building and are the responsibility of the Contract Coordinator to ensure their currency. The Contract Coordinator works with the agency, faculty, and students to verify that students are in compliance with agency requirements, such as health requirements, thus assuring students and patient protection and safety.

The Contract Coordinator for the nursing programs seeks contact with an agency upon request for a clinical site at their facility. At this time, the agency is asked to enter into an agreement. If the standard agreement provided requires no additional requests for revisions, the process can then be finalized in approximately two weeks. This standard agreement is set up for a five year time frame. Other affiliation agreements can last from one semester to an open-ended arrangement where termination does not occur until either party decides to cease the agreement.

If an agency requires ISU to sign their agreement, the following process is initiated:

- Review of the agreement by Contract Coordinator.
- Approval by the Dean.

- Review by ISU's Risk Management.
- Review by Legal Counsel.

When an agency contract is nearing expiration, they are contacted by the Contract Coordinator to either renew or terminate. There is a letter of continuation that is used to extend the agreement. Currently, there are over 500 active contract agreements in approximately 35 different states.

The clinical contracts protect all parties, especially the students. All contracts must state a termination clause, thus ensuring that students will be assured of meeting their clinical objectives. Students also have the option of not continuing with a clinical agency without penalty.

CRITERION 4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.

Learning activities, instructional methods, and evaluation are developed in coordination with student learning outcomes and are based on best practices for both face-to-face and distance education. Students demonstrate how they meet the course learning outcomes through a variety of activities and assessments.

Theory content of nursing courses is evaluated through a variety of methods including formal papers, problem-based learning assignments, critical appraisal of nursing research, documentation of assessment findings, multiple choice examinations, simulated prescription orders, case studies, and peer presentations. Discussion board topics provide faculty with the opportunity to evaluate integration of evidence-based practice. Students are also required to take ATI assessments throughout their course of study to further validate and prepare them for the NCLEX-RN exam by increasing their confidence and familiarity with content and test-taking skills. Students are expected to utilize course concepts when providing care during the clinical experience. Students are expected to demonstrate, through a variety of clinical activities how they are meeting learning outcomes for each course. They develop patient data profiles, care plans, and concept maps to provide care and education to patients in the community.

Students are actively involved in evaluating their simulation and/or clinical performance with the clinical preceptor and/or clinical instructor. Students have the opportunity to evaluate their performance and to learn the importance of specific documentation supporting the achievement of learning outcomes.

Faculty members in the Department of BN utilize the Center for Instruction, Research, and Technology (CIRT) for technical support and instruction in the development and delivery of instructional tools for the campus classroom, as well as the online component of the face-to-face instruction.

Online faculty members in the Department of BNC have also had training opportunities from CIRT that emphasize online pedagogical principles. In addition, all faculty members have begun the use of an online template that has been created based on the Quality Matters principles and rubric. Quality Matters is an evidenced-based national standard for online course design development. Via the template, faculty members are exposed to best practices in course design in regards to aligning learning objectives, instructional materials, and assessments while accommodating students' learning style. All distance faculty members have received training in the QM rubric and will continue on to the peer review process. Throughout this process, instructional designers have been available for individual faculty consultation.

STANDARD 5

Resources

Fiscal, physical, and learning resources are sustainable and sufficient to ensure the achievement of the student learning outcomes and program outcomes of the nursing education unit.

CRITERION 5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and program outcomes, and commensurate with resources of the governing organization.

There are adequate fiscal resources to meet the program and student learning outcomes. The predominant source of financial support to the nursing departments is provided by Indiana State University (ISU). The University receives approximately 36.8% of operational costs from the state budget appropriation. Additional funds are provided from tuition, financial aid, contract services, sporting events, and general fees. Funds are used for salaries, benefits, and travel monies for personnel in administrative positions, tenure/tenure track positions, special purpose faculty positions, and support staff positions.

In 2010, the Board of Trustees at ISU approved a Clinical Education and Faculty Fee for all nursing clinical courses. The fee for undergraduates is \$300 per clinical course. Ten-percent of the money from these fees is allocated for consumables and software (for example, tutorials) for campus students. Another 5% of the money from these fees is returned to the University general fund for defaulted student debt. The remaining monies are used by departments for adjunct and special purpose faculty salaries, as well as clinical equipment needs.

A third source of revenue for the departments are internal and external grants, royalties from publications, and foundation funding. Grants include international travel grants, equipment grants, and assessment grants. A portion of royalties from The College Network content study modules is used for support staff, faculty development, faculty travel, and the Kaplan review material for baccalaureate students.

The final funding source is a special state appropriation. Indiana legislators voted in 2007 to create an annual line item allocation of \$250,000 to ISU, dedicated specifically to nursing

education. The first appropriation was received in 2008. Since then, the amount of the appropriation has decreased, with the most recent allocation being \$204,000. Expenditures from this fund are at the sole discretion of the Executive Director of Nursing, and have traditionally been used to pay for adjunct faculty salaries, travel expenses for faculty, and faculty development speakers.

Department of Baccalaureate Nursing (BN) and Department of Baccalaureate Nursing Completion (BNC) operating budgets for the past three years are located in Appendix F, along with the operating budget for the Department of Social Work within the College of Nursing, Health, and Human Services (CONHHS). Operating budgets for all departments within the college have remained consistent for the past three years.

CRITERION 5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes, and meet the needs of the faculty, staff, and students.

Nursing Building: The Nursing Building (NB) houses an auditorium, classrooms, labs, lounges, conference rooms, the Learning Resources Center (LRC), and offices for administrators, faculty, and staff members. The Contract Coordinator also serves as the Building Coordinator and is responsible for: vending machines, building signs, building repairs/renovations, custodial services, grounds management, campus purchasing quotes, community purchasing quotes, central receiving personnel (movers), recycling, and emergency contact maintaining and monitoring emergency alarms and plan(s) for function and currency respectively.

Offices: The office of the Dean of the CONHHS, which includes a private office and an adjoining administrative assistant office, is located on the 4th floor. The office of the Executive Director of Nursing, which includes an adjoining administrative assistant office, is located on the 3rd floor. The offices of the Chairperson of the Department of BN and BNC both include an adjoining administrative assistant office and are located on the 3rd floor. Also located on the 3rd floor, the office of Student Affairs includes an adjoining support staff office.

All tenure-track faculty and professional staff have private offices located on the 2nd, 3rd, and 4th floors. Each Program Director has a private office. Non-tenure track faculty and some distance

faculty share offices located on the 3rd and 4th floors, and use conference rooms for private meetings as needed. Each office is furnished with a desk(s), chairs, book shelves, file cabinets, direct dial telephone(s), and laptop(s) with docking stations securely networked to access servers, printers, and copiers.

Classrooms: All nursing classes are held in classrooms located in the NB, which are equipped with a podium, seats, chalkboard, and multi-media projection system with screen. Three Classrooms on the 1st floor seat 42-50 students. The auditorium seats 124 persons and is equipped with a Symposium (podium), chalkboard, multi-media projection system with screen, and 4 plasma television screens. Secure wireless internet access is available in all classrooms including the auditorium, which has additional features of wireless microphone and Tegrity capabilities.

Lounges: The newly renovated faculty lounge is located on the 4th floor and is available to faculty and staff for department meetings, workshops, conferences, socialization, and recreational activities. It is equipped with tables, chairs, sofas, multi-media system with screen, wireless microphone, secure wireless internet access, direct dial telephone, coffee pot, microwave, stove, and refrigerator. The student lounge is located on the 2nd floor and is available for study, socialization, and recreational activities. It is equipped with tables, chairs, sofas, wireless internet access, coffee pot, microwave, refrigerator, library of current professional journals/popular magazines, bulletin boards, and a locked storage cabinet.

Lockers: A room with 20 storage lockers adjacent to the men's restroom, and another room with 30 storage lockers adjacent to the women's restroom are both located on the 2nd floor.

Storage: Storage areas for supplies, equipment, and audio-visual materials are: NB rooms 108 (located behind 107), 207, 208, 210, 211, 213, and 216. Rooms 108 and 426a are locked storage areas used to keep old student records.

Landsbaum Center for Health Education: The Landsbaum Center for Health Education (LCHE) is located at 1433 North 6 ½ Street, Terre Haute, Indiana. This facility is a partnership between

Union Hospital's Richard G. Lugar Center for Rural Health, Indiana University School of Medicine – Terre Haute, and Indiana State University. The LCHE offers opportunities for health improvement and team learning through interprofessional education. This two story 34,000 square foot building includes a 150 seat lecture hall/auditorium, 3 classrooms, 1 study lounge/library, 2 nursing stations, 1 patient waiting area, 9 patient examination rooms, 1 laboratory, 30 offices, and 6 conference rooms which are supported by advanced information technology.

Sycamore Nursing Center: The Sycamore Nursing Center (SNC) is located on the 1st floor of the LCHE. This facility includes a waiting room with receptionist area, 2 conference rooms, 1 clinical lab, 6 patient examination rooms, 1 nursing station, 1 storage area, and 1 office. Founded in 1981, the SNC offers services to the community and provides clinical learning experiences to students enrolled in health-related programs offered by ISU – CONHHS. It is a charter member of the National League for Nursing (NLN) and NLN Council of Nursing Centers. The SNC offers comprehensive health assessments to persons of all ages, including immunizations to pediatric populations for a minimal fee.

Learning Resources Center: The nursing LRC is located on the 2nd floor of the NB. It consists of 1 skills lab, 3 auxiliary skills labs, 1 demonstration classroom/lab, 1 printing lab, and 1 staff office. The LRC provides a quality learning environment that functions to enhance teaching and learning activities.

Skills Lab: The skills lab is located on the 1st floor (NB room 106), and can accommodate 20 students. The lab contains 1 electric hospital bed with headwall unit, 1 crash cart, 1 medication cart, 1 permanently installed multi-media system, 1 wall mounted computer charting system, 2 lockable storage cabinets, 12 tables for small group work/skills demonstration/practice, and 1 Laerdal VitalSim manikin (Nurse Kelly).

Auxiliary Skills Lab: This auxiliary skills lab is located on the 2nd floor (NB room 209), and can accommodate 30 students. See Table 5.3.1 for inventory list.

Demonstration Classroom/Lab: The demonstration classroom/lab is located on the 2nd floor (NB room 210). See Table 5.3.1 for inventory list.

Printing Lab: The printing lab is located on the 2nd floor (NB room 214). It contains 1 laser printer capable of wireless printing.

Table 5.2.1 *Physical space dimensions by room type in Nursing Building*

Physical Space	Room Number	Size (Feet)
Executive Director of Nursing Office	311	22X12
Department Chairpersons Office	315, 324	19X11
Faculty Offices	302	19X11
	301, 303, 304, 305, 313, 314, 317, 320, 321, 322, 323, 405, 407	11X12
	418	11X11
Support Staff Offices	201	24X11
	208	24X10
	331, 335	14X14
	306, 307, 316, 318, 319, 325, 406	11X12
Student Affairs Office	328	250 square feet
Conference Rooms	416	31X33
	427	24X14
	328 B	18X10
Classrooms	107	40X46
	101, 105, 109	30X30
Classrooms/Labs	209, 210	30X30
	326/327	28X24
Labs	215	66X30
	106	30X30
Printing Labs/Storage	211, 212, 214, 220	30X16
	312	19X11
	426	12X14
Storage	108	16X46
	207	24X10
	328 A	16X10
	426 A	12X14
Lounge	206	21X30
Locker Rooms	Men's	16X7
	Women's	16X7

CRITERION 5.3 Learning resources and technology are selected with faculty and are comprehensive, current, and accessible to faculty and students.

Laptop Campus: ISU is a laptop institution, which means that students are required to have a laptop when enrolling at ISU. Minimum specifications are outlined by the Office of Information Technology (OIT) for students who already have a laptop. Laptops are available to all full-time freshmen through rental or purchase programs. In addition, all incoming freshmen are automatically considered for the Laptop Award, which awards a laptop to any student that has completed a minimum of core 40 or college-prep curriculum and has earned a minimum cumulative high school GPA of 3.0 out of 4.0. Laptop support is provided by OIT and the Student Computer Support Center. Student printing stations are available in multiple locations on campus, including the Nursing Building and student dormitories. Two general computer labs are located on campus and are available for students, faculty, and staff during specified hours. A PC lab is located in the Science Building, Room 134 and a Mac lab is located in the Fine Arts Building, Room 112.

Learning Resources Center (LRC): The Director of the LRC is available Monday through Friday from 8:00 am – 4:30 pm. The director is responsible for coordinating the use of the facilities and for the selection, purchase, storage, retrieval, utilization, security, and maintenance of lab supplies and equipment. As potential new beneficial equipment is identified, the director will send the information to the Department Chair and faculty. If a faculty member inquires about a resource, the director will research and provide the faculty member with additional information. Faculty members can request new items for use in the LRC at any time. A reference library is also located in the LRC. Books are no older than five years. Occasionally some resources are older, such as videos for assessment techniques, but only if the information remains current or there is no similar resource yet available. Models and other equipment are kept as long as it is functional, not damaged, or until a newer version of the model can be procured. The director relies on the faculty to notify her when items are outdated or when new equipment is available or being used in the agencies.

Faculty members have access to most of the models and equipment most of the time. Faculty and students can request equipment or reserve rooms via a web form, as outlined in the LRC Procedures located at <http://www.indstate.edu/nursing/lrc/lrc-procedures.htm#resources>.

Table 5.3.1 illustrates the learning resource equipment located in each nursing laboratory room as described previously.

Table 5.3.1 *Learning Resources Equipment*

Lab	Learning Resources Equipment
NB 106	1 adult crash cart 1 adult patient simulator 1 automated external defibrillator 1 bed 1 bedside table 1 bladder scanner 1 chest tube manikin 1 Dinamap for vital signs 1 emergency phone 1 female catheter model 1 Kangaroo pump 1 large chalkboard 1 male catheter model 1 medication dispenser (MedDispense) 1 multimedia computer control unit 1 nasogastric tube model 1 patient controlled analgesia pump 1 pediatric crash cart 1 portable oxygen tank 1 projector 1 surgical model 1 touch screen computer with PICASO charting software 1 vital signs simulator 1 wall unit 11 intravenous poles 12 lead electrocardiogram 12 tables 2 large storage cabinets 2 suction machine 20 plastic chairs 3 central venous access devices models 3 tracheostomy models 4 wound models 5 intravenous pumps

	<p>5 peripheral intravenous line arm models 7 sharps containers Multiple room dividers Multiple simulator parts</p>
NB 209	<p>1 bed 1 bedside table 1 crib 1 diagnostic/x-ray backlight 1 dry erase board 1 emergency phone 1 infant simulator 1 infant transport cart 1 infant weight scale 1 multimedia computer control unit 1 pediatric simulator 1 projector 1 standing digital weight scale 1 wall mounted height ruler 2 large storage cabinets 2 sharps containers 2 touch screen computer with PICASO charting software 2 wall units 30 arm chairs 9 tables Multiple room dividers</p>
NB 210	<p>1 bed 1 bedside table 1 emergency phone 1 large chalkboard 1 large storage cabinet 1 multimedia computer control unit 1 nasogastric tube model 1 projector 1 touch screen computer with PICASO charting software 4 large tables 50 floor mounted arm chairs</p>
NB 215	<p>1 analog weight scale 3 ARJO patient lifts 1 ceiling mounted ARJO patient lift 1 emergency phone 1 kitchen 1 large television 1 patient transport cart 1 refrigerator</p>

	1 sharps container 1 videocassette recorder 10 beds 10 small cabinets 2 large tables 2 soiled linen hampers 4 large storage cabinets 4 patient exam tables/benches 9 arm chairs 9 bedside tables 9 touch screen computer with PICASO charting software Multiple room dividers
NB 326/327	1 bed 1 bedside table 1 emergency phone 1 large file cabinet 1 large table 1 multimedia computer control unit 1 projector 1 small cabinet 1 touch screen computer with PICASO charting software 20 arm chairs 3 blackboards 3 large storage cabinets

Simulation Center: The 7,000 square foot simulation center is located in the Rural Health Innovation Collaborative (RHIC) at Union Hospital (West Building), of which ISU is a partner. The major goal of the RHIC is to promote interprofessional education between health related fields including nursing, medicine, social work, athletic training, and physician assistant programs among others. It strives to promote excellence in clinical care, advance patient safety initiatives, and contribute to health care-focused research. The simulation center features sophisticated, computer-driven high-fidelity mannequins that bridge the gap between theoretical learning and clinical practice. Table 5.3.2 demonstrates that inventory list for the RHIC Simulation Center.

Table 5.3.2 *RHIC Simulation Center Inventory List*

RHIC Simulation Center Inventory
1 blue sofa
1 Dell Optiplex GX 260 desktop computer
1 rolling desk chair
1 vacuum
2 Adele Stryker Neonatal Warmer
2 Adult Airway Task Trainer
2 desktop monitors
2 HP Compaq NX 7400 laptop
2 HP Deskjet 990CX1 printer
2 Laerdal Seymour II Wound Care Task Trainers
2 magazine racks
2 metal desks
2 non-rolling desk chairs
2 physician exam light
2 rolling desk chairs
2 Simulab Sonoman fast module
2 Vocera communication devices
2 wooden desks
2003 Ferno 35 P Proflexx stretcher
3 bulletin boards
3 HP Laserjet 2430N printers
3 lateral file cabinets
3 metal cabinets
3 patient bedside table
3 physician exam table
3 wooden bookshelves
4 Abbott Plum IV Pumps
4 Armstrong IV Training Arms
4 desktop LCD monitors
4 Simulab Delux Boss Suture Trainers
5 PICASO touch screen Monitors
60" x 34" wooden table
7 Dell Optiplex GX 520 desktop computer
7 rolling stools
7 Stryker patient beds
8 conference room chairs
Advanced Medical Systems Intra-partum Monitor
AIS ATL L7-4 HDI Ultrasound Probe
American Locker Day Lockers
Anatomage 3D Dissection Table
Arterial Arm Stick Kit
AV System Expansion Phase 2
AV System HRSA (Simulation Eq)

Belkin LCD projector
Cardionics SAM II Auscultation Trainer
Carefusion PYXIS Medication Administration
Conference room table
Crash cart
Dell Control Room Computer
Digital 8 Video Camera
DVD player
ECG Machine
ECG Simulator
EZ Emergency Cart
Female Urinary Catheter Trainer
Flexible Sigmoidoscopy Device
Fluoroscopy C Arm
Fluoroscopy Monitors
Gaumard Gynecological Task Trainer
Gaumard HAL Simulator
Gaumard NOELLE OBSTETRICAL SIMULATOR
Gaumard NOELLE Simulator
HP Compaq 6710b laptop
HP DC 5800 desktop computer
HP DC 7700 desktop computer
HP DC 7900 desktop computer
IV poles
Labor and deliver patient bed
Laerdal AED Trainer
Laerdal Chester Chest CVL Trainer
Laerdal Peter PICC Task Trainer
Laerdal Sim Man 3G Adult Simulator 1
Laerdal Sim Man 3G Adult Simulator 2
Laerdal SIM MAN ESSENTIAL
Lenovo Yoga Ideapad laptop
Limbs & Things Arterial Puncture Arm
Limbs & Things Lumbar Puncture Trainer
Mak Cart
Male Urinary Catheter Trainer
Medtronic Lifepak 12
Medtronic Lifepak 12 Defibrillator
Metal supply cabinet
METI HPS Simulator
METI Pediasim Pediatric Simulator
Microsoft Surface Pro laptop
Neonatal Intubation Trainer
Ohmeda Neonatal Warmer

Ophthalmoscope
Oscilloscope Dual Trace
Pediatric crib
Phillips 40" LCD TV
Physician speculum exam light
RJE interiors desk/chairs for combined Debriefing Room/Classroom
Rolling AV cart
Rolling supply cart
Samsung CLP 300 printer
Sensory Tech Classroom Monitor
Sigmoidoscopy Simulator
Sim Junior Simulator
Simbionix GI Mentor
Simulab CVL Access Trainer
Simulab Sonoman
Ultrasound machine

McKee Nursing Center: The McKee Nursing Center is located on the 1st and lower level floors of Sandison Hall (SH), a nursing themed living-learning community. A result of a generous donation from a nursing professor emerita, the McKee Nursing Center provides a quality learning environment that functions to enhance learning activities, even after hours. It consists of one faculty office (SH room 111), one student lounge (SH room 12), one clinical room (LL05), and three study rooms (LL01, LL02, and LL06). The student lounge contains sofas and three round tables for small group work, which is accessible to on-and off-campus students through the residence hall security system. The clinical room contains 1 hospital bed with manikins for nursing skill practice (i.e., catheters, chest tubes), a medication cart, and reference books. Study rooms are for Supplemental Instruction (SI) sessions, tutoring sessions, and meetings for the Student Nurses Association. Room 06 contains 14 small tables and a multimedia system. Rooms 01 and 02 can be used as a single room or as one big room, which contains 17 small tables, a white board, multi-media projection system, and 2 lockable storage cabinets.

Supplemental Instruction (SI): Offered by the Center for Student Success, SI is an internationally recognized academic support program offering free, regularly scheduled, out-of-class, review sessions. The sessions are informal and are facilitated by SI Leaders, students who have demonstrated proficiency in the course and act as model students.

Library: Cunningham Memorial Library meets the information needs of the baccalaureate program through electronic media, print media, videos, CD-ROMs, databases, and search engines. The online catalog provides access to the collections of Indiana State University, Saint Mary-of-the-Woods College Library, Rose-Hulman Institute of Technology Library, and the Vigo County Public Library. Articles and publications are identified through databases such as The Cochrane Library, ProQuest Nursing & Allied Health Source, EBSCOhost (including CINAHL and MEDLINE), and LexisNexis Academic. Books and photocopies of articles not available at the library can be obtained through interlibrary loans.

A Library Committee, consisting of a nursing faculty member from each department, participates in the selection and removal of library materials relevant to nursing. Meetings are held as needed, but generally correspondence occurs via email. The nursing librarian sends periodic lists of nursing titles available and faculty may send her orders from that list or any other source. The library currently has approximately 2,677 print titles for nursing. In addition, there are more than 600 nursing e-journals and 540 nursing e-books available. Deselection of items from the library is performed at the start of the fall and spring semester. Items to be deselected are posted to the library website for comments. Some items are retained if professors from other disciplines report a need. Items are typically deselected if they are older than 5 years, but this is not applied when it is not relevant, as in anatomy books, for example. Nursing faculty members have also expressed a desire to keep historical and rare nursing materials and some first and second editions of classic nursing titles.

Interactive library tutorials and research guides are available to students online through MyISU Portal, the library's home webpage at <http://lib.indstate.edu> , and <http://libguides.indstate.edu>. The library liaison for nursing, Shelley Arvin, can be contacted by students for individualized instruction focused on their specific needs, especially during weekly visits to the NB. Further assistance with library needs is available by phone, e-mail, chat reference, Blackboard courses, and the Reference Desk. Distance students can schedule an Online Reference Session which allows learners to receive demonstrations of search strategies and database use by sharing the librarian's computer screen. The library is open 24 hours for 5 days, Sunday through Thursday, closing at 7 p.m. on Friday, open from noon to 5 p.m. on Saturday, and open at noon on Sunday.

CRITERION 5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of the faculty and students engaged in alternative methods of delivery.

There are sufficient fiscal, physical, technological, and learning resources for distance education. Fiscal appropriations for salaries, operating expenses, travel, and equipment needs are met. Distance education faculty members are provided with a University computer and technical support. Technology support, for both faculty and students, is available through the Office of Information Technology (OIT) at <http://www.indstate.edu/oit1/>. Training for faculty and staff is available periodically in a formal format or one-on-one from the OIT.

The Department of BNC has dedicated support personnel that assist distance students with admission, registration, and advising. Additional support services available to distance students include the Math and Writing Center and library support. Distance students may submit their papers to the center to a consultant virtually, or meet with a tutor in real time. Distance students can be assisted individually by library staff at <http://lib.indstate.edu/index.html> and by Information Technology personnel at <http://www.indstate.edu/oit1/services/ithelp/>. Online computer use tutorials for students are accessible at <http://www.indstate.edu/nursing/lrc/computer-guide/lrc-computer-guide.htm>.

In addition to the library services offered, the distance education students also have a variety of services available to assist them while completing their online degree. The Office of Extended Learning has developed a Student Services Concierge (SSC) specifically for distance students. The SSC provides services and resources for both undergraduate and graduate distance programs, serves as a student advocate with various departments and offices across campus, and connects students to campus services, as needed. Information on the SSC can be found at <http://www.indstate.edu/distance/studentServices.shtml>. Furthermore, Sycamore Express, located at <http://www.indstate.edu/express/>, is a convenient resource for students and provides information and assistance with academic options, billing and finances, financial aid, graduation, housing and dining, registration, scholarships, and other University services and resources.

Another feature that the Distance Education office provides is professional development for faculty. In the past year, workshops, lectures, and panel discussions have been offered on the

following topic areas: learning management systems, lecture capture software, webinar software, best practices of group work in an online environment, best practices for online teaching panel discussion, how to service distance students with a disability, National Distance Learning Week sponsored by the United States Distance Learning Association, copyright issues in online, reducing workload in Distance Education classrooms, resources for an online class, cheating and plagiarism online, reflective practices for online teachers, creating a community using collaborative writing tools such as wikis, and authentic assessment series which covers project based learning, testing, writing, and digital assessments. Furthermore, there is a Distance Education Newsletter for both faculty and students. Previous issues can be accessed at <http://www.indstate.edu/distance/newsletter.shtml>.

Instructional Design Specialists are available to provide extra assistance in designing and maintaining online and traditional courses. An Online Instructor Certificate Course is offered to provide faculty with the necessary skills needed to develop online courses. Institutional support is also provided for piloting Quality Matters (QM) with the Department of BNC. The pilot of this program is currently in progress. QM is a leader in quality assurance for online education and has received national recognition for its peer-based approach to continuous improvement in online education and student learning. The program features:

- Faculty-centered continuous improvement models for assuring the quality of online courses through peer review
- Professional development workshops and certification courses for instructors and online learning professionals
- Rubrics for applying quality standards to course design

In order to maintain the highest academic integrity, the Department of Extended Learning and Department of BNC collaborated to provide online distance proctoring for all credit by examinations, TEAS, final course exam, and ATI content master examinations for all distance nursing students. Collaboration from both departments ensures students receive cost effective proctoring through B Virtual technology for testing throughout the various phases in both the LPN to BS and RN to BS tracks.

STANDARD 6

Outcomes

Program evaluation demonstrates that students and graduates have achieved the student learning outcomes, program outcomes, and role-specific graduate competencies of the nursing education unit.

CRITERION 6.1. The systematic plan for the evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following:

- Student learning outcomes;
- Program outcomes;
- Roles-specific graduate competencies; and
- The ACEN Standards

The baccalaureate program has an ongoing and dynamic systematic, comprehensive plan to evaluate student learning outcomes, program outcomes, role-specific competencies, and ACEN Standards. The University has a strong commitment to systematic program assessment in accordance with the Higher Learning Commission (HLC) of the North Central Association of Colleges and Schools (NCA) for regional accreditation. The College supports this effort with the previous College Assessment Taskforce and, most recently, by adding the College Assessment Committee. The systematic plan for assessment and findings is uploaded into the Indiana State University (ISU) Department of Assessment software known as TaskStream. TaskStream is a cloud-based data management system that allows the Department Chair and Program Directors to efficiently plan and manage assessment processes, demonstrate learning achievement, and foster continuous improvement for process and outcome data. TaskStream allows data to be rapidly assessed and imported into presentations and charts for assessment teams to study for continuous performance improvement. It is an effective way to document, analyze, manage and archive the outcomes assessment and accountability initiatives at all levels of the institution. The system is used for overall University assessment and each department is held accountable for entering data to ensure program evaluation for institutional accreditation.

The systematic plan for evaluation (SPE) includes operational definitions, expected levels of achievement, assessment data location, faculty member(s) responsible for data collection, frequency of data collection, assessment method, results, and analysis of assessment data

including trends. The SPE is evaluated annually and revised, as necessary. The Assessment Committee is composed of all full-time faculty members within each department. Assessment meetings occur at least once per month with faculty utilizing these meetings as a collaborative forum to formulate a new plan or modify an ongoing program plan of action as needed based on data analyses with the goal of ensuring attainment of programmatic benchmarks.

With the ongoing transition into the revised curriculum, the traditional, LPN to BS, and the RN to BS tracks are currently assessing the SLOs identified in Standard 4 under the old curriculum. The accelerated track assessment plan reflects the revised curriculum SLOs. The eight new graduate outcomes of the old curriculum are designed to reflect program competencies or goals and are leveled within the semesters. Data on the four different baccalaureate tracks are collected and evaluated separately, thus allowing necessary improvements to be made independently to each track based on the corresponding assessment findings. The Executive Director of Nursing, Department Chairpersons and Program Directors from both departments meet regularly to share assessment findings and resultant plans of actions. The baccalaureate nursing program Systematic Plan of Evaluation is located in Appendix G. There is one unified plan, however, based on the alternate mode of delivery and entry level of the student, findings are presented for each program track separately, as indicated.

CRITERION 6.2 Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.

Faculty in the Department of Baccalaureate Nursing (BN) and Baccalaureate Nursing Completion (BNC) utilize a variety of assessment methods to determine achievement of student learning outcomes, new graduate outcomes and program outcomes. Table 6.2.1 demonstrates examples of assessment measures utilized.

Table 6.2.1 *Baccalaureate Assessment Methods to Determine Student Achievement of Learning Outcomes*

Assessment Process or Tool	Assessment Measured
Electronic Student Instructional Report (ESIRS) Qualtrics End of Course Surveys	Objective and subjective course feedback including evaluations from students in areas such as instructor performance, student

	learning outcomes, technology, and overall satisfaction of course and instruction methods
Faculty Evaluations of Students and Courses	Objective and subjective feedback provided by course faculty for curriculum and course improvement
ATI Content Mastery/RN Comprehensive Predictor	Student learning outcomes and new graduate outcomes
Course Exams	Weekly objectives and course specific objectives
Clinical Performance Evaluations	Course specific student learning outcomes related to clinical components of course
Student Exit Survey Data	Student satisfaction, and new graduate outcomes
Alumni Survey (6-12 months post-graduation)	Student satisfaction, Job placement data
Employer Survey	Employer satisfaction of graduates
NCLEX-RN Data	Student learning outcomes, new graduate outcomes, and program outcomes

Table 6.2.2 provides examples of student performance on standardized tests and action plans for improvement in each of the three tracks (accelerated, distance LPN to BS, and traditional campus).

Table 6.2.2 *Examples of Data-Driven Action Plans for Improvement for Baccalaureate program*

Track	Assessment Data	Action Plan for Improvement
Accelerated	Low average aggregate score on ATI RN Leadership Fall 2012 and Spring 2013	<ul style="list-style-type: none"> • Moved ATI Leadership to NURS490 (to be implemented in Summer 2014) • Faculty revisits/reviews leadership concepts throughout all courses, including but not limited to prioritization and delegation
Distance	Below benchmark Medical-Surgical Nursing ATI score	<ul style="list-style-type: none"> • Moved ATI Pharmacology to NURS484 Summer 2013 • ATI Policy Revision to include mandatory focused reviews and benchmarks for practice exams for student completion prior to access

	<p>Below national average for NCLEX-RN first time pass rates</p>	<p>to content master exams</p> <ul style="list-style-type: none"> • Course faculty to begin remediation early in course structure to enhance opportunities for practice and incentivize practice practice exams and focused reviews • Offered online live Kaplan review to all students starting fall 2012 • Increased assessment benchmark to a raw score that reflects a 94% probability of passing the NCLEX-RN on the ATI Comprehensive Predictor Exam. • Included the Kaplan review raw score that reflects a 94% probability of passing NCLEX-RN as an additional alternative for students to illustrate NCLEX-RN readiness. • Continuing education activities on topics including test item writing, remediation, promoting student critical thinking skills, and student assessment provided to the faculty annually • Increased alternative format type questions in all course exams per creation of test writing policy • ATI Practice Exams set without rationales to increase remediation and focused reviews of identified content areas of concern
<p>Traditional</p>	<p>Below national average for NCLEX-RN first time pass rates</p>	<ul style="list-style-type: none"> • Offered live Kaplan review in culminating course NURS486.

		<ul style="list-style-type: none"> • Increased assessment benchmark to a raw score that reflects a 94% probability of passing the NCLEX-RN on the ATI Comprehensive Predictor Exam. • Included the Kaplan review raw score that reflects a 94% probability of passing NCLEX-RN as an additional alternative for students to illustrate NCLEX-RN readiness. • Final semester students who are identified as at-risk based on ATI Content Mastery records are contacted by either Chair or Directors and offered assistance with study, review, remediation in preparation for Comprehensive Predictor and future NCLEX success • One-on-one faculty to student remediation sessions strongly encouraged for at-risk students • Students who drop or fail a nursing course and then retake it must meet with the course instructor to review and sign a “Learning Contract” which includes recommendations and strategies for improvement/success • Continuing education activities on topics including test item writing, remediation, promoting student critical thinking skills, and student assessment provided to the faculty annually
--	--	---

		<ul style="list-style-type: none"> • Increased alternative format type questions in all course exams • ATI content reading assignments that coincide with classroom topics are assigned along with textbook reading assignments • A NCLEX review book was adopted—all students purchase this book early in the curriculum. Correlating chapters are assigned throughout the curriculum to provide additional review and practice question.
--	--	---

CRITERION 6.3. Evaluation findings are shared with communities of interest.

The baccalaureate nursing program shares the results of the ongoing program assessment with members of the public that comprise the Advisory Committee and students via their participation on the department Assessment Committee. Department faculty members inform students, and personnel in organizations/agencies where students complete their clinical experiences, about graduate programs, policies, and procedures that directly affect students or the clinical sites.

Annual Advisory Committee meetings are held to disseminate the assessment findings, discuss strategies for improvement when benchmarks are not met, and to solicit feedback/advice from the advisory committee. Examples of collaboration are discussed below.

- In an effort to improve the return rate of the employer satisfaction survey, the Department of BNC worked with their advisory committee and collaboratively identified that a paper format would likely increase the return rate. This change of delivery method for the employer satisfaction survey resulted in an increased return rate.
- The Department of BN shared the same assessment issue with their advisory committee; low return rate on employer satisfaction survey. The advisory committee suggested the

survey be sent to nursing executives of the local hospital for distribution to nursing care managers who recently hired ISU graduates.

- In an effort to help improve pass rates on the NCLEX-RN exam and recruit new nurses, Union Hospital initiated the development of a new student summer externship program in the summer of 2012.

Information that directly affects students, including changes in all policies, procedures, and program information is provided by the faculty within the courses. This is done on the Blackboard course site and on the College website. Information is disseminated through meetings, letters, emails, Student Handbook, and University catalogs.

CRITERION 6.4 The program demonstrates evidence of achievement in meeting the program outcomes.

6.4.1. Performance on licensure exam: The program's 3-year mean for the licensure exam pass rate will be at or above the national mean for the same 3-year period.

Actual Level of Achievement: Pass rates on the NCLEX-RN licensure exam have gradually increased over the past two years as compared to the previous three year period (2008 - 86.49%; 2009 - 72.72%, 2010 - 81.15%) and are provided in Table 6.4.1.1.

Table 6.4.1.1 *NCLEX-RN Licensure Exam Rates (2011-to date)*

	2011* took/passed (%)	2012 took/passed (%)	2013 (1 st quarter) took/passed (%)	2013 (2 nd quarter) took/passed (%)	2013 (3rd quarter) took/passed (%)	2013 (total year to date) took/passed (%)	Three Year Mean (excluding 4 th quarter 2013)
Traditional	61/79 (77.22%)	70/79 (88.61%)	21/24 (88%)	27/39 (69.23%)	12/14 (86%)	60/77 (78%)	191/235 (81.28%)
Accelerated	N/A	11/11 (100%)	0/0	0/1 (0%)	14/15 (93%)	14/16 (87.50%)	25/27 (92.59%)
LPN to BS	37/43 (86.05%)	43/46 (93.5%)	25/26 (96.15%)	12/16 (75%)	13/16 (81%)	50/58 (86.21%)	130/147 (88.44%)
Combined	98/122 (80.33%)	124/136 (91.18%)	46/50 (92%)	39/56 (69.64%)	39/45 (87%)	124/151 (82.12%)	346/409 (84.60%)
National Mean	87.89%	90.34%	90.35%	83.00%	80.78%	84.28% (year to date)	

*Fall 2011 Date of last accreditation visit

Action Taken: Pass rates on the licensure exam in 2011 (date of last accreditation visit fall 2011) and previous years did not meet the national mean. A number of factors contributing to these fluctuations were identified and a comprehensive plan of correction was implemented in an effort to improve licensure exam pass rates. Implementation of the plan included a variety of strategies which included the following:

- Strengthening of the Assessment Technologies Institute (ATI) Comprehensive exam policy requiring students to achieve a 94% probability of passing the licensure exam was implemented including remediation by faculty for any student below this benchmark.
- A 17% reduction in the number of students admitted to reduce class size and improve resources available to students.
- A change in admission criteria was implemented by the Department of BN utilizing a combination of TEAS scores, overall GPA, and Science course GPA to improve the quality of admitted students. The Department of BNC also changed their admission criteria, increasing the overall GPA requirement from 2.5 to 2.75.
- Curricular revision was completed and is being implemented throughout the program based on NLN outcomes and competencies, IOM safety initiatives and AACN Essentials of Baccalaureate Nursing.
- ATI content mastery monitoring and review by faculty was implemented including an increase in ATI materials covered in courses and ensuring that each course with an ATI Content Mastery exam establish that the Content Mastery exam be 10% of the course grade.
- Increased coordinated efforts by all medical/surgical faculty was instituted to ensure appropriate content coverage as outlined by the licensure exam blueprint including skills, clinical activities, and clinical evaluations.
- A 4 day face-to-face licensure exam review course for campus based students is now a program requirement along with a live, online review for distance students.
- An increase in simulation experiences was established to include a minimum of one simulation experience in each of the clinical nursing courses for campus based students.
- Implementation of additional instructional delivery of content and problem based case studies to connect theory to practice.

- Improvement in test writing skills based on the NCLEX-RN blueprint for faculty through faculty in-services with faculty expected to attend the provided workshops.
- Implementation of a cognitive test plan to ensure appropriate number of application and analysis type questions on each exam culminating in a minimum of 90% of these types of questions by the final semester and verified through peer evaluation of test items.

Additional steps to improve licensure rates were implemented and can be seen in the complete Plan of Correction located in the Document Room.

Following implementation of the Comprehensive Plan of Correction, the program experienced a significant improvement in licensure pass rates for 2012 with an overall pass rate of 91.18%, which was above the national average of 90.34%. It was the belief of the nursing faculty that implementation of these changes would continue to yield improved pass rates above the national mean. First quarter results for 2013 continued to be encouraging with an overall program pass rate of 92% or 46 out of 50 students (national average 90.35%). However, the 2013 second quarter results were not as encouraging. With the implementation of the changes to the licensure exam in the second quarter of 2013, national pass rates dropped from 90.35% to 83.00%; however program rates also fell significantly to 70% for the second quarter for an overall mean of 84.34% for the first and second quarters combined, despite efforts to maintain licensure rates above the national mean.

The significant drop in licensure rates for the second quarter resulted in immediate efforts to determine possible causes for the rapid decline. No immediate obvious reasons presented themselves for the sudden and unexpected drop in licensure pass rates. Results from the ATI Comprehensive Predictor exam for these students did not suggest a sudden drop in preparedness with scores indicating that all students attempting the licensure exam having a higher than 94% probability of being successful on the licensure exam. An attempt was made to determine if any other commonalities could be identified as to why this group of students did not perform well in the second quarter of 2013. Assessment data collected from the departmental assessment plan does not indicate any serious problem with this group of students nor do course grades, clinical evaluations, or ATI Content Mastery scores when traced back through these students since admission into the nursing program.

One plausible explanation is students who have been under the new curriculum revision have not yet graduated and attempted the licensure exam. The one exception to this includes the students enrolled in the campus accelerated second degree track. This track was initiated in summer of 2011 with the newly revised curriculum in place. These students completed the coursework in 2012 all under the newly revised curriculum and show promising licensure pass rates.

Licensure pass rate results for the third quarter of 2013 once again showed improvement with the combined pass rate of 87%, which was well above the national pass rate of 80.78% for the third quarter. It is possible that the second quarter results may have been a statistical anomaly. However, in light of the actual results, additional continuing education was provided to faculty prior to the start of the fall 2013 semester. The day long workshop was aimed at improving test writing skills with an emphasis on promoting critical thinking. A focus on the 2013 NCLEX-RN test plan was included as well as improving alignment of course and unit outcomes to this plan. Test analysis including reliability coefficients, difficulty level analysis, and item discrimination techniques were discussed.

6.4.2. Program Completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and program options.

Program completion is an important indicator of student success. Measurement of program completion rates is aligned with the strategic plan for ISU and echoes the University's goals of increased student retention and success. To show their commitment and emphasis on student success, ISU announced a four year graduation guarantee for students enrolling fall 2012 and beyond. This guarantee assures eligible students that they will be able to complete a bachelor's degree within four years. If not, the student will be able to take any remaining courses tuition free. Additional information on the Sycamore Graduation Guarantee is located at <http://www.indstate.edu/express/guarantee.htm>.

However, students may encounter circumstances that result in the slowing of their academic progression or, at times, an absolute stopping of the program. Faculty and staff realize that these mishaps will never be eliminated; however, with quality advisement and mentoring, as well as close monitoring, program completion rates can be maintained above the desired benchmark.

Program completion rates are recorded and monitored to track student progression and identify potential barriers and/or facilitators to student success. Program completion rates are determined by the number of students who have successfully completed, or who are on track to complete the program by their projected graduation date, divided by the number of students who were admitted to the program and subsequently enrolled in program offerings.

Expected Level of Achievement: The expected level of achievement for the baccalaureate program is that 80% of students will graduate within 150% of the stated program length.

Actual Level of Achievement: Tables 6.4.2.1 through 6.4.2.5 demonstrate program completion rates for all tracks in the baccalaureate program. Table 6.4.2.1 and 6.4.2.2 for the campus track reflect the differences in program length from the old curriculum to the new curriculum, as students in the new curriculum are admitted into the nursing program after three semesters or during the second semester of their sophomore year.

Table 6.4.2.1 Program Completion – BN Traditional (Old Curriculum, last admission fall 2012)

BN – Traditional Track (Old Curriculum)							
Admission Term	Number Admitted into the Major	Currently Enrolled	Graduated	Dropped	Dismissed	Graduated or Projected to Graduate	
						6-9 sem. (<1.5 times program of study)	> 9 sem. (>1.5 times program of study)
Fall 2008	46	0	41	2	3	41 (89%)	0
Spring 2009	42	0	29	4	9	29 (69%)	0
Fall 2009	64	0	48	9	7	48 (75%)	0
Spring 2010	44	0	36	3	5	36 (81%)	0
Fall 2010	57	11	37	4	5	48 (84%)	0
Spring 2011	51	44	0	4	3	44 (86%)	0
Fall 2011	51	46	0	3	2	46 (90%)	0
Spring 2012	47	42	0	3	2	42 (89%)	0
Fall 2012	27	26	0	0	1	26 (96%)	0

Table 6.4.2.2 Program Completion - BN Traditional (Revised Curriculum, first admission spring 2013)

BN – Traditional Track (Revised Curriculum)							
Admission Term	Number Admitted into the Major	Currently Enrolled	Graduated	Dropped	Dismissed	Graduated or Projected to Graduate	
						5-8 sem. (<1.5 times program of study)	> 8 sem. (>1.5 times program of study)
Spring 2013	50	50	0	0	0	50 (100%)	0

Action Taken: The expected level of achievement was met for the campus track for all cohorts except those admitted to the program in spring 2009 and fall 2009. As noted for those semesters, there was a significant amount of drops and dismissals as compared to other cohorts. At that time there was an administrative change that led to a greater adherence to the progression and dismissal policy. Since fall 2009, there has been an overall increase in the number of students completing the program on time and many within four years. This outcome will be monitored closely with implementation of the revised curriculum, plan of improvement, and new admission criteria.

Table 6.4.2.3 Program Completion – BN Accelerated (Revised Curriculum only, first admission summer 2011)

BN – Accelerated Track (Revised Curriculum)							
Admission Term	Number Admitted into the Major	Currently Enrolled	Graduated	Dropped	Dismissed	Graduated or Projected to Graduate	
						4-6 sem. (<1.5 times program of study)	> 6 sem. (>1.5 times program of study)
Summer 2011	15	0	15	0	0	15 (100%)	0
Summer 2012	17	2	14	0	1	16 (94%)	0
Summer 2013	29	29	0	0	0	29 (100%)	0

Action Taken: The expected level of achievement for the second degree accelerated track was met for the first two cohorts of graduates. No action is necessary at this time. However, this track, as it is still relatively new, will continue to be monitored closely.

Table 6.4.2.4 Program Completion - LPN to BS

DBNC – LPN to BS Track							
Admission Term	Number Admitted into the Major	Currently Enrolled	Graduated	Dropped	Dismissed	Graduated or Projected to Graduate	
						6-9 sem. (<1.5 times program of study)	> 9 sem. (>1.5 times program of study)
Fall 2008	34	0	20	10	4	20 (59%)	0
Spring 2009	28	1	16	9	2	16 (57%)	1
Fall 2009	34	3	27	3	1	30 (88%)	0
Spring 2010	37	8	20	6	3	28 (76%)	0
Fall 2010	57	24	23	9	1	47 (82%)	0
Spring 2011	34	29	1	2	2	30 (88%)	0
Fall 2011	47	43	0	4	0	43 (91%)	0
Spring 2012	46	42	0	3	0	42 (91%)	0
Fall 2012	43	42	0	1	0	42 (98%)	0
Spring 2013	25	25	0	0	0	25 (100%)	0
Fall 2013	25	25	0	0	0	25 (100%)	0

Action Taken: The expected level of achievement for the LPN to BS track was met for all cohorts except for fall 2008, spring 2009 and spring 2010. Current projections indicate that students are progressing appropriately and should complete the program within 6-9 semesters. Although highly motivated, students in this track do tend to drop frequently as evidenced by the fall and spring 2009 cohorts. Students indicate that their primary reason for dropping is the demands of other responsibilities. These students are generally non-traditional students caring for their families and working full-time as LPNs during the program. In order to attempt to increase student retention, all departments have created a detailed Recruitment and Retention Plan. Part of that plan for the Department of BNC includes the implementation of a student recapture plan, including identification and follow up of non-enrolled students each semester in order to increase student registration of inactive students.

Table 6.4.2.5 Program Completion - RN to BS

DBNC – RN to BS Track							
Admission Term	Number Admitted into the Major	Currently Enrolled	Graduated	Dropped	Dismissed	Graduated or Projected to Graduate	
						6-9 sem. (<1.5 times program of study - PT)	>9 sem. (>1.5 times program of study - PT)
Fall 2008	19	0	13	6	1	13 (68%)	0
Spring 2009	15	1	9	5	0	9 (60%)	1
Fall 2009	15	4	9	2	0	13 (87%)	0
Spring 2010	27	2	8	15	2	10 (37%)	0
Fall 2010	20	6	8	6	0	14 (70%)	0
Spring 2011	14	5	4	3	2	9 (64%)	0
Fall 2011	20	11	3	6	0	14 (70%)	0
Spring 2012	11	10	0	1	0	10 (91%)	0
Fall 2012	26	25	0	0	1	25 (96%)	0
Spring 2013	23	23	0	0	0	23 (100%)	0
Fall 2013	23	23	0	0	0	23 (100%)	0

Action Taken: The expected level of achievement for the RN to BS track was partially met, as several cohorts since fall 2008 have not met the desired 80% completion rate. The results demonstrated in Table 6.4.2.5 indicate that completion rates appear to be significantly lower for these students when compared to the other three tracks (traditional, accelerated, and LPN to BS). Completion rates for the RN to BS students which were admitted from fall 2008 to fall 2010 averaged a 61.5% (59 out of 96) completion rate with 13 still enrolled in the program and taking courses. A significant number of students admitted spring 2011 through spring 2013 remain enrolled and have not yet graduated to provide a reasonable estimate. Analysis of the data indicated that although these completion rates are not as high as the other three tracks, there appears to be a commonality to the students not completing the program or dropping out once enrolled. Of the 37 that have not yet graduated after being admitted starting fall 2008 through fall 2010, 13 remain enrolled and are actively still taking courses and are expected to graduate in nine semesters or less. Of the remaining 24 students, 3 were dismissed for academic reasons. Of the remaining 21 students which dropped the program, only 7 successfully completed 3 or more nursing courses (NURS 300, NURS 304, and NURS 318). As a possible explanation, the demands of family, work, and school appears to be significant on these students resulting in poor progression rates and dropping out of the program soon after admission. Additionally, it may be

possible that stronger and better prepared students may be able to more effectively complete the program. A change in admission criteria to increase the admission GPA from 2.5 to 2.75 on a 4 point scale has been implemented to determine if higher completion rates can be achieved. Completion rates for this track will continue to be monitored closely. It may be determined that lowering the benchmark for this track is necessary given the life constraints on students.

6.4.3 Graduate program satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.

Alumni satisfaction is closely linked to ISU's strategic goals and initiatives related to student retention and success, is an excellent indicator of the quality of a program, and relates to the students perception of their success and ability to achieve the new graduate outcomes. It is imperative that our graduates are satisfied with our programmatic offerings. Prior to the fall 2012 graduating cohort, student satisfaction was only assessed via the Exit Survey given at graduation. However, in an effort to further assess program satisfaction, baccalaureate faculty developed a post-graduation survey to examine students' level of satisfaction. Gathering data from graduates upon exit via an Exit Survey from the program is essential in validating student's mastery of the new graduate outcomes. Of equal importance is the opportunity to hear from students after they have taken the baccalaureate essentials out into their practice environments. This perspective is via an Alumni Student Satisfaction Survey completed six months to one year post-graduation. The survey provides the former student an opportunity to self-report current activities reflective of the new graduate outcomes, and their relationship to professional and personal goal attainment. Alumni are in a unique position to act as stakeholders and provide valuable information to program leadership for maintenance of program quality and/or improvement efforts. Surveys ask the alumni on a 5 point Likert scale rating about their perception on the programs ability to meet the new graduate outcomes, as well as their overall satisfaction with the program. A copy of the Exit Survey and the Student Satisfaction Survey for alumni for each track can be found in the Document Room. The survey for the revised curriculum is similar in structure, but reflects upon the revised outcomes and is also available for review in the Document Room. Data from the returned surveys are tabulated and trended over time. From the surveys completed, results are compiled and reviewed annually.

Expected level of Achievement: Students will express satisfaction with the program on the Exit Survey at graduation and on the Student Satisfaction Survey given 6 to 12 months post-graduation with an overall mean score of at least 3.75 on 5.0 Likert scale.

Actual Level of Achievement: Tables 6.4.3.1 and 6.4.3.2 demonstrate aggregate results for all baccalaureate program tracks from the Exit Survey and Alumni Student Satisfaction Survey, as indicated.

Table 6.4.3.1 *Student Program Satisfaction – Traditional Graduates, LPN to BS, RN to BS, fall 2010 to spring 2013*

Semester/ Data Source	Traditional			LPN to BS			RN to BS		
	Mean	N	Response Rate (%)	Mean	N	Response Rate (%)	Mean	N	Response Rate (%)
Fall 2010 exit survey	3.63	22	100%	4.49	25	100%	4.49	14	100
Spring 2011 exit survey	3.73	44	95.7%	4.73	11	100%	3.87	7	100%
Summer 2011 exit survey	4.17	13	100%	4.69	7	100%	4.31	4	100%
Fall 2011 exit survey	4.66	18	100%	4.28	19	100%	3.95	9	100%
Spring 2012 exit survey	3.78	25	62.5%	4.41	15	100%	4.04	14	100%
Summer 2012 exit survey	4.28	18	78%	4.38	14	100%	4.24	5	100%
Fall 2012 exit survey	4.04	14	50%	4.46	35	100%	3.97	11	100%
alumni survey	4.46	10	36%	4.48	3	8.6%	4.94	2	18.2%
Spring 2013 exit survey	3.82	40	100%	4.54	23	100%	4.34	8	100%
alumni survey	Pending	N/A	N/A	Pending	N/A	N/A	Pending	N/A	N/A

Table 6.4.3.2 *Student Program Satisfaction – Accelerated Graduates, summer 2012, summer 2013*

Semester	Accelerated		
	Mean	N	Response Rate (%)
Summer 2012			
exit survey	4.03	8	67%
alumni survey	3.85	5	42%
Summer 2013			
exit survey	4.12	15	100%
alumni survey	Pending	N/A	N/A

Qualitative comments are also collected from students and are available for review. Comments collected are typically very supportive and indicate a high level of satisfaction. The following are examples of feedback collected from students from the various tracks:

- “Thank you! I am glad I made the right educational decision and chose ISU to further my studies beyond LVN school. I am so thankful for all you instructors because you have solidified that nursing foundation that clearly prepared me for first-time NCLEX success. It is funny how many people have been skeptical of an on-line nursing program and doubted student success, but I have changed those perceptions along with some of my classmates that have also passed the RN boards the first time all thanks to ISU and their faculty. The ISU LVN-BSN completion program was a hard road compared to any traditional and on-line programs but it prepared us with the highest standard and what's more, we felt like we were taken care of by all our instructors---no one felt left behind.” (LPN to BS, 2011)
- “ISU provided me with excellent professors that are caring and willing to go above and beyond to help me succeed. School was cost effective and computer based schooling allowed me to continue to work as a LPN.” (LPN to BS, 2011)
- “Would recommend more clinical hours in critical care, emergency medicine and high acuity med/surg patient care. Incorporate at least one semester of specialty nursing, i.e. surgical nursing, labor and delivery, etc. separate from foundational nursing semesters.” (LPN to BS, 2011)
- “The nursing program is very effective in building up confidence and assertiveness in multiple settings.” (LPN to BS, 2012)
- “The faculty at ISU were so positive and encouraging to me throughout my program. The feedback and communication were always constructive and timely. I encourage the LPN's I work with to look at ISU's program because of the positive experience I had. The faculty encouraged continuing our education and I am currently enrolled in an MSN program for nursing education.” (LPN to BS, 2012)
- “I graduated from the ISU BSN program well-prepared to entre my MSN program.” (LPN to BS, 2012)
- “The nursing program gave me a great foundation to build on. But let's face it, real life nursing is very different. I never realized the sheer extent of responsibility of the nurse until becoming one. I think clinicals were helpful for skills but having a better idea of the

whole picture of nursing would've been beneficial. I've gained so much knowledge at IU Health, seeing and learning things I'd never seen in clinical. However, ISU was great.” (Traditional, 2012)

- I feel as though the nursing program at Indiana State is adequate in that it meets requirements to provide a foundation for learning. However, I do not believe the program is set up to go above and beyond expectations of students. There is room for improvement to create an excellent program. I hope to see changes that produce better results. (Traditional, 2012)

Action Taken: The expected level of achievement for the second degree accelerated, LPN to BS, RN to BS tracks was met. The expected level of achievement for the traditional track was met, except for the fall 2010 and spring 2011 graduating cohorts. Since that time there has been a significant improvement in student satisfaction rates. Possible explanations for this improvement are better organization within the program, consistent application of integrated testing system ATI, increase in well-prepared faculty who support student success, and increasing the use of technology in the classroom and clinical learning environments, i.e. simulation. Qualitative data obtained indicate students overall are satisfied with the program.

Since implementing the Alumni Student Satisfaction Survey, improving response rates has been a priority. The program's goal for response rate on surveys is 40-50%. Response rates upon exiting the program have always been high as students generally are asked to complete the survey during class time. Getting alumni to respond to surveys, however, six to twelve months post-graduation has been challenging. Both departments have consulted with their Advisory Boards to assist in providing recommendations on how to increase returned surveys from alumni and employers. Strategies that have been implemented to increase the response rate include sending both electronic and paper surveys with self-addressed stamped return envelope, use of social media, i.e. Facebook, and hand delivering surveys. This has proven more effective for the traditional and second degree accelerated tracks, as those students generally are more accessible. The distance tracks (LPN to BS and RN to BS) have had very low response rates on the Alumni Student Satisfaction Survey since fall 2012. In an effort to increase response rates for these tracks, faculty in NURS 486 now collect student contact information, including permanent email address, home address and home and cell phone numbers for each student. This information is kept by the Department of BNC Administrative Assistant. Students in the Department of BN fill

out an index card with the same contact information. In addition, faculty members in both departments emphasize to students the importance of completing surveys post-graduation.

6.4.4. Employer program satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level positions six to twelve months post-graduation.

This measure examines overall satisfaction with program graduates from the perspective of the employer. Employers are viewed as stakeholders who provide information on hiring practices and data useful for examination of job market trends. Employers also provide valuable insight into the relationship between student learning and job performance. Of equal importance to gathering student satisfaction data is the opportunity to hear from employers after students have taken the baccalaureate essentials out into their practice environments. This unique perspective is via an Employer Survey completed six months to one year post-graduation. The survey provides the employer the opportunity to report current employee activities reflective of the new graduate outcomes. Employers are also in a unique position to act as stakeholders and provide valuable information to program leadership for maintenance of program quality and/or improvement efforts. Surveys ask the employers on a 1 to 5 point Likert scale about their perception of the program's ability to meet the new graduate outcomes. Prior to spring 2011, employers were only surveyed once every three years. However, the baccalaureate program tracks now survey employers of students six to twelve months post-graduation. Data from the returned surveys is tabulated and trended over time. From the surveys returned, results are compiled and reviewed annually.

Expected Level of Achievement: Employers will express satisfaction with graduate preparation for entry-level positions on the Employer Satisfaction Survey given six to 12 months post-graduation with an overall mean score of at least 3.75 on 5.0 Likert scale.

Actual Level of Achievement: Tables 6.4.4.1 and 6.4.4.2 demonstrate employer program satisfaction.

Table 6.4.4.1 *Employer Program Satisfaction – Traditional Graduates, LPN to BS, RN to BS, fall 2011 to spring 2013*

Semester	Traditional			LPN to BS			RN to BS		
	Mean	N	Response Rate (%)	Mean	N	Response Rate (%)	Mean	N	Response Rate (%)
Fall 2011	No surveys returned	N/A	N/A	4.38	2	50%	4.44	4	100%
Spring 2012	4.91	1	8.3%	5.00	1	33%	4.31	2	50%
Summer 2012	4.43	2	22.2%	No surveys returned	N/A	N/A	No surveys returned	N/A	N/A
Fall 2012	4.63	6	60%	5.00	1	33%	No surveys returned	N/A	N/A
Spring 2013	Pending	N/A	N/A	Pending	N/A	N/A	Pending	N/A	N/A

Table 6.4.4.2 *Employer Program Satisfaction – Accelerated Graduates, summer 2012*

Semester	Accelerated		
	Mean	N	Response Rate (%)
Summer 2012	4.10	5	42%
Summer 2013	Pending	N/A	N/A

Qualitative comments are also collected from employers. Comments collected are typically very supportive and indicate a high level of satisfaction. The following are examples of employer feedback collected from the Employer Satisfaction Surveys:

- “I consider Jessica to still be in the learning process for her role as an RN within our hospice team – which is why I rated her as a 4 instead of a 5. But overall, she is doing a great job and has made a safe and seamless transition from her LPN role to the RN role. I believe she was well prepared in her education.” (LPN to BS, 2011)
- “Cheryl is a very knowledgeable and extremely reliable professional. She has a high level of integrity and works well autonomously. Cheryl is an extremely valuable member of our hospital Quality Dept. team.” (LPN to BS, 2012)
- “Most areas will improve with hands-on job skills.” (Accelerated, 2012)
- “Will improve with time and experience. I have enjoyed having her on the unit.” (Accelerated, 2012)
- “Student needs to work on her communication skills and critical thinking skills, she has shown some improvement since her hire date.” (Accelerated, 2012)
- “Jessica does a great job and is becoming a wonderful nurse.” (Traditional, 2011)
- “Ashley is a great nurse. I can’t wait to watch her grow.” (Traditional, 2012)

Action Taken: The expected level of achievement for all tracks in the baccalaureate program was met. Qualitative data obtained indicate employers overall are satisfied with the program. No additional action is needed at this time.

The biggest challenge continues to be survey response rate. Historically, response rates to employer surveys have been low. Similar efforts to increase response rates have occurred as indicated above with student satisfaction surveys. The traditional track has seen some improvement in response rates over the past few semesters; however the LPN to BS and, particularly the RN to BS tracks response rates have decreased significantly. Access to employers for the traditional and second degree accelerated students has proven to be easier given the geographic proximity to campus, which could explain the higher return rates for this population of students. However, given the delivery method of the LPN and RN to BS tracks and the geographic range, it makes it more difficult to easily access employers. All program tracks will continue to work with their Advisory Boards to gain insights on how to increase employer survey response rates.

6.4.5 Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.

Professional/Job placement rates reflect the preparedness of the graduate, and their ability to apply SLOs in a professional role. The baccalaureate program recognizes that increasing knowledge, skills, and degree attainment are needed for lifetime employment. These accomplishments increase the likelihood that students will experience continued success. Following graduation, students from the Department of BN typically seek and acquire entry level professional nursing positions; whereas students of the Department of BNC may choose to remain in previously held professional positions or their completion of the baccalaureate nursing degree may result in professional advancement and change in nursing role. Continued professional employment in the field of nursing, upward professional mobility, and the opportunity to advance in the field of nursing are all exciting outcomes for our baccalaureate graduates. Job placement rates are gathered via the Exit Survey upon graduation and the Alumni Survey administered 6 to 12 months post-graduation. Data from the returned surveys are tabulated and trended over time. From the surveys returned, results are compiled and reviewed annually.

Expected Level of Achievement: The benchmark set by the faculty is for 80% of graduates to be employed at six to 12 months post-graduation based on survey data returned.

Actual Level of Achievement: Table 6.4.5.1 provides employment rate information for the traditional, LPN to BS, and RN to BS tracks based on self-reported data. Table 6.4.5.2 provides employment rate information for the second degree accelerated students.

Table 6.4.5.1 *Job Placement Rates for Traditional, LPN to BS and RN to BS, fall 2010 to spring 2013*

Semester	Traditional			LPN to BS			RN to BS		
	Percent Employed	N	Response Rate (%)	Percent Employed	N	Response Rate (%)	Percent Employed	N	Response Rate (%)
Fall 2010	100 %	4	18.2%	100 %	6	24.0%	100%	1	7.7%
Spring 2011	91.7%	11	23.9%	No surveys returned	N/A	N/A	No surveys returned	N/A	N/A
Summer 2011	100%	9	69.2%	100%	2	28.6%	No surveys returned	N/A	N/A
Fall 2011	63.6%	11	61.1%	100%	2	10.5%	100%	2	22.2%
Spring 2012	100%	13	32.5%	100%	2	13.3%	100%	4	28.6%
Summer 2012	100%	9	39.1%	100%	1	7.1%	No surveys returned	N/A	N/A
Fall 2012	100%	10	35.7%	100%	2	5.7%	100%	2	18.2%
Spring 2013	Pending	N/A	N/A	Pending	N/A	N/A	Pending	N/A	N/A

Table 6.4.5.2 *Job Placement Rates for Second Degree Accelerated, summer 2012*

Semester	Accelerated		
	Percent Employed	N	Response Rate (%)
Summer 2012	80%	5	42%

Action Taken: The expected level of achievement was met for all tracks, except for the traditional track where only one semester (fall 2011) fell short of the 80% benchmark. This outcome will continue to be monitored closely, particularly with changes in the healthcare environment that may or may not impact positions for new baccalaureate nurse graduates.

Again, as previously discussed, difficulties occur in getting surveys returned. In addition to the methods already described, the baccalaureate nursing program are exploring ways to strengthen alumni relations through an alumni magazine, Vitality, and through social media, i.e. Facebook and Twitter, as well as working closely with the ISU Alumni Association. All nursing program alumni will have access to these, hopefully enabling a continuous flow of information and stimulating an environment that fosters feedback.

APPENDIX

Appendix A – Executive Director of Nursing Job Description

Appendix B – Executive Director of Nursing Abbreviated Curriculum Vita

Appendix C – Role and Responsibilities of Program Directors

Appendix D – Nursing New Mentor Role and Responsibilities

Appendix E – Program Tracks Plans of Study

Appendix F – Operating Budgets, Department of Baccalaureate Nursing, Department of Baccalaureate Nursing Completion, and Department of Social Work

Appendix G – Systematic Plan of Evaluation

Appendix A

College of Nursing, Health, and Human Services

Position Description Executive Director of Nursing

General Description

Appointed by the Dean of the College of Nursing, Health, and Human Services, subject to the approval of the Provost, the Executive Director of Nursing reports to the Dean and has full authority and responsibility for the development and administration of the nursing programs. The position of Executive Director of Nursing is a full-time, 12-month appointment in the College of Nursing, Health, and Human Services. The individual in this position is expected to hold a tenured or tenure-eligible appointment in one of the college's nursing departments, be an exemplary teacher and researcher in the college and devote the equivalent of one-quarter of his/her time to teaching in the college.

The Executive Director of Nursing has principal responsibility for establishing, monitoring, and strengthening the nursing programs within the college. He/she will oversee the development, operation, evaluation, improvement, approval, licensing, and accreditation of the undergraduate and graduate programs. To meet the responsibilities of this position, the Executive Director of Nursing must have superior interpersonal, communication, and organizational skills; working knowledge of common university policies, procedures, and practices; and knowledge of issues confronting the nursing programs.

Specific Responsibilities

Working as appropriate with department chairs, faculty committees, individual faculty members, teams of faculty, and other administrative staff members, the Executive Director of Nursing has the following specific responsibilities:

- I. Serve as chief administrative officer for the nursing programs by providing effective management, support and leadership.
- II. Negotiate for resources for the College's nursing programs.
- III. Supervise the expenditure of funds budgeted within the nursing programs.
- IV. Facilitate prescribed and approved nursing governance procedures within departments.
- V. Evaluate the promotion and tenure process of nursing faculty.
- VI. Make recommendations for hiring and dismissal of the nursing faculty.
- VII. Effectively communicate within the College, University, profession and community.
- VIII. Advocate for equity between the nursing programs and other units within the governing organization.
- IX. Ensure accreditation standards are maintained for all nursing programs.
- X. Submit accurate and timely documentation for nursing program accreditation.
- XI. Provide mentorship to nursing faculty and chairpersons.
- XII. Delegate tasks to department chairpersons and/or faculty when appropriate.

- XIII. Monitor maintenance and enhancement of the physical facilities and environment.
- XIV. Monitor inventory of furnishings and equipment.
- XV. Propose specifications and recommendations for new facilities, furnishings, and equipment.

Appendix B

Lea R. Hall, PhD, MS, FNP-BC, RN

Executive Director of Nursing, Associate Professor
Indiana State University College of Nursing, Health and Human Services
Office: 812-237-2326
E-mail: Lea.Hall@indstate.edu

EDUCATION

- **Doctor of Philosophy**, Indiana State University, 2010
Major: Curriculum, Instruction & Media Technology with specialization in Teaching and Learning
Dissertation Title: *Perceptions of Faculty Caring: Comparison of Distance and Traditional Graduate Nursing Students*
Doctoral Committee Chair: Dr. Susan Powers
- **Master of Science**, Indiana State University, 2001
Major: Family Nurse Practitioner
Culminating Project Title: *Factors Related to Maternal Infant Feeding Method*
Committee Chair: Dr. Betsy Frank
- **Bachelor of Science in Nursing**, University of Alabama at Birmingham, 1997
Major: Nursing

PROFESSIONAL EXPERIENCES

- **Indiana State University**, Executive Director of Nursing, May, 2012-present, Terre Haute, IN
- **Indiana State University**, Department of Advanced Practice Nursing Chairperson, May, 2011-2012, Terre Haute, IN
- **Indiana State University**, Associate Professor, 2007-present, Terre Haute, IN
- **Providence Medical Group Endocrinology**, Advanced Practice Nurse, 2004-present, Terre Haute, IN
- **Clay County Well Child Clinic**, Advanced Practice Nurse, 2007-2010, Brazil, IN
- **Indiana State University**, Clinical Coordinator FNP Program/Instructor, 2003-2007, Terre Haute, IN
- **Associated Physicians and Surgeons Endocrinology**, Advanced Practice Nurse, 2001-2003, Terre Haute, IN
- **Indiana State University**, Adjunct Clinical Instructor, 2001-2003, Terre Haute, IN
- **Registered Nurse**, Terre Haute Regional Hospital Labor and Delivery, Nursery, Pediatrics, 2000-2001 and 1998-2000, Terre Haute, IN; Riley Hospital for Children Float Pool, 2000, Indianapolis, IN; Bloomington Hospital Pediatrics, 1998-1999, Bloomington, IN

ACADEMIC/TEACHING EXPERIENCES

Indiana State University, Department of Baccalaureate and Higher Degree Nursing, Appointed Clinical Coordinator/Instructor Family Nurse Practitioner Program July 1, 2003-2007, Appointed Assistant Professor July 1, 2007, Appointed Family Nurse Practitioner Program Director January 2010, Appointed Department of Advanced Practice Nursing Chairperson, May 2011, Appointed Executive Director of Nursing, May 2012, Tenure and Promotion to Associate Professor, 2013

Appendix C

Indiana State University College of Nursing, Health, and Human Services Baccalaureate Nursing Program, Academic Tracks Program Director's Duties and Responsibilities

1. Course and Program Development
 - a. Collaborate with Chair to assure accuracy of program information in the undergraduate catalog annually
 - b. Collaborate with Chair in scheduling of classes, and in identifying faculty resources
2. Recruitment, Admissions and Retention
 - a. Facilitate the admission process for the respective program track
 - b. Assist Chair in developing a recruitment /retention plan for the programs
 - c. Assist Chair in the updating of program website, brochures and other marketing materials
 - d. Participate in marketing and recruiting activities for the program/tracks; organize faculty to participate in recruitment activities
 - e. Provide orientation for new students with assistance from faculty and Chair
 - f. Orient and update academic advisors in the respective tracks.
3. Program Assessment
 - a. Serve on the College Assessment Council
 - b. Oversee Program's Assessment Plan in collaboration with the Associate Dean for Academics, Chairs, Directors, and faculty within the program:
 1. Maintain plan in TaskStream
 2. Update plan as appropriate
 3. Gather data from faculty and other resources
 4. Analyze data for assessment
 5. Prepare data to share/discuss with faculty at meetings
 6. Ensure implementation/documentation of actions as determined by faculty discussion
 - c. Obtain and maintain data on graduates each semester, including student program satisfaction, NCLEX RN pass rates, job placement rates within one year of graduation, and employer satisfaction
4. Assist with program accreditation (self-study)
5. Collaborate with Chair in the development and updating of academic policies
6. Coordinate with clinical agencies and other competing regional nursing programs to assure adequate student clinical placements to meet program outcomes
7. Meets as necessary with Chair to discuss program issues related to the above items

Appendix D

Indiana State University
College of Nursing, Health, and Human Services

Nursing New Mentor Role and Responsibilities

ISU nursing promotes the use of faculty mentoring, in addition to university specific new faculty orientation, as a means to foster the career development of new faculty, enhance the recruitment and retention of nurse educators, and establish healthful academic work environments. Upon appointment to a nursing department, the chairperson will assign a faculty mentor to a new faculty member. The faculty mentor:

- Participates in mentorship activities, such as new faculty orientation, training programs and evaluation feedback.
- Reaches out to mentees to insure the development and maintenance of relationships throughout the semester.
- Makes time for and initiates regular meetings with the assigned mentee at least twice per semester.
- Reviews departmental new faculty orientation manual with the mentee.
- Provides opportunities for discussion and reflection on professional development and the mentor/mentee relationship.
- Reviews specific short- and long-term goals with the mentee and monitors progress toward these goals regarding university standards of tenure track including service, scholarship and teaching.
- Provides guidance, information, and feedback relative to research productivity, clinical responsibilities, publication progress, teaching effectiveness, and the nursing's mission and strategic plan as well as significant policies and procedures, particularly those for reappointment and promotion. The mentor will help with developing professional and organizational leadership skills, goal setting, access to resources, advising students and personal career issues.
- Acts as an advocate for the mentee by connecting him/her with an appropriate local colleagues and resources through the college and university at large.
- Helps mentee to set priorities, manage time, and make wise choices among options and opportunities.
- Provides counsel and strategies for working within a team framework.
- Works closely with Department Chair by noting mentor-mentee contacts and at the end-of-year, addressing issues as they arise, and changing the mentor/mentee meeting arrangements if appropriate.
- Provides support and encouragement, when needed.
- Maintains strict confidentiality yet provides a nurturing relationship with the mentee to help the new faculty member succeed throughout their first year and continued progression within Indiana State University.

Appendix E

Major in Nursing – Traditional Track

	Fall		Spring	
	Class	CH	Class	CH
First year	NURS 104 Intro to Prof Nursing BIO 231/L Human Anatomy & Lab OR ATTR 210/L Human Anatomy & Lab COMM 101 Intro to Speech Comm ENG 101 Freshman English 1 PSY 101 General Psych	2 3 3 3 3	BIO 241/L Human Physiology & Lab OR PE 220/L Human Physiology & Lab ENG 105 Freshmen English II Quantitative Literacy Health & Wellness CHEM 100/L Chemistry & Society & Lab	3 3 3 3 4
		14		16
Second year	BIO 274/L Intro Microbiology & Lab AHS 201 Fundamentals of Nutrition EPSY 302 Intro to Applied Psych Stat OR AHS 340 Health Biostatistics Literary Studies Non-native Language	3 3 3 3 3	NUS 207 Nursing Perspectives NURS 209 Essential Nursing Practice NURS 218 Pharmacotherapeutics Non-native language Historical Studies	3 5 4 3 3
		15		18
Third year	NURS 224 Nursing Care of Adults I NURS 338 Mental Health Nursing NURS 309 Adult Assessment NURS 327 Research in Nursing PSY 266 Develop Psych OR EPSY 221 Develop Psych	5 4 2 3 3	NURS 364 Maternal & Child Nursing Care NURS 324 Nursing Care of Adults II NURS 470 Nursing Leadership ENG 305T Technical Writing OR ENG 305 Advanced Expository Writing	6 5 3 3
		17		17
Fourth year	NURS 424 Nursing Care of Adults III NURS 444 Community Health Nursing Ethics & Social Responsibility Fine & Performing Arts	5 4 3 3	NURS 484 Reflective Nursing Practice NURS 490 Licensure Prep Course NURS 486 Nursing Synthesis Upper Division Integrative Elective Global Perspectives & Cultural Diversity	3 2 3 3 3
		15		14

Baccalaureate Nursing Program- Accelerated Second Degree

Pre-nursing Requirements

ATTR 210 **or**

BIO 231 Human Anatomy (2 credits)

ATTR 210L **or**

BIO 231L Human Anatomy Lab (1 credit)

PE 220 **or**

BIO 241 Human Physiology (2 credits)

PE 220L **or**

BIO 241L Human Physiology Lab (1 credit)

BIO 274 Introductory Microbiology (2 credits)

BIO 274L Introductory Microbiology Lab (1 credit)

CHEM 100 Chemistry: Reactions and Reason (3 credits) **or**

higher level CHEM

CHEM 100L Chemistry: Reactions and Reason (3 credits) **or**

higher level CHEM Lab

PSY 101 General Psychology (3 credits)

FCS 201 Fundamentals of Nutrition (3 credits)

EPSY 221 **or** PSY 266 Developmental Psychology (3 credits)

EPSY 302 Introduction to Applied

Psychological Statistics (3 credits) **or**

HLTH 340 Health Biostatistics (3 credits) **or**
any college level statistics

First Semester (Summer)

NURS 207 Nursing Perspectives (3 credits)

NURS 209 Essential Nursing Practice (includes 90 clinical hours) (5 credits)

NURS 218 Pharmacotherapeutics (includes 45 clinical hours) (4 credits)

NURS 322 Research Theoretical Basis for Nursing Practice (3 credits)

Second Semester (Fall)

NURS 309 Adult Assessment (includes 45 clinical hours) (2 credits)

NURS 338 Mental Health Nursing (includes 45 clinical hours) (4 credits)

NURS 470 Nursing Leadership (3 credits)

NURS 350 Adult Health I (includes 135 clinical hours) (6 credits)

Third Semester (Spring)

NURS 380 Adult Health II (includes 135 clinical hours) (9 credits)

NURS 364 Maternal and Child Nursing Care (includes 90 clinical hours) (6 credits)

Fourth Semester (Summer)

NURS 444 Community Health Nursing (includes 45 clinical hours) (4 credits)

NURS 484 Reflective Nursing Practice (includes 135 clinical hours) (3 credits)

NURS 486 Professional Nursing Synthesis (3 credits)

NURS 490 Licensure Preparatory Course (2 credits)

**Indiana State University Baccalaureate Nursing Full Time Program of Study
LPN to BS Track**

Prerequisites to Major			
Course Number	Credits	Course Number	Credits
ATTR210/BIO231	2	PE220/BIO241	2
ATTR210L/BIO231L	1	PE220/BIO241	1
CHEM100	3	BIO274	2
CHEM100L	1	BIO274L	1
ENG101	3	ENG105	3
MATH102	3	PSY101	3
Information Technology	3	COMM101	3
		Running Total	31

1st SEMESTER		2nd SEMESTER	
Course Number	Credits	Course Number	Credits
NURS208	3	BIO412	3
NURS304 (45 clinical hrs)	4	NURS338 (45 clinical hrs)	4
SOC101	3	AHS340/EPSY 302	3
EPSY221/PSY266	3	AHS111/PE101 and PE101L	3
Non-Native Language (if required)	3	Non-Native Language (if required))	3
Term Total	16	Term Total	16
Running Total	47	Running Total	63

3rd SEMESTER		4th SEMESTER	
Course Number	Credits	Course Number	Credits
NURS322	3	NURS324 (90 clinical hrs)	5
ENG305	3	Fine and Performing Arts Elective	3
Global Perspective Elective	3	Ethics and Social Responsibility Elective	3
Literary Studies Elective	3	Upper Division Integrative Elective	3
300/400 Level Elective	3		
Term Total	15	Term Total	14
Running Total	78	Running Total	92

5th SEMESTER		6th SEMESTER	
Course Number	Credits	Course Number	Credits
NURS424 (90 clinical hrs)	5	NURS470	3
NURS450 (90 clinical hrs)	6	NURS484 (135 clinical hrs)	3
Historical Studies Elective	3	NURS486**	3
		NURS490	2
		Elective* (if required)	3
Term Total	14	Term Total	14
Running Total	106	Running Total	120

* Elective to achieve the required 120 credit hours needed for graduation

** Satisfies 2nd Upper Integrative Elective requirement.

**Indiana State University Baccalaureate Nursing Part Time Program of Study
LPN to BS Track**

Prerequisites to Major			
Course Number	Credits	Course Number	Credits
ATTR210/BIO231	2	PE220/BIO241	2
ATTR210L/BIO231L	1	PE220/BIO241	1
CHEM100	3	BIO274	2
CHEM100L	1	BIO274L	1
ENG101	3	ENG105	3
MATH102	3	PSY101	3
Information Technology	3	COMM101	3
Running Total			31

1st SEMESTER		2nd SEMESTER	
Course Number	Credits	Course Number	Credits
NURS208	3	EPSY221/PSY266	3
NURS304 (45 clinical hrs)	4	BIO412	3
AHS111/PE101 and PE101L	3	AHS340/EPSY 302	3
Term Total		Term Total	
Running Total		Running Total	
10		9	
41		50	
3rd SEMESTER		4th SEMESTER	
Course Number	Credits	Course Number	Credits
NURS338 (45 clinical hrs)	4	NURS322	3
ENG305	3	Global Perspective Elective	3
SOC101	3	Fine and Performing Arts Elective	3
Term Total		Term Total	
Running Total		Running Total	
10		9	
60		69	
5th SEMESTER		6th SEMESTER	
Course Number	Credits	Course Number	Credits
N324 (90 clinical hrs)	5	NURS424 (90 clinical hrs)	5
Literary Studies Elective	3	Upper Division Integrative Elective	3
Non-Native Language (if required)	3	Non-Native Language (if required)	3
Term Total		Term Total	
Running Total		Running Total	
11		11	
80		91	
7th SEMESTER		8th SEMESTER	
Course Number	Credits	Course Number	Credits
NURS450 (90 clinical hrs)	6	NURS470	3
300/400 Level Elective	3	Ethics and Social Responsibility Elective	3
		Historical Studies Elective	3
Term Total		Term Total	
Running Total		Running Total	
9		9	
100		109	
9th SEMESTER			
Course Number	Credits	Course Number	Credits
NURS484 (135 clinical hrs)	3		
NURS486**	3		
NURS490	2		
Elective* (if required)	3		
Term Total			
Running Total			
11			
120			

* Elective to achieve the required 120 credit hours needed for graduation

** Satisfies 2nd Upper Integrative Elective requirement.

**Indiana State University Baccalaureate Nursing Full Time Program of Study
RN to BS Track (A.A. or A.S. or Higher Degree based on 67 Credit Hour or Higher Program)**

Prerequisites to Major			
Previous Degree	Credits		
A.A. or A.S. Degree (minimum 67 Credit Hours)	67		
Running Total	67		
1st SEMESTER		2nd SEMESTER	
Course Number	Credits	Course Number	Credits
NURS300	4	NURS318	3
NURS304 (45 clinical hrs)	4	NURS322	3
AHS340 or EPSY302	3	BIO412	3
Elective 1*	3	ENG305	3
Term Total	14	Term Total	12
Running Total	71	Running Total	83
3rd SEMESTER		4th SEMESTER	
Course Number	Credits	Course Number	Credits
NURS450 (90 clinical hrs)	6	NURS484 (135 clinical hrs)	3
NURS 470	3	NURS486**	3
Ethics and Social Responsibility Elective (300/400 level)	3	Elective 2*	3
Upper Division Integrative Elective (300/400 level)	3	Elective 3*	3
Term Total	15	Term Total	12
Running Total	98	Running Total	120

Note: Plan based on the required 120 credit hours to graduate and a minimum of 67 credit hours completed prior to enrollment.

* Elective 1, 2, or 3 must be at the 300/400 level. (Satisfy 45 required Upper Division Credit Hours)

** Satisfies 2nd Upper Integrative Elective requirement.

**Indiana State University Baccalaureate Nursing Part Time Program of Study
RN to BS Track (A.A. or A.S. or Higher Degree based on 67 Credit Hour or Higher Program)**

Prerequisites to Major			
Previous Degree	Credits		
A.A. or A.S. Degree (minimum 67 Credit Hours)	67		
Running Total	67		
1st SEMESTER		2nd SEMESTER	
Course Number	Credits	Course Number	Credits
NURS 300	4	NURS304 (45 clinical hrs)	4
Elective 1*	3	ENG305	3
Term Total	7	Term Total	7
Running Total	74	Running Total	81
3rd SEMESTER		4th SEMESTER	
Course Number	Credits	Course Number	Credits
NURS318	3	NURS322	3
AHS340/EPSY 302	3	Ethics and Social Responsibility Elective (300/400 level)	3
Term Total	6	Term Total	6
Running Total	87	Running Total	93
5th SEMESTER		6th SEMESTER	
Course Number	Credits	Course Number	Credits
BIO412	3	NURS450 (90 clinical hrs)	6
Elective 2*	3	Upper Division Integrative Elective (300/400 level)	3
Term Total	6	Term Total	9
Running Total	99	Running Total	108
7th SEMESTER		8th SEMESTER	
Course Number	Credits	Course Number	Credits
NURS470	3	NURS484 (135 clinical hrs)	3
Elective 3*	3	NURS486**	3
Term Total	6	Term Total	6
Running Total	114	Running Total	120

Note: Plan based on the required 120 credit hours to graduate and a minimum of 67 credit hours completed prior to enrollment.

* Elective 1, 2, or 3 must be at the 300/400 level. (Satisfy 45 required Upper Division Credit Hours)

** Satisfies 2nd Upper Integrative Elective requirement.

Appendix F- Operating Budgets

INDIANA STATE UNIVERSITY
BUDGET FORMS FOR 2013-2014

INDEX	ACCOUNT CODE	DESCRIPTION	(1) ACTUAL EXPENDITURE 2011-12	(2) BASE BUDGET 2012-13	(3) ADJUSTMENT	(4) BASE BUDGET REQUESTED 2013-14	(5) BASE BUDGET APPROVED 2013-14
Baccalaureate Nursing Completion							
BCMPNR	60200	SAL-ADMIN,SUMMER	6,000				
BCMPNR	61050	SAL-INSTR, ACAD CHR	2,182	-			-
BCMPNR	61200	SAL-INSTR, ACAD YR	153,516	-			-
BCMPNR	61400	SAL-INSTR, SUMM1	63,263	-			-
BCMPNR	61700	SAL-INSTR, PART-TIME(Adj)	220,400	-			-
BCMPNR	61800	SAL-INSTR, ONE YR APPT	116,350	-			-
BCMPNR	63700	SAL-SUMMER INSTR SUPPORT	31,267	-			-
PERSONAL SERVICE TOTAL			592,978	-	-	-	-
BCMPNR	70130	TOTAL PERSONAL AND CONT SERVIC	-				
BCMPNR	70160	REIMBURSE TRAVEL	488				
BCMPNR	70500	TOTAL TRAVEL	-	2,000			2,000
BCMPNR	70550	LODGING, PER DIEM	-	-			-
BCMPNR	70575	REGISTRATION	-				
BCMPNR	70630	GASOLINE - CAR RENTAL	41	-			-
BCMPNR	70680	OPERATIONAL-REGISTRATION	-				
BCMPNR	70685	OPERATIONAL-TRANSPORTATION	17	-			-
BCMPNR	71050	POSTAGE	399	900			900
BCMPNR	71500	TOTAL TELEPHONE AND TELEGRAPH	-	665			665
BCMPNR	71625	TEL-LONG DIST	451	-			-
BCMPNR	71700	BUSINESS LINES	1,789	2,512			2,512
BCMPNR	72000	TOTAL PRINTING PUBLIC	-	1,000			1,000
BCMPNR	72025	PRNTG,INTERNAL	9	-			-
BCMPNR	72050	PRNTG,OUTSIDE	47	-			-
BCMPNR	72500	TOTAL OTHER SERVICES	-	-			-
BCMPNR	72700	OTHER EXPENSE	8	-			-
BCMPNR	73000	TOTAL SUPPLIES	-	2,000			2,000
BCMPNR	73050	EDUCATION AND OFFICE SUPPLIES	3,183	-			-
SUPPLIES AND EXPENSE TOTAL			6,432	9,077	-	-	9,077
BCMPNR TOTAL			599,410	9,077	-	-	9,077

INDIANA STATE UNIVERSITY
BUDGET FORMS FOR 2013-2014

INDEX	ACCOUNT CODE	DESCRIPTION	(1) ACTUAL EXPENDITURE 2011-12	(2) BASE BUDGET 2012-13	(3) ADJUSTMENT	(4) BASE BUDGET REQUESTED 2013-14	(5) BASE BUDGET APPROVED 2013-14
BACCALAUREATE NURSING							
BACNUR	60200	SAL-ADMIN,SUMMER	16,000				
BACNUR	61050	SAL-INSTR, ACAD CHR	320,060	-			-
BACNUR	61200	SAL-INSTR, ACAD YR	258,097	-			-
BACNUR	61300	SAL-INSTR, INTER	15,542				
BACNUR	61400	SAL-INSTR, SUMM1	11,059	-			-
BACNUR	61500	SAL-INSTR, SUM2	11,059	-			-
BACNUR	61700	SAL-INSTR, PART-TIME(Adj)	4,908				
BACNUR	61800	SAL-INSTR, ONE YR APPT	323,724	-			-
BACNUR	61900	SAL-INSTR, OTHER	1,000	-			-
BACNUR	63700	SAL-SUMMER INSTR SUPPORT	7,890	-			-
BACNUR	63750	SUMMER HONORS SALARY	1,208				
BACNUR	65000	TOTAL STUDENT WAGES	-	-			-
BACNUR	65050	WAGES-STU,REG	1,552	-			-
BACNUR	65300	WAGES-TEMP NON-STUDENT	908				
BACNUR	65400	NON STU TEMP OVERTIME	-				
PERSONAL SERVICE TOTAL			973,007	-	-	-	-
BACNUR	70500	TOTAL TRAVEL	-	2,000			2,000
BACNUR	70550	LODGING, PER DIEM	2,592	-			-
BACNUR	70575	REGISTRATION	1,451				
BACNUR	70600	AIRFARE - DOMESTIC	943				
BACNUR	70650	OTHER TRANSPORTATION	500	-			-
BACNUR	70675	OPERATIONAL-LODGING, PER DIEM	1,020				
BACNUR	70680	OPERATIONAL-REGISTRATION	538				
BACNUR	70685	OPERATIONAL-TRANSPORTATION	882	-			-
BACNUR	71050	POSTAGE	43	900			900
BACNUR	71500	TOTAL TELEPHONE AND TELEGRAPH	-	665			665
BACNUR	71625	TEL-LONG DIST	127	-			-
BACNUR	71700	BUSINESS LINES	4,224	2,969			2,969
BACNUR	72000	TOTAL PRINTING PUBLIC	-	1,000			1,000
BACNUR	72025	PRNTG,INTERNAL	192	-			-
BACNUR	72050	PRNTG,OUTSIDE	154	-			-
BACNUR	72500	TOTAL OTHER SERVICES	-	-			-
BACNUR	73000	TOTAL SUPPLIES	-	2,000			2,000
BACNUR	73050	EDUCATION AND OFFICE SUPPLIES	810	-			-
SUPPLIES AND EXPENSE TOTAL			13,476	9,534	-	-	9,534
BACNUR TOTAL			986,483	9,534	-	-	9,534

INDIANA STATE UNIVERSITY
BUDGET FORMS FOR 2013-2014

INDEX	ACCOUNT CODE	DESCRIPTION	(1) ACTUAL EXPENDITURE 2011-12	(2) BASE BUDGET 2012-13	(3) ADJUSTMENT	(4) BASE BUDGET REQUESTED 2013-14	(5) BASE BUDGET APPROVED 2013-14
DEPARTMENT OF SOCIAL WORK							
SOCW	60200	SAL-ADMIN,SUMMER	3,847	-			-
SOCW	61050	SAL-INSTR, ACAD CHR	74,649	-			-
SOCW	61200	SAL-INSTR, ACAD YR	124,697	-			-
SOCW	61400	SAL-INSTR, SUMM1	1,283	-			-
SOCW	61700	SAL-INSTR, PART-TIME(Adj)	1,433	-			-
SOCW	61800	SAL-INSTR, ONE YR APPT	47,000	-			-
SOCW	64050	SAL-CLERICAL AND SERVICE STAFF	20,733	-			-
SOCW	64200	SAL-OVERTIME	1,263	-			-
SOCW	65000	TOTAL STUDENT WAGES	-	1,622	32		1,654
SOCW	65050	WAGES-STU,REG	4,405	-			-
SOCW	65800	PAYROLL CONTIGENT	-	-			-
PERSONAL SERVICE TOTAL			279,310	1,622	32	-	1,654
SOCW	70130	TOTAL PERSONAL AND CONT SERVIC	-	-			-
SOCW	70160	REIMBURSE TRAVEL	290	-			-
SOCW	70500	TOTAL TRAVEL	-	505			505
SOCW	70550	LODGING, PER DIEM	441	-			-
SOCW	70575	REGISTRATION	400	-			-
SOCW	70600	AIRFARE - DOMESTIC	567	-			-
SOCW	70615	AIRFARE - INTERNATIONAL	1,018	-			-
SOCW	70650	OTHER TRANSPORTATION	62	-			-
SOCW	70670	OPERATIONAL-STUDENT RECRUITMEN	28	-			-
SOCW	70680	OPERATIONAL-REGISTRATION	20	-			-
SOCW	70685	OPERATIONAL-TRANSPORTATION	84	-			-
SOCW	71050	POSTAGE	246	547			547
SOCW	71500	TOTAL TELEPHONE AND TELEGRAPH	-	35			35
SOCW	71525	TEL COSTS-GENERAL	525	-			-
SOCW	71625	TEL-LONG DIST	79	-			-
SOCW	71700	BUSINESS LINES	1,560	2,522			2,522
SOCW	72000	TOTAL PRINTING PUBLIC	-	2,500			2,500
SOCW	72025	PRNTG,INTERNAL	2,406	-			-
SOCW	72050	PRNTG,OUTSIDE	77	-			-
SOCW	72500	TOTAL OTHER SERVICES	-	-			-
SOCW	72600	MEMBERSHIPS	370	-			-
SOCW	72700	OTHER EXPENSE	1,149	-			-
SOCW	73000	TOTAL SUPPLIES	-	624			624
SOCW	73050	EDUCATION AND OFFICE SUPPLIES	1,308	-			-
SUPPLIES AND EXPENSE TOTAL			10,630	6,733	-	-	6,733
SOCW	77600	TOTAL REPAIRS AND MAINTENANCE	-	66			66
REPAIRS AND MAINTENANCE TOTAL			-	66	-	-	66
SOCW TOTAL			289,940	8,421	32	-	8,453

Appendix G

Baccalaureate Nursing Program Systematic Plan for Evaluation (2011-2013)

The mission, goals, and expected outcomes of the program are congruent with those of the parent institution, reflect professional nursing standards and guidelines, and consider the needs and expectations of the community of interest—all in the pursuit of the continuing advancement and improvement of the program. Policies of the parent institution and nursing program clearly support the program’s mission, goals, and expected outcomes. The faculty and students of the program are involved in the governance of the program and in the ongoing efforts to improve program quality.

This plan is a joint effort by faculty and administration to describe and guide our program evaluation. The plan and schedule for review are maintained, updated and implemented by the Department Assessment Committees in conjunction with the Executive Director of Nursing, Department Chairpersons and Program Directors. The plan was last updated in fall 2013 with the new 2013 ACEN Standards and Criteria.

ACEN 2013 STANDARDS

Standard 1: Mission and Administrative Capacity

Plan				Implementation	
Component	Expected Level of Achievement	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis (including actual levels of achievement)	Actions For program Development, Maintenance, or Revision
1.1 The mission/philosophy and program outcomes of the nursing education unit are congruent with the core values and mission/goals of the governing organization.	Yes/No for congruency	September/Odd Years	1.1 Review documents related to mission, goals and expected outcomes for congruency	Yes. Task Force started fall 2009. Philosophy reviewed and revised, Sept. 2011 by Nursing Exec. Council. Reviewed Sept. 2013 without changes.	Continue to monitor.
1.2 The governing organization and nursing education unit ensure representation of the nurse administrator and nursing faculty in governance activities; opportunities exist for student representation in governance activities.	100% of college committees have either Multi-year/TT/T faculty from each nursing department serving Executive Director serves as ex-officio on college committees	September/Yearly	1.2 Review of committee minutes demonstrate faculty and student representation; Review of College Constitution ensures representation	Yes. 100% of college committees have nursing faculty representative from each nursing department; Executive Director serves as ex-officio. Nursing leadership including Department Chairs and Executive Director attend College Leadership meetings; Nursing faculty well represented on University committees	Continue to monitor. Continue to work on ways to improve student participation in meetings through use of technology.

	Yes/No 100% each department committee has student representative			Yes- 100% of nursing departments have student representative	
1.3 Communities of Interest have input into program processes and decision making.	Yes/No Advisory Council Meeting held annually	September/ Yearly	1.3 Established Advisory Council for BN and BNC Departments	Yes. Advisory Council Meetings held. 2011- BN April 26, BNC March 3 2012- BN March 15, BNC March 13 2013- BN June 5, BNC April 30	Continue to have Advisory Council Meetings at least annually to ensure communities of interest have input in decision making
1.4 Partnerships that exist promote excellence in nursing education, enhance the profession, and benefit the community.	Yes/No Relationships with partners evaluated. Meetings held with partners as needed.	September/ Yearly	1.4 Advisory Council with committee partners	Yes. A variety of community partners attended Advisory Council meetings. Individual meetings with RHIC Director and hospital leadership occurred.	Continue to foster relationships with community partners by meeting at least annually or as needed
1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing and is doctorally prepared.	Yes/No for qualifications	At time of appointment	1.5 Job Description/CV	Yes. Nursing education unit reviewed job description and qualifications for Executive Director of Nursing in April 2012 for Dr. Hall	Continue to monitor as needed.
1.6 The nurse administrator is experientially qualified, meets governing organization and state requirements, and is oriented and mentored to the role.	Yes/No experience, requirements, orientation, mentoring to role	At time of appointment and ongoing	1.6 CV, Indiana State Code, University Handbook	Yes. Executive Director has 13 year teaching experience, served as the FNP Program Director and Chairperson for Advanced Practice Nursing Dept. Oriented and mentored to role by Dr. Marcia Miller, Dr. Richard Williams, AACN New Dean Mentoring Program.	Continue to monitor as needed.
1.7 When present, nursing program coordinators and/or	Yes/No 100% of nursing Dept.	At time of appointment	1.7 Review of CV	Yes. All Dept Chairs and program directors qualified. Dr. Everly	Continue to monitor. Executive Director to

<p>faculty who assist with program administration are academically and experientially qualified.</p>	<p>Chairs and Program Directors academically and experientially qualified</p>			<p>appointed BN Chairperson fall 2011. Program Directors-Renee Bauer accelerated track appointed fall 2012, Jill Moore traditional track appointed fall 2012, Andre Kummerow LPN to BS/RN to BS tracks appointed fall 2012 Dr. Nelson appointed Chairperson BNC fall 2013. Esther Acree appointed LPN to BS Program Dir fall 2013.</p>	<p>review Department Chairs per University guidelines every 3 years. Program Directors reviewed informally by Dept. Chairs and Executive Director annually.</p>
<p>1.8 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.</p>	<p>Yes/No 100% Executive Director role to administer programs with adequate time/resources</p>	<p>At time of appointment/ongoing</p>	<p>1.8 Job Description, Organizational Chart</p>	<p>Yes. Job Description and Organizational Chart updated spring 2012. 100% Executive Director responsible for nursing program development and administration. Full-time 12 month position.</p>	<p>Continue to monitor.</p>
<p>1.9 The nurse administrator has the authority to prepare and administer the program budget with faculty input.</p>	<p>Yes/No 100% nursing budgets approved by Executive Director with Dept. Chair</p>	<p>September/Yearly</p>	<p>1.9 Job Description/ Sample Dept. Budget</p>	<p>Yes. 100% all nursing budgets reviewed annually with Dept. Chairs.</p>	<p>Continue to monitor.</p>
<p>1.10 Policies for nursing faculty and staff are comprehensive, provide for the welfare of faculty and staff; and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.</p>	<p>Yes/No 100% Policies comprehensive/justified/consistent</p>	<p>September/Odd years/ongoing</p>	<p>1.10 Handbooks and Committee Minutes reviewed for consistency</p>	<p>Yes. 2011-Policies reviewed and are consistent and justified. 2013- Policies reviewed and are comprehensive, justified, and consistent.</p>	<p>Continue to monitor.</p>
<p>1.11 Distance education, when utilized, is congruent with the mission of the governing</p>	<p>Yes/No 100% congruency</p>	<p>September/Odd years</p>	<p>1.11 Congruency between on-site and online programs and</p>	<p>Yes. 100% congruency. Completed fall 2011. Mission of nursing education unit and governing</p>	<p>Continue to monitor.</p>

organization and the mission/philosophy of the nursing education unit.			with university and BNC Dept.	organization are congruent. Sept. 2013 remain congruent.	
--	--	--	-------------------------------	--	--

Standard 2: Faculty and Staff

Plan				Implementation	
Component	Expected Level of Achievement	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis (including actual levels of achievement)	Actions For program Development, Maintenance, or Revision
2.1 Full-time faculty hold a minimum of a graduate degree with a major in nursing; a minimum of 25% of the full-time faculty also hold an earned doctorate or are currently enrolled in doctoral study.	Yes/No 100% hold graduate degree in nursing. Min. 25% hold doctorate or are enrolled	November/Yearly and upon hire	2.1 Faculty vitae, transcripts	Yes. 100% full-time faculty holds MS degree in nursing. 2011-6 faculty doctorally-prepared, 1 ABD 2012- 6 faculty doctorally-prepared, 4 ABD 2013- 10 FT faculty enrolled in doctoral study, 6 with earned doctorates (73%).	Continue to monitor. Will continue to offer scholarship monies for faculty enrolled in doctoral study as available. Provide support for faculty enrolled in doctoral study or ABD to complete in timely fashion.
2.2 Part-time faculty hold a minimum of a graduate degree with a major in nursing.	Yes/No 100% hold graduate degree in nursing	Reviewed at time of appointment and November/Yearly	2.2 Faculty vitae, transcripts	Yes. 2011-100% part-time adjuncts have MS in Nursing 2012-100% part-time adjuncts have MS in Nursing 2013-100% part-time adjuncts have MS in Nursing	Continue to monitor. All transcripts with degree conferred will be obtained prior to hire.
2.3 Faculty (full- and part-time) credentials meet governing organization and state requirements.	Yes/No 100% meet credentials	November/Yearly and at time of appointment	2.3 Faculty vitae, review of ISBN State Code Faculty qualifications	Yes. 100% faculty meet ISU criteria and state requirements	Continue to monitor for any changes in IN State Code requirements.

2.4 Preceptors, when utilized, are academically and experientially qualified, oriented, mentored, and monitored, and have clearly documented roles and responsibilities.	Yes/No 100% of preceptors are qualified, oriented, mentored and monitored	November/Yearly and Ongoing	2.4 Preceptor packets, resources for preceptors, ISBN State Code Preceptor qualifications	Yes. 100% preceptors are qualified, oriented, mentored and monitored. Approved, oriented and mentored by faculty.	Fall 2013 Preceptor packets reviewed and updated. Continue to review IN State Code requirements for changes in requirements.
2.5 The number of full-time faculty is sufficient to ensure that the student learning outcomes and program outcomes are achieved.	Yes/No Adequate number of qualified faculty	November/Yearly and Ongoing	2.5 Workload documents reflected faculty-to-student ratios and faculty vitae	2011- 2 open positions in the Dept. of BN, Chairperson position open in Dept. of BNC 2012- 4 open positions in the Dept. of BN, Chairperson position open in Dept. of BNC 2013- Yes. Number of FT faculty adequate. Faculty to student ratios do not exceed 1:50 in classroom and 1:10 in clinical. Upon retirement or resignation, faculty line requests have been approved. All faculty lines filled.	2011- Increase advertising, increase networking at conferences 2012- Increase advertising. 2013- Continue to monitor workload policy and documents to ensure adequacy of faculty numbers and additional support needed.
2.6 Faculty (full- and part-time) maintain expertise in their areas of responsibility, and their performance reflects scholarship and evidence-based teaching and clinical practice.	Yes/No 100% of faculty reviewed annually and are involved in scholarly activity, evidence-based teaching/practice	November/Yearly	2.6 Faculty performance reviews and activity reports for T and TT Faculty/Tenure Book Review/Annual report/Faculty vitae	Yes- 100% are involved in scholarly activities and maintain their expertise through CE and/or clinical practice	Continue to monitor and find ways to support faculty scholarship. Encourage clinical practice for all faculty.
2.7 The number, utilization, and credentials of staff and non-nurse faculty within the nursing education unit are sufficient to achieve the program goals and outcomes.	Yes/No Adequate number of qualified staff	November/Yearly	2.7 Annual performance reviews/Resume	Yes. The BNC Dept has 5 support personnel. The BN Dept. has 4 support personnel. 1 Testing Coordinator. 1 Contract Coordinator. 1 LRC Director. 2012- hired additional student workers in Student Affairs 2013- hired additional student workers in Student Affairs	Continue to monitor with program growth. Utilize student workers when applicable.

2.8 Faculty (full- and part-time) are oriented and mentored in their areas of responsibility.	Yes/No 100% faculty have assigned mentor	Upon hire/ongoing	2.8 Chairperson documents	Yes- 100% of all faculty have assigned mentor upon hire.	Continue to monitor. Department Chairs to assign all new faculty mentor. Review mentor role/responsibilities annually.
2.9 Systematic assessment of faculty (full- and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.	Yes/No 100% of faculty have annual evaluation and are satisfactory	November/Yearly	2.9 Faculty performance reviews and activity reports for T and TT Faculty/Tenure Book Review/Annual report/Faculty vitae	Yes. 100% of FT and PT faculty reviewed annually. University started post-tenure biennial review process fall 2011. Tenured faculty reviewed fall 2011 and 2013. 100% were satisfactory.	Continue to monitor.
2.10 Faculty (full- and part-time) engage in ongoing development and receive support for instructional and distance technologies.	Yes/No 100% of distance faculty engage in distance education development activities	November/Yearly	2.10 Faculty vitae	100% of distance faculty participated in Quality Matters training through Distance Education. Support provided through DE and OIT. Fall 2012- Technology update faculty development	Continue to monitor for additional development opportunities and barriers to success.

Standard 3: Students

Plan				Implementation	
Component	Expected Level of Achievement	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis (including actual levels of achievement)	Actions For program Development, Maintenance, or Revision
3.1 Policies for nursing students are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied;	Yes/No 100% policies congruent, accessible, non-discriminatory, consistently applies; differences justified	February/Odd Years	3.1 Student Handbook, brochures, website review	Yes. 100% of policies are congruent or justified if not. Student Handbook revised beginning fall 2011 and reviewed by College SAC with feedback received. Handbook updated with any policy changes.	Continue to monitor all policies, justifying differences.

<p>differences are justified by the student learning outcomes and program outcomes.</p> <p>3.2 Public information is accurate, clear, consistent, and accessible. Including the program's accreditation status and the ACEN contact information.</p>	<p>Yes/No 100% public info accurate, accessible; ACEN contact info correct on website</p>	<p>February/Yearly</p>	<p>3.2 Website review</p>	<p>Yes. All information is consistent and accessible. Website updated by Technology Coordinator. Reviewed by Executive Director. ACEN information updated with name change.</p>	<p>Continue to monitor. Departments to review website at least annually with Technology Coordinator.</p>
<p>3.3 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.</p>	<p>Yes/No 100% of policy changes are communicated to students in timely manner</p>	<p>February/Yearly</p>	<p>3.3 Website review/Student Handbook</p>	<p>Yes. 100% Technology Coordinator posts updated info to website as received and reviews website regularly. Brochures updated fall 2011 and fall 2013.</p>	<p>Continue to monitor.</p>
<p>3.4 Student services are commensurate with the needs of nursing students, including those receiving instruction using alternative methods of delivery.</p>	<p>Yes/No 100% of services adequate</p>	<p>February/Odd Years</p>	<p>3.4 Student Exit Survey, Review of website and all services</p>	<p>Yes. 100% Services are adequate.</p>	<p>Continue to monitor. Exit survey data reviewed. Will change benchmark to reflect mean of 3.75 on 5.0 Likert scale for overall rating of student services on Exit Survey</p>
<p>3.5 Student educational records in compliance with the policies of the governing organization and state and federal guidelines.</p>	<p>Yes/No Student records in compliance- 100% of files contain appropriate documents</p>	<p>Upon admission and February/Yearly</p>	<p>3.5 Student Files</p>	<p>Yes. All student files contain appropriate documentation. Maintained by Student Support Specialist for various departments.</p>	<p>Continue to monitor.</p>
<p>3.6 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained, including default rates and the results of financial or compliance audits.</p>	<p>Yes/No 100% compliance/written loan repayment program/ethical responsibilities/ Records maintained appropriately</p>	<p>February/Odd years</p>	<p>3.6 Student Financial Aid Office documents</p>	<p>Yes. 100% compliance with Higher Educ Reauthorization Act Title IV as per Financial Aid Office.</p>	<p>Continue to monitor.</p>

<p>3.6.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.</p> <p>3.6.2 Students are informed of their ethical responsibilities regarding financial assistance.</p> <p>3.6.3 Financial aid records are maintained in compliance with the policies of the governing organization, state, and federal guidelines.</p>					
<p>3.7 Records reflect that program complaints and grievances receive due process and include evidence of resolution.</p>	<p>Yes/No 100% will be processed with documented resolutions</p>	<p>February/Yearly and Ongoing</p>	<p>3.7 Review of Opportunity for Improvement forms- data provided by Technology Coordinator.</p>	<p>Yes- 100% were processed and are reviewed for trends</p>	<p>Continue to monitor.</p>
<p>3.8 Orientation to technology is provided, and technological support is available to students.</p>	<p>Yes/No Technology support available/ Orientation provided</p>	<p>February/Odd Years</p>	<p>3.8 Course sites/OIT website/ Technology Coord. Posted hours</p>	<p>Yes. Technology support available through OIT and Technology Coordinator. Students able to contact HelpDesk as needed for technology issues. Links to Blackboard help/orientation in all courses.</p>	<p>Continue to monitor and discuss future concerns with Technology Coordinator and/or OIT.</p>
<p>3.9 Information related to technology requirements and policies specific to distance education are accurate, clear, consistent, and accessible.</p>	<p>Yes/No Information clear, accurate, consistent and accessible.</p>	<p>February/Odd Years</p>	<p>3.9 Student Handbooks/ brochures/website</p>	<p>Yes. All information posted is clear and accurate.</p>	<p>Continue to monitor.</p>

Standard 4: Curriculum

Plan				Implementation	
Component	Expected Level of Achievement	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis (including actual levels of achievement)	Actions For program Development, Maintenance, or Revision
4.1 The curriculum incorporates established professional standards, guidelines, and competences, and has clearly articulated student learning outcomes and program outcomes consistent with contemporary practice.	Yes/No standards Yes/No competencies Yes/No articulated student learning outcomes and program outcomes	March/Odd Years	4.1 Curriculum review/committee minutes	Yes. Curriculum revision began fall 2009 and implemented fall 2011. Meets all standards and competencies. Student learning and program outcomes clearly articulated.	Continue to monitor.
4.2 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	Yes/No SLOs used	March/Odd Years	4.2 Review of SLOs	Yes. SLOs organize curriculum, guide instruction, direct learning, evaluate progress.	Continue to monitor through monthly Curriculum meetings.
4.3 The curriculum is developed by the faculty and regularly reviewed to ensure integrity, rigor, and currency.	Yes/No Curriculum reviewed	March/Odd Years – ongoing through Curriculum Committee	4.3 Review Curriculum Committee Minutes and Program Assessment Plans for evidence of on-going review	Yes. Curriculum revision began fall 2009 and implemented fall 2011. Accelerated second degree curriculum developed and implemented summer 2011.	Continue to monitor.
4.4 The curriculum includes general education courses that enhance professional nursing knowledge and practice.	Yes/No Gen Educ Courses enhance knowledge and practice	March/Odd Years	4.4 Catalog/Syllabi review	2013 proposed removal of SOC 101 and stats to traditional track. UDIE requirement decreased and per ISBN did not remove stats. Approved removal of SOC 101 from curriculum to meet credit hour requirement and other programs do not have requirement.	Continue to monitor. Review syllabi of general education courses regularly and as needed.

4.5 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.	Yes/No Cultural, ethnic, and socially diverse concepts covered in curriculum	March/Odd Years	4.5 Review of course content/syllabi	Yes. Syllabi reviewed and course objectives/content identified.	Continue to monitor.
4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and current standards of practice.	Yes/No Instructional processes evaluated	March/Odd Years	4.6 Review of course content/syllabi/description	Yes. Curriculum reviewed and reflects educational theory, interdisciplinary collaboration through mock disaster drills and IPE Day, and current standards of practice.	Continue to monitor for ways to foster and support interdisciplinary collaboration.
4.7 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of the student learning outcomes.	Yes/No Evaluation methods varied/reflect competencies/evaluate SLOs.	March/Odd Years	4.7 Review of curriculum	Yes. Evaluation methods evaluate competencies and SLOs.	Continue to monitor.
4.8 The length of time and the credit hours required for program completion are congruent with the attainment of identified student learning outcomes and program outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.	Yes/No Program length and credit hours congruent and consistent	March/Odd Years or with changes	4.8 Review of curriculum and Plans of Study	Yes. Program length and credit hours change to 120 hours submitted for approval Spring 2013.	Continue to monitor. Follow through approval processes. Substantive Change submitted to ACEN Summer 2013.
4.9 Practice learning environments support the achievement of student	Yes/No 100% evaluated as appropriate practice	March/Odd Years (on-going)	4.9 Course Clinical Evaluations	Yes. 100% Clinical facilities/preceptors are evaluated by faculty and students for	Continue to monitor clinical experiences.

learning outcomes and program outcomes.	learning environments			appropriateness.	
4.10 Students participate in clinical experiences that are evidence-based and reflect contemporary practice and nationally established patient health and safety goals.	Yes/No evidence-based clinical experiences	March/Odd Years	4.10 Course Clinical Evaluations/ Preceptor Agreements	Yes. Clinical practice experiences are reviewed by faculty. Student evaluated learning experience each semester.	Continue to monitor all clinical experiences..
4.11 Written agreements for clinical practice agencies are current, specify expectations for all parties, and ensure the protection of students.	Yes/No 100% written agreements current, protect students	March/Odd Years/Ongoing	4.11 Reported by Clinical Contract Coordinator.	Yes. 100% written agreements are current.	Continue to monitor. Clinical Contract Coordinator FT position, monitors daily.
4.12 Learning activities, instructional materials, and evaluation methods are appropriate for all delivery formats and consistent with the student learning outcomes.	Yes/No for Distance format	March/Odd Years	4.12 Review of distance courses/ Peer review	Yes. Learning activities and evaluation methods are appropriate for the distance environment.	Continue to monitor.

Standard 5: Resources

Plan				Implementation	
Component	Expected Level of Achievement	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis (including actual levels of achievement)	Actions For program Development, Maintenance, or Revision
5.1 Fiscal resources are sustainable, sufficient to ensure the achievement of the student learning outcomes and	Yes/No Sufficient	April/Yearly and ongoing	5.1 Review of Budgets, Clinical/program fees	Yes. Review of budgets indicates sufficient fiscal resources.	Continue to monitor. Communicate needs to Executive Director of Nursing.

<p>program outcomes, and commensurate with the resources of the governing organization.</p> <p>5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes, and meet the needs of faculty, staff, and students.</p>	<p>Yes/No Sufficient</p>	<p>April/Yearly and ongoing</p>	<p>5.2 Review of building space</p>	<p>Partially met. Fall 2012- Review of classrooms indicated need for additional classroom to accommodate students for ATI testing/ability to charge laptops. Classroom upgrade to be completed fall 2013. Increase in faculty members also prompted doubling up office space for faculty non-tenured or tenured.</p>	<p>Continue to monitor. Monitor with addition of new faculty and department growth.</p>
<p>5.3 Learning resources and technology are selected with faculty input and are comprehensive, current, and accessible to faculty and students.</p>	<p>Yes/No 100% of learning resources are sufficient, current, accessible</p>	<p>April/Yearly</p>	<p>5.3 LRC Director/ Technology Coordinator report, Library Liaison</p>	<p>Yes. 100% are sufficient, current and accessible.</p>	<p>Continue to monitor. Executive Director meets with LRC Director annually at minimum to review resources and needs and faculty requests. Executive Director to meet annually at min. with Library Liaison.</p>
<p>5.4 Fiscal, physical, technological, and learning resources are sufficient to meet the needs of faculty and students engaged in alternative methods of delivery.</p>	<p>Yes/No 100% Sufficient for distance delivery</p>	<p>April/Yearly</p>	<p>5.4 Budget, OIT, Library</p>	<p>Yes. 100% Fiscal, physical and technological resources are sufficient for distance delivery.</p>	<p>Continue to monitor needs if LPN to BS and RN to BS tracks expand.</p>

Standard 6: Outcomes

Plan				Implementation	
Component	Expected Level of Achievement	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis (including actual levels of achievement)	Actions For program Development, Maintenance, or Revision
6.1 The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following: -Student learning outcomes; -Program outcomes; -Role-specific graduate competencies, and -the ACEN Standards.	Yes/No Assessment is ongoing and plan is utilized	May/Yearly (on-going)	6.1 Review of Systematic Plan of Evaluation	Yes. Assessment is ongoing. See Assessment Committee minutes.	Continue to monitor. Update plan as necessary.
6.2 Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to inform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.	Yes/No Aggregated and trended findings/used for program decision-making	May/Yearly (on-going)	6.2 Review of Systematic Plan of Evaluation	Yes. See Assessment Committee minutes. See SPE,	Continue to monitor. See SPE for specific actions.
6.3 Evaluation findings are shared with communities of interest.	Yes/No Shared findings	May/Yearly	6.3 Community Advisory Meetings	Yes. Community Advisory Meeting held	Continue to meet at least annually.
6.4 The program demonstrates evidence of achievement in meeting the following program outcomes: 6.4.1- Performance on	See Program Outcomes Plan	May/Yearly	6.4 Program Outcomes Evaluation Plan	See Program Outcomes Plan.	See Program Outcomes Plan for specific actions.

licensure exam					
6.4.2- Program completion					
6.4.3- Graduate program satisfaction					
6.4.4- Employer program satisfaction					
6.4.5- Job placement rates					

Baccalaureate Program Outcome Evaluation Plan

Program Outcomes					
Plan				Implementation	
<i>Component</i>	<i>Expected Level of Achievement</i>	<i>Frequency of Assessment</i>	<i>Assessment Method(s)</i>	<i>Results of Data Collection/ Analysis</i>	<i>Actions for Program Development, Maintenance, or Revision</i>
NCLEX-RN Pass Rates	Program's 3-year mean will be at or above national mean	Ongoing	NCSBN Reports	2011- Traditional 61/79 (77.22%); LPN to BS 37/43 (86.05%); Combined 98/122 (80.33%) National 87.89% NOT MET 2012- Traditional 70/79 (88.61%) Accelerated 11/11 (100%) LPN to BS 43/46 (93.5%) Combined 124/136 (91.18%) National 90.34% MET 2013- 1 st Qtr Traditional 21/24 (88%) Accelerated 0/0 LPN to BS 25/26 (96.15%) Combined 46/50 (92%) National 90.35% MET 2013- 2 nd Qtr Traditional 27/39 (69.23%) Accelerated 0/1 (0%) LPN to BS 12/16 (75%) Combined 39/56 (69.64%) National 83.00% NOT MET 2013- 3 rd Qtr Traditional 12/14 (86%) Accelerated 14/15 (93%) LPN to BS 13/16 (81%) Combined 39/45 (92%) National 90.35% MET	2011- Plan of Correction implemented- see document 2012- Continue to monitor. Maintain Plan of Correction actions. Pay for cost of Kaplan Review for all students starting with Spring 2012 cohort. 2013- 2 nd Qtr Reviewed ATI Comp Predictor Scores- all students had >94% predictability. Addt'l assessment data reviewed- no problems identified with this cohort Continue to monitor results closely and provide remediation.
Program Completion Rates	At least 80% of students will complete the program within 150% of the stated program length	Ongoing/ Upon Graduation	#of students enrolled who complete courses or are on track to complete in the prescribed time	Traditional- Old Curriculum Fall 2008 41/46 (89%) Spring 2009 29/42 (69%) NOT MET Fall 2009 48/64 (75%) NOT MET Spring 2010 36/44 (81%) Fall 2010 48/57 (84%)	Continue to monitor. Significant amount of drops and dismissals for Spring 2009 and Fall 2009- reasons documented and trended by Program Directors.

			divided by the number of students who enrolled	<p>Spring 2011 44/51 (86%) Fall 2011 46/51 (90%) Spring 2012 42/47 (89%) Fall 2012 26/27 (96%) Traditional- New Curriculum Spring 2013- 50/50 (100%)</p> <p>Accelerated Summer 2011 15/15 (100%) Summer 2012 16/17 (94%) Summer 2013 29/29 (100%)</p> <p>LPN to BS Fall 2008 20/34 (59%) NOT MET Spring 2009 16/28 (57%) NOT MET Fall 2009 30/34 (88%) Spring 2010 28/37 (76%) NOT MET Fall 2010 47/57 (82%) Spring 2011 30/34 (88%) Fall 2011 43/47 (91%) Spring 2012 42/46 (91%) Spring 2013 (25/25) 100% Fall 2013 (25/25) 100%</p> <p>RN to BS Fall 2008 13/19 (68%) NOT MET Spring 2009 9/15 (60%) NOT MET Fall 2009 13/15 (87%) Spring 2010 10/27 (37%) NOT MET Fall 2010 14/20 (70%) NOT MET Spring 2011 9/14 (64%) NOT MET Fall 2011 14/20 (70%) NOT MET Spring 2012 10/11 (91%) Spring 2013 23/23 (100%) Fall 2013 23/23 (100%)</p>	<p>Department of BNC Recruitment and Retention Plan developed 2012, updated 2013 to include recapture plan. See document.</p> <p>2013- Changed advisement responsibilities. SSS load lessened to include advisement for only LPN to BS. All faculty assigned RN to BS advisees.</p> <p>Continue to monitor RN to BS closely- may need to consider change in benchmark for this track.</p>
Student Satisfaction	Overall mean score of at least 3.75 on 5.0 Likert Scale Survey on Satisfaction	At time of graduation and 6-12 months post-graduation	Exit Survey and Alumni Student Satisfaction Survey (until Fall 2012 Exit Survey only)	<p>Traditional- Fall 2010 3.63 NOT MET Spring 2011 3.73 NOT MET Summer 2011 4.17 Fall 2011 4.66 Spring 2012 3.78 Summer 2012 4.28 Fall 2012 4.04/4.46 Spring 2013 3.82/Pending</p>	Continue to monitor. Explore ways to increase response rates.

				<p>Accelerated- Summer 2012 4.03/3.85 Summer 2013 4.12/Pending</p> <p>LPN to BS- Fall 2010 4.49 Spring 2011 4.73 Summer 2011 4.69 Fall 2011 4.28 Spring 2012 4.41 Summer 2012 4.38 Fall 2012 4.46/4.48 Spring 2013 4.54/Pending</p> <p>RN to BS- Fall 2010 4.49 Spring 2011 3.87 Summer 2011 4.31 Fall 2011 3.95 Spring 2012 4.04 Summer 2012 4.24 Fall 2012 3.97/4.94 Spring 2013 4.34/Pending</p> <p>Qualitative Data reviewed and presented by Program Directors</p>	
Employer Satisfaction	Overall mean score of at least 3.75 on 5.0 Likert Scale Survey on Satisfaction	6-12 months post-graduation	Employer Satisfaction Survey	<p>Traditional- Fall 2011 No surveys returned Spring 2012 4.91 Summer 2012 4.43 Fall 2012 4.63 Spring 2013 Pending</p> <p>Accelerated- Summer 2012 4.10 Summer 2013 Pending</p> <p>LPN to BS- Fall 2011 4.38 Spring 2012 5.00 Summer 2012 No surveys returned Fall 2012 5.00 Spring 2013 Pending</p>	Continue to monitor. Explore ways to increase response rates. Discussed with Advisory Committee. Will implement recommendations.

				<p>RN to BS- Fall 2011 4.44 Spring 2012 4.31 Summer 2012 No surveys returned Fall 2012 No surveys returned Spring 2013 Pending</p> <p>Qualitative Data reviewed and presented by Program Directors</p>	
Job Placement Rates	At least 80% of graduates will be employed	6-12 months post-graduation	Alumni Survey	<p>Traditional- Fall 2010 100% Spring 2011 91.7% Summer 2011 100% Fall 2011 63.3% NOT MET Spring 2012 100% Summer 2012 100% Fall 2012 100% Spring 2013 Pending</p> <p>Accelerated- Summer 2012 80% Summer 2013 Pending</p> <p>LPN to BS- Fall 2010 100% Spring 2011 No surveys returned Summer 2011 100% Fall 2011 100% Spring 2012 100% Summer 2012 100% Fall 2012 100% Spring 2013 Pending</p> <p>RN to BS- Fall 2010 100% Spring 2011 3 No surveys returned Summer 2011 No surveys returned Fall 2011 100% Spring 2012 100% Summer 2012 No surveys returned Fall 2012 100% Spring 2013 Pending</p>	Continue to monitor.

Traditional Track Student Learning Outcomes Assessment Plan

NURS 104 (Introduction to Professional Nursing) *Pre-nursing course			Expected Level of Achievement: <ul style="list-style-type: none"> • 75% of nursing students will demonstrate achievement of the learning objectives. Met <input checked="" type="checkbox"/> Partially met _____ Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Discuss general education as it relates to a professional degree in nursing. 2. Identify expectations of students as citizens within a changing world. 3. Develop academic skills necessary for success. 4. Develop beginning competencies for learning success (communicating/interpreting, succeeding academically, thinking critically, setting goals, developing self-knowledge, developing social awareness, maintaining health, surviving financially). 5. Identify student support services within the university and the community. (Competencies: 3.2, 5.2, 8.1, 8.2) 6. Discuss the nurse's role in a diverse society. 7. Develop connections with other students and faculty through meaningful, appropriate interactions. 8. Begin identification of life-long professional goals.	End of course for each cohort	Final Course Grade	Final course grade Fall 2010 90-100% 87 80-89% 42 75-79% 10 <75% 19 87.8% of students achieved at or above 75% Spring 2011 90-100% 68 80-89% 52 75-79% 9 <75% 19 87.2% of students achieved at or above 75% Fall 2011 90-100% 125 80-89% 30 75-79% 3 <75% 24 86.8% of students achieved at or above 75% Spring 2012 90-100% 76 80-89% 38 75-79% 13 <75% 15 89.4% of students achieved at or above 75% Fall 2012	-Continue to monitor and improve as needed.

			90-100% 167 80-89% 38 75-79% 5 <75% 11 92.9% of students achieved at or above 75% Spring 2013 90-100% 72 80-89% 42 75-79% 7 <75% 13 81.8% of students achieved at or above 75% Fall 2013 90-100% 155 80-89% 34 75-79% 3 <75% 7 95.1% of students achieved at or above 75%	
--	--	--	---	--

NURS 106 (Mental Health Aspects of Nursing) <i>*Pre-nursing course</i>			Expected Level of Achievement: <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Met_____ Partially met__X_____ Not met_____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Demonstrates critical thinking related to mental health needs and risks of clients. 2. Relates theoretical and empirical knowledge from the sciences and humanities to interpersonal and mental health aspects of nursing.	End of course for each cohort	Final Course Grade	<i>*This course last taught S12</i> Final Course Grade Fall 2010 90-100% 23 80-89% 39 75-79% 14 <75% 20 79.2% of students achieved at or above 75%	-As these are pre-nursing students and many of them are Freshman, scores are generally lower; and, many pre-nursing students discovered nursing was

<p>3. Demonstrates verbal and non-verbal therapeutic communication skills and listening responses in simulated client-nurse interactions</p> <p>4. Communicates clearly, accurately, and effectively with peers, faculty, and small groups.</p> <p>5. Describes skills necessary for communicating with members of the interdisciplinary team.</p> <p>6. Explores ways of accessing health care information through electronic communication.</p> <p>7. Identifies assessment as a nursing function in the care of mental health clients.</p> <p>8. Selects culturally sensitive communication techniques to improve the care of clients from diverse cultures.</p> <p>9. Identifies the principles of the teaching learning process.</p> <p>10. Identifies methods for evaluating the effectiveness of therapeutic communication.</p> <p>11. Recognizes therapeutic techniques for communicating effectively with clients at risk for anxiety, stress, grief, and anger.</p> <p>12. Discusses professional, legal, and ethical responsibilities associated with the role of communicator.</p> <p>13. Explores how cultural beliefs, values, and practices influence communication with clients.</p>			<p>Spring 2011 90-100% 15 80-89% 40 75-79% 12 <75% 23 74.4% of students achieved at or above 75%</p> <p>Fall 2011 90-100% 11 80-89% 48 75-79% 15 <75% 25 74% of students achieved at or above 75%</p> <p>Spring 2012 <i>*this course was offered only for those who needed to repeat the course this semester</i> 90-100% 0 80-89% 4 75-79% 0 <75% 0 100% of students achieved at or above 75%</p>	<p>not for them when they took this course.</p>
--	--	--	--	---

NURS 200 (Assessment of the Adult)			Expected Level of Achievement: • 75% of nursing students will demonstrate achievement of the learning objectives. Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<ol style="list-style-type: none"> 1. Identify theoretical and empirical knowledge from the social and behavioral sciences, humanities, and nursing to provide professional nursing care to adult clients. 2. Formulate an objective assessment of an adult's health promoting and protecting behaviors utilizing a comprehensive nursing history including a health risk and cultural assessment. 3. Demonstrate an organized method of performing a comprehensive assessment of an adult client that will include attention to the fiscal impact of health maintenance and health promotion behaviors. 4. Utilize effective communication strategies in interviewing adult clients and documenting findings. 5. Organize the nursing assessment data to identify the individual's level of wellness, health risks, and unmet health needs. 6. Serve as a client advocate and teacher to plan interventions that will provide quality nursing care 7. Identify available community resources that could assist the adult client to meet identified health needs. 8. Utilize computer technology in personal learning. 9. Discuss research findings relevant to 	End of course for each cohort	Final course grade	<i>Course not offered after F12</i> Final Course Grade Fall 10 90-100% 20 80-89% 31 75-79% 0 <75% 3 94.4% of students achieved at or above 75% Spring 11 90-100% 28 80-89% 29 75-79% 0 <75% 1 98.3% of students achieved at or above 75% Fall 11 90-100% 22 80-89% 28 75-79% 0 <75% 0 100% of students achieved at or above 75% Spring 12 90-100% 8 80-89% 34 75-79% 2 <75% 1 97.8% of students achieved at or above 75% Fall 12 90-100% 9	- Continue to monitor and improve as needed.

nursing assessment of adults. 10. Demonstrate accountability for one's own nursing actions and commitment to maintaining nursing practice standards including confidentiality.			80-89% 15 75-79% 2 <75% 0 100% of students achieved at or above 75%	
---	--	--	--	--

NURS 204 (Fundamentals of Nursing)	<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <input checked="" type="checkbox"/> Partially met _____ Not met _____</p>
------------------------------------	--

Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Identify the major components of the health care delivery system in the United States and the professional nurses' role within the system. 2. Identify selected concepts from the sciences, humanities, and nursing when providing professional nursing care to adult clients in the selected community-based settings. 3. Identify selected factors that influence the adult's ability to meet health goals. 4. Utilize, with assistance, critical thinking and clinical judgments to deliver professional nursing care to adults clients in selected community-based settings. 5. Perform basic nursing skills safely with the goals of promoting optimal health, when providing culturally sensitive care for the adult client.	End of course for each cohort	Cumulative Final exam	<p><i>Course not offered after F12</i></p> <p>Final Cumulative Exam Fall 2010 90-100% 12 80-89% 29 75-79% 9 <75% 7 87.8% of students achieved at or above 75%</p> <p>Spring 11 90-100% 3 80-89% 43 75-79% 5 <75% 6 89.5% of students achieved at or above 75%</p> <p>Fall 2011 90-100% 13 80-89% 27 75-79% 6 <75% 2 95.8% of students achieved at or above 75%</p>	- Continue to monitor and improve as needed.

		SIR (Student Instructional Report)	<p>Spring 2012 90-100% 3 80-89% 29 75-79% 10 <75% 4 91.3% of students achieved at or above 75%</p> <p>Fall 2012 90-100% 3 80-89% 18 75-79% 4 <75% 2 92.6% of students achieved at or above 75%</p> <p>SIR <i>"I made progress toward achieving course objectives"</i> Spring 2011 3.98 Fall 2011 3.98 Spring 2012 4.09 Fall 2012 3.88</p>	
--	--	------------------------------------	--	--

NURS 207 (Nursing Perspectives)			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <u> X </u> Partially met <u> </u> Not met <u> </u></p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Recognize patients' differences, values, preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery and recognize patient teaching needs within the plan of care.</p> <p>2. Communicate effectively with patients</p>	End of course for each cohort	Cumulative Final exam	<p><i>Course first offered Spring 2013</i></p> <p>Cumulative Final Exam Spring 2013 90-100% 16 80-89% 30 75-79% 5 <75% 0 100% of students achieved at or above 75%</p>	- Continue to monitor and improve as needed.

<p>and families in select settings through discussion, role play, and return demonstration.</p> <p>3. Identify and locate evidence-based materials related to patient care and discussion of research findings related to patient safety.</p> <p>4. Describe the structure, process and outcomes, including quality improvement activities and measures related to patient outcomes.</p> <p>5. Describe information systems, communication and technology methods in the management of safe nursing practice and identify roles of the various members of the health team.</p> <p>6. Examine characteristics and qualities of historical nurse leaders and identify approaches that enable change within healthcare.</p> <p>7. Identify own spiritual and cultural values and those of selected populations related to health promotion.</p> <p>8. Locate and discuss nursing values including legal and ethical principles of nursing including patient information and define personal accountability for civility, honesty, and fairness.</p>		SIR (Student Instructional Report)	<p>Fall 2013 90-100% 15 80-89% 29 75-79% 0 >75% 2 95.7% of students achieved at or above 75%</p> <p>SIR <i>"I made progress toward achieving course objectives"</i> Spring 2013 3.81 Fall 2013 *to be collected</p>	
--	--	------------------------------------	--	--

NURS 228 (Clinical Pharmacology)			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. <p>Met <input checked="" type="checkbox"/> Partially met _____ Not met _____</p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Describe medication names, actions	End of course	Cumulative Final	<i>Course not offered after F12</i> Cumulative Final Exam	-Fall 2012--Only 60% of

			80-89% 6 75-79% 1 <75% 1 100% of students achieved 75% or better Fall 2011 90-100% 51 80-89% 0 75-79% 0 <75% 0 100% of students achieved 75% or better Spring 2012 90-100% 30 80-89% 13 75-79% 1 <75% 1 97.8% of students achieved 75% or better Fall 2012 90-100% 22 80-89% 5 75-79% 2 <75% 0 100% of students achieved 75% or better	
--	--	--	---	--

NURS 218 (Pharmacotherapeutics)			Expected Level of Achievement: <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met _____ Partially met <input checked="" type="checkbox"/> Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Describe medication names, actions and effects, interactions, routes of administration and nursing implications	End of course for each	Cumulative Final exam	<i>Course first offered S13</i> Cumulative Final Exam Spring 2013	-Fall 2013 only 59.6% of students achieved at or

<p>related to select prescription and non-prescription medications.</p> <p>2. Identifies methods to provide education to patients, families, and groups concerning medications and specific administration methods.</p> <p>3. Recognizes the importance of assessment, planning, implementation and evaluation related to medication administration.</p> <p>4. Utilize research findings and evidence based materials to promote critical thinking in identifying nursing actions that promote therapeutic medication administration.</p> <p>5. Explore how age, cultural beliefs, values, and practices can influence health care related to medication administration.</p> <p>6. Demonstrate accurate medication calculations, safe administration, and documentation techniques related to medication administration including IV fluids.</p> <p>7. Examines ethical and legal issues surrounding medication administration in health care dilemmas.</p> <p>8. Discuss pathophysiology as related to pathology, pharmacology and nursing care.</p> <p>9. Demonstrate college level writing skills utilizing of specific publication manual as a guide.</p>	<p>cohort</p>	<p>APA formatted paper</p> <p>SIR (Student Instructional Report)</p>	<p>90-100% 6 80-89% 25 75-79% 13 <75% 3 91.5% of students achieved at or above 75%</p> <p>Fall 2013 90-100% 1 80-89% 20 75-79% 7 <75% 19 59.6% of students achieved at or above 75%</p> <p>APA formatted paper Spring 2013 90-100% 49 80-89% 1 75-79% 0 <75% 0 100% of students achieved at or above 75%</p> <p>Fall 2013 90-100% 33 80-89% 14 75-79% 0 <75% 0 100% of students achieved at or above 75%</p> <p>SIRs <i>"I made progress toward achieving course objectives"</i> Spring 2013 4.17 Fall 2013 *to be collected</p>	<p>above 75%. Changes planned for course improvement:</p> <ul style="list-style-type: none"> -Course faculty to offer one-on-one remediation/reviews with struggling students -Adding a textbook for the lab activities Hornvedt (2013) <i>Calculating Dosage Safely</i> -Changing text to new edition (Adams, 2014) -added collaborative testing in Fall 13 with what seemed to be very good results and positive feedback from students. It is not believed that this is what led to lower scores as the published evidence indicates otherwise. Will offer collaborative testing again in Spring—but will carefully evaluate the effect on student learning.
---	---------------	--	--	---

NURS 224 (Nursing Care of Adults I)			Expected Level of Achievement: <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Met <input checked="" type="checkbox"/> Partially met _____ Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Apply selected concepts from the sciences, humanities, and nursing research in providing basic nursing interventions. 2. Relate cultural and other environmental factors that affect basic care. 3. Utilize critical thinking skills in making clinical judgments relating to client care. 4. Utilize effective communication skills with peers, adults, and their families, and selected health team members. 5. Implement a standardized teaching plan. 6. Participate as a member of the health team in providing and evaluating basic care. 7. Recognize the role of the nurse as a client advocate. 8. Demonstrate skill and safety in providing basic care. 9. Demonstrate individual accountability for the ethical and legal aspects of nursing. 10. Identify similarities and differences in hospital and other community-based settings. 11. Identify current fiscal and socioeconomic trends that influence basic health care in hospital and community-based settings. 12. Identify leadership functions of the	End of course for each cohort	Cumulative Final exam	Cumulative final exam Fall 2010 90-100% 0 80-89% 17 75-79% 17 <75% 8 80.9% of students achieved at or above 75% Spring 2011 90-100% 1 80-89% 20 75-79% 8 <75% 17 63% of students achieved at or above 75% Fall 2011 90-100% 1 80-90% 22 75-80% 15 <75% 10 79.2% of students achieved at or above 75% Spring 2012 90-100% 0 80-89% 18 75-79% 18 <75% 24 60% of students achieved at or above 75% Fall 12 90-100% 10	- Spring 11: only 63% of students achieved at or above 75%. Changes planned for course improvement: -Added prep-questions to ensure students are utilizing and reading the text assignments -Increased practice questions and case studies in the classroom -ELA met Fall 11 - Spring 12: only 60% of students achieved at or above 75%. Changes planned for course improvement: --Added several guest speakers: Certified diabetic educator (diabetes), mortician (death, grieving, and post-mortem care), Respiratory Therapist (interpreting ABGs), and an oncology nurse (chemo/radiation treatments and effects, appropriate nursing interventions).

nurse in a variety of health care settings.			80-89% 20 75-79% 8 <75% 3 92.7% of students achieved at or above 75% Spring 13 90-100% 4 80-89 13 75-79 8 <75 3 89.2% of students achieved at or above 75% Fall 2013 90-100% 5 80-90% 15 75-80% 17 <75% 9 80.4% of students achieved at or above 75%	-Revised clinical care plans, more “user-friendly” and easier for students to interpret what information is necessary/vital -Implemented the assigning of a “student team leader” who helps coordinate student clinical preparation -Implement pre-clinical prep. Students go in the evening before to obtain patient assignment and gather data about patient and complete a prep assignment to help guide their care/experience, such as: pathophysiology, signs/symptoms of primary diagnosis, medications, nursing interventions, nursing diagnoses, etc). -ELA met in the following semesters.
---	--	--	---	--

NURS 226 (Nursing in Mental Illness)	Expected Level of Achievement: • 75% of nursing students will demonstrate achievement of the learning objectives. Met ___ X ___ Partially met _____ Not met _____
--------------------------------------	---

Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Apply basic concepts from the sciences, humanities & nursing theory to the nursing care of individual adult clients experiencing mental illness.	End of course for each cohort	Final course grade	<i>Course not offered after S13</i> Final Course Grade Fall 2010 90-100% 4 80-89% 20	- Continue to monitor and improve as needed.

<p>2. Apply research findings to the care of mentally ill individual clients.</p> <p>3. Apply components of critical thinking to assessment, caring & evaluation processes of psychiatric nursing.</p> <p>4. Apply interpersonal skills & mental health concepts to interdisciplinary approaches to client care.</p> <p>5. Demonstrate effective interpersonal skills in caring for individual clients experiencing mental illness in structured traditional and/or nontraditional structured settings.</p> <p>6. Demonstrate the roles of care provider, advocate and teacher in the delivery of culturally-sensitive care to individual clients experiencing mental illness.</p> <p>7. Relate legal & ethical aspects of practice to psychiatric nursing care.</p> <p>8. Assume responsibility for the care of mentally ill clients that is within the guidelines of the ANA Code of Ethics and the law.</p> <p>9. Discuss the influence of social & political changes on the care of the mentally ill and the practice of psychiatric nursing.</p>			<p>75-79% 17 <75% 4 91% of students achieved 75% or higher</p> <p>Spring 2011 90-100% 2 80-89% 29 75-79% 14 <75% 4 91.8% of students achieved 75% or higher</p> <p>Fall 2011 90-100% 0 80-89% 29 75-79% 17 <75% 2 95.8% of students achieved 75% or higher</p> <p>Spring 2012 90-100% 0 80-89% 23 75-79% 10 <75% 4 91.9% of students achieved 75% or higher</p> <p>Fall 2012 90-100% 0 80-89% 28 75-79% 10 <75% 5 88.4% of students achieved 75% or higher</p> <p>Spring 2013 90-100% 7 80-89% 23 75-79% 0 <75% 0 100% of students achieved 75% or higher</p>	
---	--	--	---	--

NURS 318 (Families in Stress and Crisis)			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will achieve at least Level 2 by the second attempt on the ATI Mental Health exam. Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Develops skills in applying critical thinking in making decisions, clinical judgments, and in problem solving in the assessment of families experiencing stress/crises/catastrophes and in the delivery of family nursing intervention in simulated learning activities. 2. Analyzes theoretical and empirical knowledge from the sciences, humanities, and nursing in organizing, planning, and providing care to families experiencing stressful events. 3. Analyzes specific Crisis Theories, Family Systems Theories, and Family Stress Theories as frameworks for understanding interactions, relationships, and intra family processes and changes occurring in families experiencing stressful events. 4. Selects therapeutic communication strategies as the foundation for establishing goal-directed and trusting relationships with individuals, families, group members, and members of the interdisciplinary health care team. 5. Communicates clearly, accurately, and effectively with faculty and group members. 6. Assesses wellness, health needs, and risks of individuals and families experiencing stressful events in	End of course for each cohort	ATI Mental Health Exam	<i>Course not offered after F13</i> ATI Mental Health Content Mastery Exam Fall 2010 Level 3 1 Level 2 32 Level 1 11 <1 6 66% of students achieved at least Level 2 Spring 2011 Level 3 0 Level 2 33 Level 1 7 <1 0 82.5% of students achieved at least Level 2 Fall 2011 Level 3 9 Level 2 42 Level 1 7 <1 0 87.9% of students achieved at least Level 2 Spring 2012 Level 3 10 Level 2 32 Level 1 2 <1 0 95.5% of students achieved at least Level 2 Fall 2012	- Fall 10: only 66% of students achieved at least a Level 2 on the ATI. Changes planned for course improvement: --increased number of application type test items in unit exams -Required Mental Health Learning System RN for Mental Health I, II, and Mental Health Final prior to the ATI Content Mastery -ELAs have been met each semester since these

<p>simulated learning activities.</p> <p>7. Determines holistic, culturally sensitive, safe, and effective therapeutic nursing interventions for individuals and families experiencing stress and crises in simulated critical thinking activities.</p> <p>8. Educates individual clients and family members about the impact of stressful events, alternative coping responses, available support systems, community resources, and anticipatory planning for the future in simulated learning activities.</p> <p>9. Develops skills in evaluating client outcomes and professional nursing practice in the care of individuals and families experiencing stress and crises.</p> <p>10. Analyzes research and evidence-based information for application to the nursing care of individuals and families experiencing stress and crises.</p> <p>11. Identifies human, fiscal, and material resources required for providing care to individuals and families in stress and crises.</p> <p>12. Incorporates professional values, ethical and legal responsibilities in caring for individuals and families experiencing stress and crises in simulated critical thinking activities.</p> <p>13. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making.</p> <p>14. Compares how different cultural beliefs, values, and practices influence the health care of individuals, families, and groups experiencing stress and crises.</p> <p>15. Compares how ecological factors, economics, and political issues influence the delivery of health care to families in stress and crises.</p>			<p>Level 3 9 Level 2 35 Level 1 4 <1 0 91.7% of students achieved at least Level 2</p> <p>Spring 2013 Level 3 11 Level 2 31 Level 1 1 <1 0 97.7% of students achieved at least Level 2</p> <p>Fall 2013 Level 3 6 Level 2 19 Level 1 3 <1 0 89.3% of students achieved at least Level 2</p>	
---	--	--	--	--

NURS 328 (Nursing Care of the Child and Family)			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will achieve at least Level 2 by the second attempt on the ATI Nursing Care of Children exam Met _____ Partially met <u>X</u> Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<ol style="list-style-type: none"> Apply selected concepts from the sciences, humanities, and nursing when providing individualized nursing care to the child from infancy to adolescence. Discuss the value of research related to nursing care of children and their families. Use critical thinking and clinical judgment in multiple settings to promote and maintain health, to prevent illness, and to assist children in their recovery from illness or injury. Evaluate the effectiveness of professional nursing practice as applied to individual children and families. Utilize effective communication skills to collaborate with peers, children and their families, and members of the profession. (Communicator: Competencies 1 & 2) Identify cultural and environmental factors that impact the plan of care. Incorporate roles and professional values of provider, manager of care, advocate, member of the interdisciplinary team in providing care to children and their families. Identify current societal trends that affect the nursing care of children. Demonstrate ethical and legal responsibility and cost accountability 	End of course for each cohort	ATI Content Mastery "Nursing Care of Children"	<p><i>Course not offered after F13</i></p> <p>ATI Nursing Care of Children Fall 2010 Level 3 5 Level 2 33 Level 1 5 >1 1 86.4% of students achieved at least Level 2</p> <p>Spring 2011 Level 3 17 Level 2 32 Level 1 4 >1 0 92.5% of students achieved at least Level 2</p> <p>Fall 2011 Level 3 8 Level 2 27 Level 1 11 <1 0 76.1% of students achieved at least Level 2</p> <p>Spring 2012 Level 3 28 Level 2 26 Level 1 4 <1 0 93.1% of students achieved at least Level 2</p> <p>Fall 2012</p>	<p>- Fall 10: only 86.4% of students achieved at least Level 2 on the ATI. Changes planned for course improvement -Increased the use of NCLEX-RN type questions within content and classroom time -Increased simulation in the lab; injection pads added for realism -Implemented more hands-on help in lab learning stations -Spring 11 ELA met</p> <p>-Fall 11: only 76.1% of students achieved at least Level 2 on the ATI. Changes planned for course improvement: -Had tried a new textbook, switched back to previous text due to low ATI scores (Wong's) -Implemented the use of "Sim Junior" in lab activities -Added pre-recorded</p>

<p>when providing nursing care to children.</p> <p>10. Review nursing literature related to the nursing care of children using computer data bases.</p> <p>11. Utilize nursing literature to support interventions in nursing care of children.</p> <p>12. Demonstrate an organized method of performing comprehensive nursing assessments for children in a variety of health care settings.</p>			<p>Level 3 22 Level 2 26 Level 1 1 <1 0 98% of students achieved at least Level 2</p> <p>Spring 2013 Level 3 23 Level 2 15 Level 1 3 <1 0 92.7% of students achieved at least Level 2</p> <p>Fall 2013 Level 3 14 Level 2 17 Level 1 1 <1 0 96.9% of students achieved at least Level 2</p>	<p>Tegrity lectures to lab content</p> <ul style="list-style-type: none"> -changed lab testing to 2 separate exams --Separated out the Growth and Development, and Nutrition for Infant, Toddler/Preschool, School-aged/adolescent—made into study modules, tested separately. -Implemented ATI review prior to ATI exam—using descriptor as a guide and aligning concepts with NCLEX-RN practice questions -Increased analysis cognitive level questions on unit exams and cumulative final. Implemented pre-recorded Tegrity plus face-to-face lectures --increased study tools for students—study guides, focused discussion on key points within specific content areas -ELA in following semesters
---	--	--	--	--

NURS 330 (Nursing Care of the Childbearing Family)			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will achieve at least Level 2 by the second attempt on the ATI Nursing Care of Children exam Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale 	
			Met <u>X</u> Partially met _____ Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Synthesize knowledge of selected concepts from the social and life sciences, humanities and nursing when providing care to individuals within the childbearing family.</p> <p>2. Discuss identified research findings in the domain of reproductive health.</p> <p>3. Analyze nursing assessment data to identify health and wellness needs and assist in the delivery of care to individuals and families during the reproductive cycle of life.</p> <p>4. Participate as a member of the interdisciplinary health care team in managing and evaluating care of childbearing families in multiple settings.</p> <p>5. Use effective interpersonal information management, and therapeutic communication skills in collaborating with peers, childbearing families, and members of the health care team.</p> <p>6. Demonstrate roles of care provider, advocate and teacher in delivering culturally sensitive care.</p> <p>7. Demonstrate individual accountability for understanding professional values, legal and ethical responsibilities and cost of providing care for childbearing</p>	End of course for each cohort	ATI Maternal/Newborn	<p><i>Course not offered after F13</i></p> <p>ATI Maternal/Newborn Content Mastery Exam Fall 2010 Level 3 1 Level 2 49 Level 1 4 <1 92.6% of students achieved at least Level 2</p> <p>Spring 2011 Level 3 3 Level 2 30 Level 1 6 <1 2 80.5% of students achieved at least Level 2</p> <p>Fall 2011 Level 3 13 Level 2 33 Level 1 0 <1 0 100% of students achieved at least Level 2</p> <p>Spring 2012 Level 3 17 Level 2 35 Level 1 1 <1 0 98.1% of students achieved at least Level 2</p>	<p>--Spring 11: only 80.5% of students achieved Level II on the ATI. Changes planned for course improvement:</p> <p>--Implemented and improved high-fidelity simulation experiences (postpartum hemorrhage).</p> <p>-reorganized learning lab material and content to improve flow and understanding.</p> <p>-Included ATI materials in reading assignments and provided an ATI self-guided Powerpoint review.</p> <p>- Increase application and higher cognitive level test items on all exams. Also increased number of test items addressing prioritization and delegation.</p> <p>- Added Powerpoints to Learning Lab to help organize the learning experience in that setting</p> <p>-100% of students met the</p>

<p>families.</p> <p>8. Evaluate the effectiveness of professional nursing practice as applied to childbearing families.</p> <p>9. Identify and explore nursing practice approaches for meeting reproductive health care needs emerging from societal changes.</p>		<p>SIR (Student Instructional Report)</p>	<p>Fall 2012 Level 3 18 Level 2 30 Level 1 0 <1 0 100% of students achieved at least Level 2</p> <p>Spring 2013 Level 3 8 Level 2 33 Level 1 3 <1 0 93.4% of students achieved at least Level 2</p> <p>Fall 2013 Level 3 10 Level 2 25 Level 1 0 <1 0 100% of students achieved at least Level 2</p> <p>SIR <i>"I made progress toward achieving course objectives"</i> Fall 2010 4.6 Spring 2011 4.05 Fall 2011 4.0 Spring 2012 4.43 Fall 2012 3.77 Spring 2013 4.62 Fall 2013 *to be collected</p>	<p>ELA Fall 11 and each semester since.</p>
---	--	---	--	---

NURS 322 (Research/Theoretical Basis for Nursing Practice)			Expected Level of Achievement: • 75% of nursing students will demonstrate achievement of the learning objectives. Met <input checked="" type="checkbox"/> Partially met _____ Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Differentiate among roles of the Associate, Baccalaureate, Master's, and Doctorally prepared nurse in nursing research and use this knowledge in the decision-making and delegation process. 2. Differentiate between and among nursing research, psychological research, social research, and medical research. 3. Discuss the benefits and barriers of interdisciplinary collaboration in nursing research. 4. Use critical thinking to identify and discuss ethical concerns related to research from published articles and in current events. 5. Incorporate the concepts of Autonomy, Human Dignity and Altruism, Integrity and Social justice when making decisions concerning ethical conduct of nursing research. 6. Use the Internet and other mechanisms to determine National and International trends and priorities in nursing research. 7. Use a quality improvement framework to discuss areas of need within nursing research and problem solve how these needs might be met, given the limited resources the profession of nursing has to work with. 8. Use knowledge of the research	End of course for each cohort	Final course grade	<i>Course not offered after S13</i> Final course grades Fall 2010 90-100% 15 80-89% 17 75-79% 0 <75% 0 100% of students achieved 75% or better Spring 2011 90-100% 12 80-89% 20 75-79% 1 <75% 1 97.1% of students achieved 75% or better Fall 2011 90-100% 1 80-89% 33 75-79% 2 <75% 1 97.3% of students achieved 75% or better Spring 2012 90-100% 12 80-89% 29 75-79% 3 <75% 0 100% of students achieved 75% or better Fall 2012 90-100% 4	-- Continue to monitor and improve as needed.

<p>process in critiquing abstracts and papers.</p> <p>9. Develop a systematic method of research critique.</p> <p>10. Interpret results from nursing research articles at the baccalaureate level for use in nursing practice.</p>			<p>80-89% 22</p> <p>75-79% 11</p> <p><75% 0</p> <p>100% of students achieved 75% or better</p> <p>Spring 2013</p> <p>90-100% 1</p> <p>80-89% 19</p> <p>75-79% 30</p> <p><75% 1</p> <p>98% of students achieved 75% or better</p>	
--	--	--	---	--

NURS 327 (Evidence Based Practice and Research in Nursing)	<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. <p>Met <input checked="" type="checkbox"/> Partially met _____ Not met _____</p>
--	---

Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Discuss the role of the baccalaureate prepared nurse in research.</p> <p>2. Identify and differentiate among common types of research (e.g., quantitative, qualitative, and triangulated research) and literature sources (e.g., primary and secondary) for finding evidence to use in practice.</p> <p>3. Use critical thinking and reading skills to identify evidence from published articles in order to utilize in practice.</p> <p>4. Identify the barriers and benefits of EBP and discuss strategies for interdisciplinary collaboration in EBP.</p> <p>5. Incorporate the ethical principles (e.g., respect for persons, beneficence, justice) when making decisions concerning ethical conduct of nursing research.</p> <p>6. Understand the need and process of</p>	<p>End of course for each cohort</p>	<p>Final course grade</p>	<p><i>Course first taught Fall 13</i></p> <p>Final course grades</p> <p>Fall 13</p> <p>90-100% 15</p> <p>80-89% 17</p> <p>75-79% 0</p> <p><75% 0</p> <p>100% of students achieved 75% or better</p>	<p>-- Continue to monitor and improve as needed.</p>

IRB review regarding human subjects in research. 7. Develop the ability to interpret basic statistics and apply findings in research articles to improve quality of care in nursing practice. 8. Explore ways to participate and collaborate in research endeavors (e.g., working with nursing faculty).				
--	--	--	--	--

NURS 324 (Nursing Care of Adults II)			Expected Level of Achievement: <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met <input checked="" type="checkbox"/> Partially met _____ Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Apply concepts from the sciences, humanities and nursing research in providing culturally sensitive skilled nursing interventions, relate cultural and other environmental factors that affect skilled nursing care, and utilize critical thinking skills in making clinical judgments relating to skilled client care. 2. Utilize effective communication skills with peers, adults, and their families, and health team members. 3. Develop individualized plans of care that include teaching plans and identification of appropriate community resources. 4. Collaborate with members of the health team in managing and evaluating skilled nursing care.	End of course for each cohort	Cumulative Final exam	Cumulative Final Exam Fall 2010 90-100% 4 80-89% 25 75-79% 6 <75% 2 94.6% of students achieved at least 75% Spring 2011 90-100% 9 80-89% 11 75-79% 17 <75% 10 78.7% of students achieved at least 75% Fall 2011 90-100% 4 80-89% 12	-Fall 2011: only 73.3% of students achieve at least a 75%. Planned course improvements: -Added preload quizzes throughout the semester - Incorporated medication quizzes into the clinical requirements - Created between 30-40 tegrity presentations based on medical-surgical concepts – preload -ELA has been met since

<p>5. Act as a novice patient advocate in managing skilled nursing care, demonstrate skill and safety in providing nursing care, and demonstrate individual accountability for the ethical and legal aspects of nursing.</p> <p>6. Compare and contrast similarities and differences between hospital policies and those of other community-based settings.</p> <p>7. Identify fiscal and socioeconomic trends that influence skilled nursing care in hospital and other community-based settings.</p> <p>8. Develop a plan for life-long learning.</p> <p>9. Assume a leadership role in the clinical setting under the guidance of the clinical instructor that includes prioritization goals for quality care and appropriate delegation of tasks.</p> <p>10. Compare and contrast the methods of supervision observed in practice.</p> <p>11. Demonstrate proficiency of medication calculation.</p>		<p>SIR (Student Instructional Report)</p>	<p>75-79% 6 <75% 8 73.3% of students achieved at least 75%</p> <p>Spring 2012 90-100% 1 80-89% 25 75-79% 14 <75% 0 100% of students achieved at least 75%</p> <p>Fall 2012 90-100% 16 80-89% 19 75-79% 4 <75% 3 92.9% of students achieved at least 75%</p> <p>Spring 2013 90-100% 5 80-89% 32 75-79% 9 <75% 2 95.8% of students achieved at least 75%</p> <p>Fall 2013 90-100% 29 80-89% 59 75-79% 4 <75% 0 100% of students achieved at least 75%</p> <p>SIR <i>"I made progress toward achieving course objectives"</i> Fall 2010 4.20 Spring 2011 3.35 Fall 2011 4.5 Spring 2012 3.5 Fall 2012 3.6 Spring 2013 4.0 Fall 2013 *to be collected</p>	
--	--	---	--	--

NURS 424 (Nursing Care of Adults III)			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will achieve at least Level 2 by the second attempt on the ATI Med/Surg exam Met_____ Partially met_____ Not met__X_____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Differentiate among roles of the Associate, Baccalaureate, Master's, and Doctorally prepared nurse in nursing research and use this knowledge in the decision-making and delegation process. 2. Differentiate between and among nursing research, psychological research, social research, and medical research. 3. Discuss the benefits and barriers of interdisciplinary collaboration in nursing research. 4. Use critical thinking to identify and discuss ethical concerns related to research from published articles and in current events. 5. Incorporate the concepts of Autonomy, Human Dignity and Altruism, Integrity and Social justice when making decisions concerning ethical conduct of nursing research. 6. Use the Internet and other mechanisms to determine National and International trends and priorities in nursing research. 7. Use a quality improvement framework to discuss areas of need within nursing research and problem solve how these needs might be met, given the limited resources the profession of nursing has to work with.	End of course for each cohort	ATI Medical/Surgical Nursing Content Mastery Exam	ATI Medical/Surgical Nursing Fall 2010 Level 3 2 Level 2 17 Level 1 18 <1 5 45% of students earned at least Level 2 Spring 2011 Level 3 0 Level 2 12 Level 1 9 <1 13 33.3% of students earned at least Level 2 Fall 2011 Level 3 4 Level 2 30 Level 1 7 <1 2 72.3% of students earned at least Level 2 Spring 2012 Level 3 5 Level 2 33 Level 1 15 <1 7 63.3% of students earned at least Level 2 Fall 2012	-ELA not met Fall 10. Planned course improvements: -added a review for pharmacology and med/surg -ELA not met Spring 11. Planned course improvements: -implemented high-fidelity clinical simulations -New faculty assigned to course for Fall 11. -ELA not met Fall 11. Planned course improvements: -course faculty will take ATI Med/Surg exam to become more familiar with exam questions and content -Added ATI practice questions throughout the course, including 6 ATI practice quizzes are incorporated into the course -ELA not met Spring 12. Planned course improvements:

<p>8. Use knowledge of the research process in critiquing abstracts and papers.</p> <p>9. Develop a systematic method of research critique.</p> <p>10. Interpret results from nursing research articles at the baccalaureate level for use in nursing practice.</p>			<p>Level 3 12 Level 2 20 Level 1 9 <1 1 77.7% of students earned at least Level 2</p> <p>Spring 2013 Level 3 8 Level 2 28 Level 1 7 <1 1 81.8% of students earned at least Level 2</p> <p>Fall 2013 Level 3 7 Level 2 29 Level 1 9 <1 0 80% of students earned at least Level 2</p>	<p>--Med/surg faculty (224, 324, and 424) and pharm faculty will meet at least once per semester to discuss med/surg & pharm content coverage and teaching methods.</p> <p>-A focused ATI review is being developed via Tegrity for students to review and help study.</p> <p>-ELA not met Fall 12 although scores are improving. Planned course improvements:</p> <p>-Med/surg and pharm faculty continue to meet regularly for planning/teaching methods/content</p> <p>-424 and 450 course facilitators to coordinate course schedules to ensure exams do not overlap for the two courses. It was noted/reported by students that having multiple exams in one week increased their anxiety levels.</p> <p>-IPE mass casualty simulation implemented (includes PA students, community nursing students, paramedic students and ISU police)</p> <p>-Fall 12, Turning Point Responder Cards or smart phone application was utilized for in class quizzes. There were many problems with this technology and it was not used again</p> <p>-ELA not met Spring 13,</p>
---	--	--	--	---

				<p>although did increase again. Planned course improvements:</p> <ul style="list-style-type: none"> -faculty offered/available for one-on-one remediation/review with students to help their learning/understanding -implementing more case studies and practice questions during class time --Course exams increased from 2 exams and a comprehensive final to 4 exams and a comprehensive final. -Added ATI and Saunders NCLEX questions to exams -Added a clinical rotation with ICU respiratory therapist -Changed text to Smeltzer Medical Surgical Text, 12th edition. -One on one remediation offered for students not scoring well on unit exams -ELA not met Fall 13. <p>Planned course improvements:</p> <ul style="list-style-type: none"> -Continue with reviews, quizzes, etc. -Will implement study assignments focusing on the weak content areas (based on trends). -Students will be required to meet with instructor for a one-on-on review session and to demonstrate how they have remediated if they need a second attempt on
--	--	--	--	--

				<p>the ATI (ie did not achieve Level 2 first try) -While the benchmark has not been met, the med/surg ATI scores are improving and are consistently above the national average for baccalaureate programs. Faculty continue to work towards promoting student success on the med/surg ATI exam.</p>
--	--	--	--	--

NURS 450 (Population-focused Community Health Nursing)			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will achieve at least Level 2 by the second attempt on the ATI Nursing Care of Children exam Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Synthesize theoretical and empirical knowledge from the sciences, humanities, and nursing in the provision of professional nursing care for populations in the community. 2. Incorporate research findings in the practice of community health nursing. 3. Demonstrate critical thinking and clinical judgment in meeting the immediate and potential needs of a community. 4. Collaborate effectively with peers, persons in the community, and members of the interdisciplinary health team. 5. Refine communication skills for establishing collaborative relationships.	End of course for each cohort	ATI Community Health Nursing exam	ATI Community Health Nursing Fall 2010 Level 3 12 Level 2 32 Level 1 0 <1 0 100% of students achieved at least Level 2 Spring 2011 Level 3 12 Level 2 21 Level 1 1 <1 0 97.1% of students achieved at least Level 2 Fall 2011	-- Continue to monitor and improve as needed.

<p>6. Appraise the current and emerging roles of the professional nurse in community health in relation to current and projected health care needs in society.</p> <p>7. Synthesize the inter-relationship between man's culture/ethnic diversity and the health care delivery system.</p> <p>8. Incorporate professional values, legal and ethical responsibilities, political awareness, legislative advocacy, and the standards of community health nursing into professional practice.</p> <p>9. Formulate a personal lifelong learning plan for professional nursing practice.</p> <p>10. Examine the various concepts of primary health care (WHO) and community development in terms of their relationship to nursing roles in meeting the health needs of communities.</p>			<p>Level 3 14 Level 2 34 Level 1 0 <1 0 100% of students achieved at least Level 2</p> <p>Spring 2012 Level 3 9 Level 2 35 Level 1 5 <1 1 88% of students achieved at least Level 2</p> <p>Fall 2012 Level 3 8 Level 2 36 Level 1 0 <1 0 100% of students achieved at least Level 2</p> <p>Spring 2013 Level 3 13 Level 2 25 Level 1 4 <1 0 90.5% of students achieved at least Level 2</p> <p>Fall 2013 Level 3 12 Level 2 32 Level 1 0 <1 0 100% of students achieved at least Level 2</p>	
--	--	--	---	--

NURS 484 (Reflective Nursing Practice)			Expected Level of Achievement: <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assume responsibility for professional growth through the design of an individualized learning plan 2. Use theoretical concepts, research findings, and other ways of knowing to guide nursing practice with clients from diverse cultural backgrounds that have complex care needs in various phases of the life span 3. Practice in a caring, responsible, and accountable manner in accordance with professional ethics and accepted standards of practice 4. Integrate critical thinking skills into the practice of professional nursing with clients experiencing complex care needs 5. Apply appropriate leadership and management principles in designing, coordinating, managing and advocating for meeting the complex health care needs of individuals, families and groups in various phases of the life span 6. Demonstrate an ability to reflect on interpersonal and interactional processes with individuals, families, and groups and critically analyze own role in relation to them. 7. Intervene independently and in collaboration with other health professionals, using appropriate nursing strategies and actions 8. Evaluate the outcomes of therapeutic	End of course for each cohort	Formal Project Report	Formal Project Report Fall 2010 90-100% 20 80-89% 1 75-79% 2 <75% 0 100% of students achieved at or above 75% Spring 2011 90-100% 43 80-89% 0 75-79% 1 <75% 0 100% of students achieved at or above 75% Fall 2011 90-100% 19 80-89% 0 75-79% 1 <75% 0 100% of students achieved at or above 75% Spring 2012 90-100% 42 80-89% 0 75-79% 0 <75% 0 100% of students achieved at or above 75% Fall 2012 90-100% 22	--- Continue to monitor and improve as needed.

nursing interventions and plan further interventions accordingly 9. Participate in informal critique of the health care delivery system and identify areas for change in nursing and health care delivery			80-89% 1 75-79% 1 <75% 2 92.3% of students achieved at or above 75% Spring 2013 90-100% 34 80-89% 6 75-79% 0 <75% 0 100% of students achieved at or above 75% Fall 2013 90-100% 28 80-89% 2 75-79% 0 <75% 1 96.7% of students achieved at or above 75%	
--	--	--	---	--

NURS 486 (Professional Nursing Synthesis)			Expected Level of Achievement: • 75% of nursing students will demonstrate achievement of the learning objectives. Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Integrate and synthesize theoretical concepts, evidence based knowledge, and other ways of knowing to professional nursing practice 2. Refine capacity for independent thinking, critical analysis, and reasoned inquiry 3. Enhance capacity for making informed judgments and reasonable choices 4. Acquire knowledge and intellectual skills that encourage participatory	End of course for each cohort	Complementary and Alternative Medicine paper	Complementary and Alternative Medicine paper Fall 2010 90-100% 16 80-89% 6 75-79% 1 <75% 0 100% of students achieved 75% or higher Spring 2011 90-100% 23 80-89% 22	-- Continue to monitor and improve as needed.

<p>citizenship, professionalism, ethical responsibility, ecology, economic, and political changes</p> <p>5. Assess and negotiate cultural adoptions of traditions and healing practices</p> <p>6. Critically analyze the current major issues confronting the nursing profession</p> <p>7. Articulate rationale for personal position on specific issue in nursing and health care</p> <p>8. Evaluate the impact of selected social forces on nursing practices and health care policy</p> <p>9. Evaluate current proposed solutions and initiatives for resolution of the nation's most pressing health care problems</p> <p>10. Develop strategies for intervention at the societal level using theories of leadership, power, and change</p> <p>11. Integrate the art of nursing through an appreciation of human expression through literature, music, and art</p> <p>12. Demonstrate nursing knowledge and skills by achieving competence levels on standard exit tests</p>			<p>75-79% 0 <75% 0 100% of students achieved 75% or higher</p> <p>Fall 2011 90-100% 11 80-89% 4 75-79% 4 <75% 0 100% of students achieved 75% or higher</p> <p>Spring 2012 90-100% 16 80-89% 6 75-79% 1 <75% 0 100% of students achieved 75% or higher</p> <p>Fall 2012 90-100% 27 80-89% 0 75-79% 0 <75% 0 100% of students achieved 75% or higher</p> <p>Spring 2013 90-100% 30 80-89% 8 75-79% 2 <75% 0 100% of students achieved 75% or higher</p>	
--	--	--	---	--

<p>7. Identify own spiritual and cultural values and those of selected populations related to health promotion.</p> <p>8. Locate and discuss nursing values including legal and ethical principles of nursing including patient information and define personal accountability for civility, honesty, and fairness.</p> <p>9. Understand and use the basics of correct medical terminology, word elements, and word analysis.</p>			Summer 13: 3.81	
---	--	--	-----------------	--

NURS 209 (Accelerated, Summer 1)			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <u>X</u> Partially met _____ Not met _____</p>																	
Process			Implementation																	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision																
<p>1. Conduct defined bio-psychosocial and environmental assessments of health and illness including identification of plan of care and client education needs in selected community based settings.</p> <p>2. Identify roles of various members of the health care team and participate as a member in managing the care the adult in selected community based settings.</p> <p>3. Utilize, with assistance, critical thinking and clinical judgment to deliver professional nursing care to adult clients in selected community-based settings including identification of potential hazards and introduce concepts of the</p>	End of course for each cohort	Cumulative Final Exam	<p><i>Course first taught Summer 11</i></p> <p>Cumulative Final Exam</p> <p>Summer 11:</p> <table border="0"> <tr><td>90-100%</td><td>4</td></tr> <tr><td>80-90%</td><td>1</td></tr> <tr><td>75-80%</td><td>1</td></tr> <tr><td><75 %</td><td>1</td></tr> </table> <p>100% of students at or above 75%</p> <p>Summer 12:</p> <table border="0"> <tr><td>90-100%</td><td>4</td></tr> <tr><td>80-90%</td><td>10</td></tr> <tr><td>75-80%</td><td>1</td></tr> <tr><td><75 %</td><td>0</td></tr> </table> <p>100% of students at or above 75%</p>	90-100%	4	80-90%	1	75-80%	1	<75 %	1	90-100%	4	80-90%	10	75-80%	1	<75 %	0	<p>-Summer 11, the course met 3 days/week for 8 weeks and shared the week with N218. After feedback from the students, we split the courses so that N209 and N218 would follow each other and run for 5 weeks. Summer 12, we decided to run N218 the entire summer on Fridays with a full week at the end of the summer term to see if the pharm concepts would be</p>
90-100%	4																			
80-90%	1																			
75-80%	1																			
<75 %	1																			
90-100%	4																			
80-90%	10																			
75-80%	1																			
<75 %	0																			

<p>quality improvement process.</p> <p>4. Identify selected factors that influence the adult's ability to meet health goals including disease prevention and promotion of a healthy lifestyle.</p> <p>5. Recognize the contributions of selected research findings in the delivery of evidence-based professional nursing care.</p> <p>6. Identify the major components of the health care delivery system and the professional nurses' role within the system.</p> <p>7. Utilize effective interpersonal, information management and therapeutic communication skills with adult clients and members of the health care delivery team.</p> <p>8. Demonstrate beginning understanding of responsibility and accountability as guided by the ANA code of ethics and Standards of Practice.</p>		<p>SIR (Student Instructional Report)</p>	<p>Summer 13: 90-100% 11 80-90% 16 75-80% 2 <75 % 0 100% of students at or above 75%</p> <p>SIRs <i>"I made progress toward achieving course objectives"</i> Summer 11: 3.71 Summer 12: 3.85 Summer 13: 3.95</p>	<p>a better fit over a longer time span. Student feedback re this change has been very favorable</p> <p>-Adding "PrepU," an adaptive testing program that is offered by the textbook publisher.</p> <p>-adding more case study activities</p> <p>-skill introduction in lab is coordinated with associated lecture content and tied together so students can see connections between lecture and lab</p>
---	--	---	--	--

<p>NURS 218 (Accelerated, Summer 1)</p>			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <u> X </u> Partially met _____ Not met _____</p>	
<p>Process</p>			<p>Implementation</p>	
<p>Knowledge Skill or ability Attitude/Disposition</p>	<p>Time/ Frequency of Assessment</p>	<p>Assessment Method</p>	<p>Results of Data Collection and Analysis including actual levels of achievement</p>	<p>Actions For program Development, Maintenance, or Revision</p>
<p>1. Describe medication names, actions and effects, interactions, routes of administration and nursing implications related to select prescription and non-prescription medications. 2. Identifies methods to provide education to patients, families, and</p>	<p>End of course for each cohort</p>	<p>Cumulative Final Exam</p>	<p><i>Course first taught Summer 11</i> Cumulative Final Exam Summer 11: 90-100% 2 80-90% 4 75-80% 3 <75 % 1 87.5% of students at or above 75%</p>	<p>-Course schedule (summer session) adjusted based on student feedback and faculty observations -Added participation in local immunization clinics -Implemented collaborative</p>

<p>groups concerning medications and specific administration methods.</p> <p>3. Recognizes the importance of assessment, planning, implementation and evaluation related to medication administration.</p> <p>4. Utilize research findings and evidence based materials to promote critical thinking in identifying nursing actions that promote therapeutic medication administration.</p> <p>5. Explore how age, cultural beliefs, values, and practices can influence health care related to medication administration.</p> <p>6. Demonstrate accurate medication calculations, safe administration, and documentation techniques related to medication administration including IV fluids.</p> <p>7. Examines ethical and legal issues surrounding medication administration in health care dilemmas.</p> <p>8. Discuss pathophysiology as related to pathology, pharmacology and nursing care.</p> <p>9. Demonstrate college level writing skills utilizing of specific publication manual as a guide.</p>		SIR (Student Instructional Report)	<p>Summer 12: 90-100% 7 80-90% 6 75-80% 3 <75 % 0 100% of students at or above 75%</p> <p>Summer 13: 90-100% 4 80-90% 18 75-80% 4 <75 % 3 89.7% of students at or above 75%</p> <p>SIRs <i>"I made progress toward achieving course objectives"</i> Summer 11: 4.17 Summer 12: 3.73 Summer 13: 4.11</p>	<p>testing in Summer '13 with great success</p> <p>-Added participation in disaster simulation/Interprofessional activity Summer '13</p> <p>-Added a simple simulation in Summer'13 to serve as an introduction to the simulation center</p> <p>-changed textbook to <i>Adams Pharmacology for Nurses</i> as of Summer '13</p>
---	--	------------------------------------	---	--

NURS 322 (Accelerated, Summer 1)			<p>Expected Level of Achievement:.</p> <ul style="list-style-type: none"> 75% of nursing students will demonstrate achievement of the learning objectives Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <u> X </u> Partially met <u> </u> Not met <u> </u></p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

NURS 350 (Accelerated, Fall)			Expected Level of Achievement: <ul style="list-style-type: none"> • 75% of nursing students will demonstrate achievement of the learning objectives • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met <u> X </u> Partially met _____ Not met _____																										
Process			Implementation																										
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision																									
<p>1. Evaluate patients' differences, values, preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.</p> <p>2. Conduct defined bio-psychosocial and environmental assessments of health and illness in acute care and community settings.</p> <p>3. Formulate plans of care for adults and older adults across the health care continuum.</p> <p>4. Communicate effectively with adults and older adults and families in acute care and community settings.</p> <p>5. Determine adults and older adults teaching needs in the plan of care.</p> <p>6. Identify roles for various members of the health team.</p> <p>7. Identify and apply evidence-based materials related to adults and older adults care.</p> <p>8. Identify potential hazards in the health care continuum.</p> <p>9. Utilize information systems, communication, and technology methods in the management of safe nursing practice.</p> <p>10. Apply ethical principles related to patient information and patient care situations.</p>	End of course for each cohort	Cumulative Final Exam	<p><i>Course first taught Fall 11</i></p> <p>Cumulative Final Exam</p> <p>Fall 11:</p> <table style="margin-left: 20px;"> <tr><td>90-100%</td><td style="text-align: center;">4</td></tr> <tr><td>80-90%</td><td style="text-align: center;">7</td></tr> <tr><td>75-80%</td><td style="text-align: center;">1</td></tr> <tr><td><75 %</td><td style="text-align: center;">2</td></tr> </table> <p>85.7% of students at or above 75%</p> <p>Fall 12:</p> <table style="margin-left: 20px;"> <tr><td>90-100%</td><td style="text-align: center;">3</td></tr> <tr><td>80-90%</td><td style="text-align: center;">6</td></tr> <tr><td>75-80%</td><td style="text-align: center;">1</td></tr> <tr><td><75 %</td><td style="text-align: center;">6</td></tr> </table> <p>62.5% of students at or above 75%</p> <p>Fall 13:</p> <table style="margin-left: 20px;"> <tr><td>90-100%</td><td style="text-align: center;">*to be collected</td></tr> <tr><td>80-90%</td><td style="text-align: center;">*</td></tr> <tr><td>75-80%</td><td style="text-align: center;">*</td></tr> <tr><td><75 %</td><td style="text-align: center;">*</td></tr> </table> <p>*% of students at or above 75%</p> <p>SIRs</p> <p><i>"I made progress toward achieving course objectives"</i></p> <p>Fall 11: 4.25 Fall 12: 4.33 Fall 13: *to be collected</p>	90-100%	4	80-90%	7	75-80%	1	<75 %	2	90-100%	3	80-90%	6	75-80%	1	<75 %	6	90-100%	*to be collected	80-90%	*	75-80%	*	<75 %	*	SIR (Student Instructional Report)	<p>-Revised Powerpoint presentations/lecture</p> <p>-increased student engagement in classroom discussion</p> <p>-introduced select case studies e.g. classroom visit by cancer patient</p> <p>-added in and out-of-class practice of select concepts e.g. ABG interpretation exercises</p> <p>-Increased number of application and higher level test items</p> <p>-increased pharmacology test items to 20% of unit tests</p> <p>-accommodated student reviews of unit exams immediately post administration and later in faculty office</p>
90-100%	4																												
80-90%	7																												
75-80%	1																												
<75 %	2																												
90-100%	3																												
80-90%	6																												
75-80%	1																												
<75 %	6																												
90-100%	*to be collected																												
80-90%	*																												
75-80%	*																												
<75 %	*																												

<p>11. Identify need for health promotion and disease prevention for adults and older adults to promote healthy lifestyles.</p> <p>12. Demonstrate the principles of professional conduct.</p>				<p>-added reflective “weekly journals” assignment</p> <p>-required at least one (1) research article to support concept map and all reference citations to be made in APA format</p> <p>-added select nursing skills videos on Blackboard course site</p> <p>-Increased clinical experience on a medical-surgical nursing unit by one (1) day; achieved by limiting clinical observation experiences to emergency room (ER) and operating room (OR) departments, to maximize nursing skills opportunities to improve student proficiency levels (as guided by clinical performance of first cohort)</p> <p>-increased use of high-fidelity simulation, including interprofessional multi-patient design</p>
--	--	--	--	---

caring for mentally ill patients			
----------------------------------	--	--	--

NURS 309 (Accelerated, Fall)			Expected Level of Achievement: • 75% of nursing students will demonstrate achievement of the learning objectives • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met <input checked="" type="checkbox"/> Partially met _____ Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Select theoretical and empirical knowledge from the social and behavioral sciences, humanities, and nursing in identifying unmet health needs of adults. 2. Formulate an objective assessment of an individual's health promoting and protecting behaviors utilizing a comprehensive nursing history including risk assessment. 3. Demonstrate an organized method of performing a comprehensive health assessment of individual's throughout the life span in a variety of health care settings. 4. Utilize effective communication strategies in interviewing to maximize individual's ability to share information. 5. Analyze the comprehensive health assessment data to identify with the individual their health needs. 6. Demonstrate accountability for one's own nursing actions and commitment to maintaining nursing practice standards.	End of course for each cohort	Final course grade SIR (Student Instructional Report)	<i>Course first taught Fall 11</i> Cumulative Final Exam Fall 11: % of students at or above 75% (C) Fall 12: A=8 B=8 C=0 <C=0 100% of students at or above 75% (C) SIRs <i>"I made progress toward achieving course objectives"</i> Fall 11: 3.29 Fall 12: 4.20	

NURS 470 (Accelerated, Fall)			Expected Level of Achievement:. • 90% of students will achieve at least Level 2 by the second attempt on the ATI Mental Health Nursing exam • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met _____ Partially met _____ Not met <u>X</u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Integrate and synthesize theoretical concepts, evidence based knowledge and other ways of knowing to design, coordinate and manage care for culturally diverse individuals, families and groups across various phases of the life span. 2. Identify a personal philosophy of nursing leadership applicable to a wide variety of nursing environments. 3. Describe the principles of effective leadership and management related to practice in health care environments. 4. Compare and contrast leadership styles and management principles in health care systems. 5. Analyze a health care environment using theoretical concepts of leadership and management 6. Describe the impact of social, economic, legal, and ethical forces upon professional nursing in the health care environment. 7. Synthesize multiple points of view to generate an informed conclusion related to leadership and management in health care environments 8. Demonstrate effective verbal and written communication skills	End of course for each cohort	ATI Leadership exam	<i>Course first taught Fall 11</i> ATI Leadership Exam Fall 11: Level 3 0 Level 2 7 Level 1 7 <Level 1 0 50 % of students at or above Level 2 Fall 12: Level 3 1 Level 2 9 Level 1 6 <Level 1 0 62.5 %of students at or above Level 2 Summer 14: (*timing of Leadership ATI moved to final semester in NURS 490 as of 2013) Level 3 *to be collected Summer 14 Level 2 Level 1 <Level 1 % of students at or above Level 2 SIRs <i>"I made progress toward achieving course objectives"</i> Fall 11: 3.33 Fall 12: 3.13 Fall 13: *to be collected	-Changed to a new textbook. -Added health team roles and nursing team roles to content (accelerated students have less clinical experience when they take the leadership course). -Added student mentorship activity -Accelerated students struggled with delegation and prioritization, possible due to having little clinical experience in second semester. Course scheduling and clinical conflicts prevents the possibility of moving 470 to final semester for accelerated students; so, leadership content to continue to be revisited (particularly in NURS 380 and with respect to prioritization and

<p>7. Compare methods of retrieval, appraisal, and synthesis of evidence-based learning and research activities to improve patient outcomes.</p> <p>8. Integrate information systems, communication, and technology methods in management of safe nursing practice.</p> <p>9. Evaluate data from all relevant sources, including technology, to deliver care.</p> <p>10. Discuss the application of nursing values in the adult high acuity patient.</p> <p>11. Demonstrate the principles of professional conduct.</p> <p>12. Apply ethical and legal principles to adult high acuity patient situations.</p>			<p>Spring 13: 4.00</p>	<p>block (3 hr) sessions</p> <ul style="list-style-type: none"> -Increased number of pharmacology test items to 20% -Accommodated student review of unit exams immediately post administration and later in my office within a one-week period for a total of two (2) remediation opportunities. -Reduced number of careplans from 3 to 2 with focus on concept mapping -added graded test-outs of select nursing skills
--	--	--	------------------------	--

<p>NURS 364 (Accelerated, Spring)</p>			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> • 90% of students will achieve at least Level 2 by the second attempt on the ATI Maternal Health and Pediatrics exams • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <u> X </u> Partially met _____ Not met _____</p>	
<p>Process</p>			<p>Implementation</p>	
<p>Knowledge Skill or ability Attitude/Disposition</p>	<p>Time/ Frequency of Assessment</p>	<p>Assessment Method</p>	<p>Results of Data Collection and Analysis including actual levels of achievement</p>	<p>Actions For program Development, Maintenance, or Revision</p>
<p>1. Evaluate patients' differences, values, preferences, and expressed needs and their impact on the delivery of care to the childbearing woman, her children and her family.</p> <p>2. Conduct complex holistic assessments and formulate plans of care of the childbearing woman and her families.</p>	<p>End of course for each cohort</p>	<p>ATI Maternal/Newborn Health exam</p>	<p><i>Course first taught Spring 12</i> ATI Maternal/Newborn Health Spring 12: Level 3 7 Level 2 6 Level 1 1 <Level 1 92.8% of students at or above Level 2</p> <p>Spring 13:</p>	<p>-Added the use of Tegrity lectures and pre-lecture quizzes</p> <p>-Added daycare experience where head-to-toe assessments are done to clinical hours</p>

<p>needs of individuals, families and groups in various phases of the life span.</p> <p>6. Demonstrate an ability to reflect on interpersonal and interactional processes with individuals, families, and groups and critically analyze own role in relation to them.</p> <p>7. Intervene independently and in collaboration with other health professionals, using appropriate nursing strategies and actions.</p> <p>8. Evaluate the outcomes of therapeutic nursing interventions and plan further interventions accordingly.</p> <p>9. Participate in informal critique of the health care delivery system and identify areas for change in nursing and health care delivery.</p>			<p>Summer 13: 3.79</p>	<p>assignment</p> <ul style="list-style-type: none"> -created preceptor renewal form for previous preceptors in database -Provide links to various APA websites with examples -added detailed documentation of hours with signatures for each day -maintained an excel data sheet with placements, contact info, area of practice, dates of clinical, educator contact. And site visit dates
---	--	--	------------------------	--

<p>NURS 486 (Accelerated, Summer 2)</p>			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> • 75% of nursing students will demonstrate achievement of the learning objectives • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <u> X </u> Partially met <u> </u> Not met <u> </u></p>	
<p>Process</p>			<p>Implementation</p>	
<p>Knowledge Skill or ability Attitude/Disposition</p>	<p>Time/ Frequency of Assessment</p>	<p>Assessment Method</p>	<p>Results of Data Collection and Analysis including actual levels of achievement</p>	<p>Actions For program Development, Maintenance, or Revision</p>
<p>1. Integrate and synthesize theoretical concepts, evidence based knowledge, and other ways of knowing to professional nursing practice</p> <p>2. Refine capacity for independent thinking, critical analysis, and reasoned inquiry .</p> <p>3. Enhance capacity for making informed judgments and reasonable choices.</p> <p>4. Acquire knowledge and intellectual</p>	<p>End of course for each cohort</p>	<p>Project</p>	<p><i>Course first taught Summer 12</i></p> <p>Project</p> <p>Summer 12:</p> <p>90-100% 12</p> <p>80-90% 0</p> <p>75-80 0</p> <p>>75 0</p> <p>100 % of students at or above 75%</p> <p>Summer 13:</p> <p>90-100% 15</p>	<p>-Incorporated the topic of incivility into the course. Connected this topic with interprofessional communication</p> <p>-Changed textbook to <i>Nursing Now! Today's Issues, and Tomorrow's Trends</i></p> <p>-The summer 12</p>

<p>skills that encourage participatory citizenship, professionalism, ethical responsibility, ecology, economic, and political changes.</p> <p>5. Assess and negotiate cultural adoptions of traditions and healing practices.</p> <p>6. Critically analyze the current major issues confronting the nursing profession.</p> <p>7. Articulate rationale for personal position on specific issue in nursing and health care.</p> <p>8. Evaluate the impact of selected social forces on nursing practices and health care policy.</p> <p>9. Evaluate current proposed solutions and initiatives for resolution of the nation's most pressing health care problems.</p> <p>10. Develop strategies for intervention at the societal level using theories of leadership, power, and change.</p> <p>11. Integrate the art of nursing through an appreciation of human expression through literature, music, and art.</p> <p>12. Demonstrate nursing knowledge and skills by achieving competence levels on standard exit tests.</p>		<p>SIR (Student Instructional Report)</p>	<p>80-90% 0 75-80 0 >75 0 100% of students at or above 75%</p> <p>SIRs <i>"I made progress toward achieving course objectives"</i> Summer 12: 4.29 Summer 13: 3.75</p>	<p>accelerated students reported dissatisfaction with similar content to Perspectives course (this is the first time to have had students take 486 so soon after their first semester)—content adjusted before Summer 13 to better accommodate their needs and avoid duplication of content areas.</p>
---	--	---	---	--

LPN to BS Track Student Learning Outcomes Assessment Plan

NURS 208			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of Students will achieve a minimum of 75% on LPN to BS role transition written assignment. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Apply selected concepts from the sciences, humanities, and nursing to the role transition from licensed practical nurse to baccalaureate-prepared registered nurse. 2. Develop beginning skills for accessing and recognizing the contributions of research findings in professional nursing practice. 3. Utilize critical thinking in developing a plan of care for a real or simulated patient/client/resident using the nursing process. 4. Utilize effective communication skills and demonstrate the communicator role of the professional nurse. 5. Demonstrate professional nursing skills needed for therapeutic medication administration. 6. Discuss principles of adult learning and teaching/learning principles utilized with patients. 7. Discuss the parameters of culturally sensitive professional nursing care. 8. Relate the roles of the baccalaureate-prepared registered nurse to the ANA Code of Ethics and Standards of	End of course for each cohort	Writing Assignment – LPN to BS role including professional sources, writing ability, and introduction to APA format.	Fall 2010: N=55 90-100%: 26 80-90%: 26 75-80%: 1 >75%: 2 96.3% of students are at or above 75% MET Spring 2011: N=36 90-100%: 19 80-90%: 15 75-80%: 2 <75%: 3 91.7% of students are at or above 75% MET Spring 2012: N=48 90-100%: 33 80-90%: 14 75-80%: 1 <75%: 0 100% of students are at or above 75% MET Fall 2012: N=44 90-100%: 24 80-90%: 17 75-80%: 2 <75%: 1	Fall 2010-Spring 2013 ELA 1 Met. Continue to monitor ELA 1 Action Spring 2013: Increase use of writing center submissions in order to enhance scholarly writing skills including the use of library searches for EBP resources. ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31. ELA 1-2 Action Spring 2013-Summer 2013: Course lead to review additional assessment methods through course

<p>Practice. 9. Develop a personal plan for completion of the Bachelor of Science in nursing.</p>		<p>Course Outcomes: Qualtrics Survey</p>	<p>97.7% of students are at or above 75% MET</p> <p>Spring 2013: N=22 90-100%: 15 80-90%: 6 75-80%: 1 <75%: 0 100 % of students are at or above 75% MET</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 4.43 MET</p>	<p>work and assignments including discussion board, final examinations and/or reading assignment reflection.</p> <p>ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.</p>
---	--	--	---	---

<p>NURS 304</p>			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 90% of Students will achieve a minimum of 75% on head to toe demonstration assignment. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met_____ Partially met__x___ Not met_____</p>	
<p>Process</p>			<p>Implementation</p>	
<p>Knowledge Skill or ability Attitude/Disposition</p>	<p>Time/ Frequency of Assessment</p>	<p>Assessment Method</p>	<p>Results of Data Collection and Analysis including actual levels of achievement</p>	<p>Actions For program Development, Maintenance, or Revision</p>
<p>1. Select theoretical and empirical knowledge from the social and behavioral sciences, humanities, and nursing in identifying the unmet health needs of individuals across the life span. 2. Formulate an objective assessment of an individual's health promoting and protecting behaviors utilizing a comprehensive nursing history including a health risk assessment.</p>	<p>End of course for each cohort</p>	<p>Head to toe assessment demonstration assignment</p>	<p>Fall 2010: N=56 90-100%: 50 80-90%: 3 75-80%: 0 >75%: 3 94.6% of students are at or above 75%- MET</p> <p>Spring 2011: N=52 90-100%: 43</p>	<p>ELA 1: Action Spring 2011-Fall 2013 1. Continue to provide feedback on assessment 2. Reinforce assessment techniques.</p> <p>ELA 1: Action Fall 2012: Continued assessment of</p>

<p>3. Demonstrate an organized method of performing a comprehensive health assessment for individuals throughout the life span in a variety of health care settings.</p> <p>4. Utilize effective communication strategies in interviewing to maximize the individual's ability to share information.</p> <p>5. Analyze the comprehensive health assessment data to identify with the individual their health needs.</p> <p>6. Demonstrate accountability for one's own nursing actions and commitment to maintaining nursing practice standards.</p>		<p>Course Outcomes: Qualtrics Survey</p>	<p>80-90%: 8 75-80%: 0 <75%: 3 94.2% of students are at or above 75%- MET</p> <p>Fall 2011: N=45 90-100%: 30 80-90%: 9 75-80%: 2 <75%: 4 91.1% of students are at or above 75%- MET</p> <p>Spring 2012: N=56 90-100%: 27 80-90%: 13 75-80%: 9 <75%: 7 87.5% of students are at or above 75%- NOT MET</p> <p>Fall 2012: N=57 90-100%: 39 80-90%: 10 75-80%: 4 <75%: 4 93.0% of students are at or above 75%- MET</p> <p>Spring 2013: N=45 90-100%: 27 80-90%: 4 75-80%: 3 <75%: 11 75.6% of students are at or above 75%- NOT MET</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 4.35 MET</p>	<p>rubric utilized for assessment video in order to be as objective as possible for assignment objectives.</p> <p>ELA 2: Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.</p>
--	--	--	--	---

NURS 226			Expected Level of Achievement: <ul style="list-style-type: none"> • 90% of Students will achieve a minimum of 75% on video assessment assignment • 90% of Students will achieve a minimum of 75% on final exam • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met <input checked="" type="checkbox"/> Partially met _____ Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Apply basic concepts from the sciences, humanities and nursing theory to the nursing care of individual adult clients experiencing mental illness. 2. Apply research findings to the care of mentally ill individual clients. 3. Apply components of critical thinking to assessment, caring, and evaluation processes of psychiatric nursing. 4. Apply interpersonal skills and mental health concepts to interdisciplinary approaches to client care. 5. Demonstrate effective interpersonal skills in caring for individual clients experiencing mental illness in structured traditional and/or nontraditional structured settings. 6. Demonstrate the roles of care provider, advocate and teacher in the delivery of culturally-sensitive care to individual clients experiencing mental illness. 7. Relate legal & ethical aspects of practice to psychiatric nursing care. 8. Assume responsibility for the care of mentally ill clients that is within the	End of course for each cohort	Video assessment assignment	Fall 2010: N=40 90-100%: 32 80-90%: 8 75-80%: 0 >75%: 0 100% of students are at or above 75%- MET Spring 2011: N=46 90-100%: 35 80-90%: 9 75-80%: 1 <75%: 1 97.9% of students are at or above 75%- MET Fall 2011: N=30 90-100%: 24 80-90%: 6 75-80%: 0 <75%: 0 100% of students are at or above 75%-MET Spring 2012: N=46 90-100%: 40 80-90%: 6 75-80%: 0 <75%: 0	ELA 1 Action Spring 2011-Fall 2013 1. Continue to provide feedback on assessment video in a timely matter. 2. Reinforce assessment techniques throughout weekly modules. ELA 1: Spring 2013: Course lead to review assignment directions and rubric to increase objectivity for students. ELA 1-2-3 Fall 2013: Course lead to review additional assessment method of ATI level 2 content mastery results. ELA 3: Action Fall 2013 In additional to the use of ESIR for overall course objectives met or unmet for review in Spring 2014.

<p>guidelines of the ANA Code of Ethics and the law. 9. Discuss the influence of social and political changes on the care of the mentally ill and the practice of psychiatric nursing.</p>		<p>Final Exam scores</p>	<p>100% of students are at or above 75%- MET</p> <p>Fall 2012: N=47 90-100%: 47 80-90%: 0 75-80%: 0 <75%: 0 100% of students are at or above 75%-MET</p> <p>Spring 2013: N=32 90-100%: 32 80-90%: 0 75-80%: 0 <75%: 0 100% of students are at or above 75%-MET</p> <p>Fall 2010: N=40 90-100%: 10 80-90%: 17 75-80%: 9 >75%: 4 90% of students are at or above 75%-MET</p> <p>Spring 2011: N=46 90-100%: 38 80-90%: 27 75-80%: 8 <75%: 3 93.5% of students are at or above 75%-MET</p> <p>Fall 2011: N=30 90-100%: 2 80-90%: 20 75-80%: 8 <75%: 0 100% of students are at or above 75%-MET</p> <p>Spring 2012: N=46 90-100%: 7 80-90%: 27 75-80%: 9 <75%: 3 93.5% of students are at or above 75%-MET</p> <p>Fall 2012: N=47</p>	<p>ELA 2 Fall 2010-Spring 2013 All Met. Continue to Monitor.</p>
---	--	--------------------------	--	--

		ESIR/Qualtrics: Course Outcomes	<p>90-100%: 9 80-90%: 26 75-80%: 10 <75%: 2 95.7% of students are at or above 75%-MET</p> <p>Spring 2013: N=32 90-100%: 10 80-90%: 15 75-80%: 4 <75%: 3 90.6% of students are at or above 75%-MET</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 3.99 MET</p>	<p>ELA 3 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.</p>
--	--	------------------------------------	--	--

NURS 318			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 90% of students will achieve Level 2 ATI benchmark by second attempt Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met _____ Partially met <u>X</u> _____ Not met _____</p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Develops skills in applying critical thinking in making decisions, clinical judgments, and in problem solving in the assessment of families experiencing stress/crises/catastrophes and in the	End of course for each cohort	ATI Mental Health Test Second Attempt – Level 2 benchmark by second attempt	Fall 2010: N=26 Level 3: 1 Level 2: 17 Level 1: 7 Below Level 1: 1	<p>ELA 1 Fall 2010: Action continue to monitor for trend.</p> <p>ELA 1 Action Spring 2011:</p>

<p>delivery of family nursing intervention in simulated learning activities.</p> <p>2. Analyzes theoretical and empirical knowledge from the sciences, humanities, and nursing in organizing, planning, and providing care to families experiencing stressful events.</p> <p>3. Analyzes specific Crisis Theories, Family Systems Theories, and Family Stress Theories as frameworks for understanding interactions, relationships, and intra family processes and changes occurring in families experiencing stressful events.</p> <p>4. Selects therapeutic communication strategies as the foundation for establishing goal directed and trusting relationships with individuals, families, group members, and members of the interdisciplinary health care team.</p> <p>5. Communicates clearly, accurately, and effectively with faculty and group members.</p> <p>6. Assesses wellness, health needs, and risks of individuals and families experiencing stressful events in simulated learning activities.</p> <p>7. Determines holistic, culturally sensitive, safe, and effective therapeutic nursing interventions for individuals and families experiencing stress and crises in simulated critical thinking activities.</p> <p>8. Educates individual clients and family members about the impact of stressful events, alternative coping responses, available support systems, community resources, and anticipatory planning for the future in simulated learning activities.</p> <p>9. Develops skills in evaluating client outcomes and professional nursing practice in the care of individuals and families experiencing stress and crises.</p> <p>10. Analyzes research and evidence-based information for application to the nursing care of individuals and families</p>		<p>ESIR/Qualtrics: Course Outcomes</p>	<p>81.8% of students are at or above Level 2 following 2nd attempt- NOT MET</p> <p>Spring 2011: N=43 Level 3: 6 Level 2: 32 Level 1: 3 Below Level 1: 2 88.4% of students are at or above Level 2 following 2nd attempt- NOT MET</p> <p>Fall 2011: N=35 Level 3: 8 Level 2: 25 Level 1: 2 Below Level 1: 0 94.3% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2012: N=40 Level 3: 9 Level 2: 30 Level 1: 1 Below Level 1: 0 97.5% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Fall 2012: N=46 Level 3: 10 Level 2: 31 Level 1: 5 Below Level 1: 0 89.1% of students are at or above Level 2 following 2nd attempt- PART MET</p> <p>Spring 2013: N=45 Level 3: 11 Level 2: 28 Level 1: 6 Below Level 1: 0 86.7% of students are at or above Level 2 following 2nd attempt- PART MET</p> <p>Spring 2013: Overall Mean: Course Outcome 3.65 and 3.41 in</p>	<p>1. Emphasize ATI content into course schedule</p> <p>2. Include ATI materials into course site through Quality Matters template.</p> <p>ELA 1: Action Fall 2013 Incentivize ATI Practice test with focused reviews and benchmarks.</p> <p>ELA 1 Action Fall 2013 Implement revised ATI policy to require level 2 on practice ATI</p> <p>ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 1-2 Spring 2013: N318 to be combined with N226 in new curriculum format. Course lead to review assessment methods for combined SLO's.</p> <p>ELA 2: ESIR Action Fall 2013: Course lead to</p>
---	--	--	--	---

<p>experiencing stress and crises.</p> <p>11. Identifies human, fiscal, and material resources required for providing care to individuals and families in stress and crisis.</p> <p>12. Incorporates professional values, ethical and legal responsibilities in caring for individuals and families experiencing stress and crises in simulated critical thinking activities.</p> <p>13. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making.</p> <p>14. Compares how different cultural beliefs, values, and practices influence the health care of individuals, families, and groups experiencing stress and crises.</p> <p>15. Compares how ecological factors, economics, and political issues influence the delivery of health care to families in stress and crises.</p> <p>16. Distinguishes the roles of members of the interdisciplinary health care team responsible for coordinating care of families experiencing stressful events.</p> <p>17. Recognizes appropriate community referral resources that will assist individuals and families in reducing the impact of stressful events.</p>			<p>both 301 and 302 sections.</p> <p>Question 31: 3.50 and 3.35</p> <p>MET</p>	<p>emphasis course objectives and course outcomes in weekly format in addition to already established outcomes in course syllabus.</p>
--	--	--	--	--

NURS 324			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> • 90% of students will achieve Level 2 ATI benchmark by second attempt • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met _____ Partially met <u>X</u> _____ Not met _____</p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development,

				Maintenance, or Revision
<p>1. Apply selected concepts from the sciences, humanities and nursing research in providing culturally sensitive skilled nursing interventions, relate cultural and other environmental factors that affect skilled nursing care, and utilize critical thinking skills in making clinical judgments relating to skilled client care;</p> <p>2. Utilize effective communication skills with peers, adults and their families, and health team members;</p> <p>3. Develop individualized plans of care that include teaching plans and identification of appropriate community resources;</p> <p>4. Collaborate with members of the health team in managing and evaluating skilled nursing care;</p> <p>5. Act as a novice client advocate in managing skilled nursing care, demonstrate skill and safety in providing nursing care, and demonstrate individual accountability for the ethical and legal aspects of nursing;</p> <p>6. Compare and contrast similarities and differences between hospital policies and those of other community-based settings;</p> <p>7. Identify fiscal and socioeconomic trends that influence skilled nursing care in hospital and other community-based settings;</p> <p>8. Develop a plan for life-long learning;</p> <p>9. Assume a leadership role in the clinical setting under the guidance of the clinical instructor/preceptor that includes prioritization goals for quality care and appropriate delegation of tasks</p> <p>10. Compare and contrast the methods of supervision observed in practice.</p>	End of course for each cohort	ATI Nutrition Test Second Attempt – Level 2 benchmark by second attempt	<p>Fall 2010: N=7 Level 3: 5 Level 2: 1 Level 1: 1 Below Level 1: 0 85.7% of students are at or above Level 2 following 2nd attempt- NOT MET</p> <p>Spring 2011 & Fall 2011: N=69 Level 3: 35 Level 2: 30 Level 1: 3 Below Level 1: 1 94.2% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2012: N=27 Level 3: 13 Level 2: 13 Level 1: 1 Below Level 1: 0 96.3% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Fall 2012: N=32 Level 3: 13 Level 2: 19 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2013: N=26 Level 3: 9 Level 2: 17 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2013: ESIR Overall Course Outcome Mean: 3.94</p>	<p>ELA 1: Action Fall 2010 Continue to monitor for trending data. Course lead to emphasize ATI content into course schedule</p> <p>ELA 1 Spring 2011-Fall 2011 Met continue to monitor.</p> <p>ELA 1: Action Spring 2012 Include ATI materials into course site by implementing resources and specific Quality Matters template for all ATI courses.</p> <p>ELA 1: Action Fall 2013: Incentivize ATI Practice test including use of focused reviews and benchmarks for practice achievement prior to content mastery.</p> <p>ELA 1 Action Summer 2013: ATI Policy Development with traditional campus with evidence-based processes from ATI and other universities.</p> <p>Action: Implement revised ATI policy to require level 2 on practice ATI.</p> <p>ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of</p>
		ESIR: Course Outcomes		

			Question 31 Overall Mean: 3.77 MET	student self-evaluation for course outcomes more specifically looking at number 31. ELA 1-2 Action Fall 2013: Course lead to review course assignments that reflect more objective assessment of all course learning objectives in additional to ATI and ESIR material.
--	--	--	---------------------------------------	--

NURS 424			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will achieve Level 2 ATI benchmark by second attempt Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Synthesize concepts from pathophysiology, other natural and social sciences, the humanities, and nursing to provide nursing care to clients who are experiencing acute, complex, high intensity illnesses. Attention is also given to the families and significant others of the patient. 2. Utilize critical thinking to respond to the health needs of individual patients and their families for critical illness care, recovery, and/or adaptation to ongoing illness (including end-of-life care), prevention of further illness or complications, and continuing health promotion. 3. Use the NURSING PROCESS for care of	End of course for each cohort	ATI Medical Surgical Test Second Attempt – Level 2 benchmark by second attempt	Fall 2010: N=11 Level 3: 7 Level 2: 3 Level 1: 1 Below Level 1: 0 90.9% of students are at or above Level 2 following 2 nd attempt- MET Spring 2011 & Fall 2011: N=30 Level 3: 8 Level 2: 20 Level 1: 2 Below Level 1: 0 93.3% of students are at or above Level 2 following 2 nd attempt- MET	ELA 1: Fall 2010-Spring 2012 Met Continue to Monitor. ELA 1: Action Fall 2012 1. Emphasize ATI content into course schedule 2. Include ATI materials into course site ELA 1 Action Spring 2013 Incentivize ATI Practice test. ELA 1: Action Fall 2013

<p>high acuity patients through:</p> <ul style="list-style-type: none"> a) Assessment of pathophysiological, psychosocial, cultural, and spiritual needs of the high acuity patient. Assessment includes, interpreting the patient's physical parameters: laboratory, diagnostic study results and hemodynamic status. b) Establishing priorities for patients with complex unmet health needs. c) Identification of the most relevant patient problems or nursing diagnoses, d) Initiating nursing interventions based on the established plan of care and in relation to valid, measurable, and attainable criteria and standards. e) Continuously evaluating patient responses and integrating patient data in rapidly evolving patient situations. f) Illustrating the nursing process through the use of concept maps/care plans. <p>4. Develop and increase skills in the use of highly technical equipment in acute care settings.</p> <p>5. Identify discharge needs and resources available in the community for continued care.</p> <p>6. Provide client, family, or significant other health care and treatment education and therapeutic support.</p> <p>7. Serve as client advocate in a collaborative health care team.</p>		<p>ESIR: Course Outcomes</p>	<p>Spring 2012: N=38 Level 3: 10 Level 2: 26 Level 1: 2 Below Level 1: 0 94.7% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Summer 2012: N=19 Level 3: 4 Level 2: 14 Level 1: 1 Below Level 1: 0 94.7% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Fall 2012: N=14 Level 3: 3 Level 2: 8 Level 1: 3 Below Level 1: 0 78.6% of students are at or above Level 2 following 2nd attempt- NOT MET</p> <p>Spring 2013: N=21 Level 3: 14 Level 2: 7 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Summer 2013: N=12 Level 3: 6 Level 2: 6 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2013: ESIR Overall Course Outcome Mean: 4.12 Question 31: 4.10 MET</p>	<p>Implement revised ATI policy to require level 2 on practice ATI</p> <p>ELA 2: Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>Action: Fall 2014 Course lead to present high acuity paper as additional assessment method of SLO's.</p>
---	--	------------------------------	---	--

<p>8. Demonstrate accountability for one's nursing actions and a commitment for maintaining established standards of nursing practice. Accept responsibility for personal professional growth by demonstrating independence, flexibility, and self-direction.</p> <p>9. Evaluate current research related to a specific high acuity nursing topic and produce an organized paper highlighting nursing standards and care.</p> <p>10. Demonstrate progression toward NCLEX readiness by successfully passing ATI exams.</p>				
--	--	--	--	--

NURS 450			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 90% of students will achieve Level 2 ATI benchmark by second attempt Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <u> X </u> Partially met <u> </u> Not met <u> </u></p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Synthesize theoretical and empirical knowledge from the sciences, humanities, and nursing in the provision of professional nursing care for populations in the community.</p> <p>2. Incorporate research findings in the practice of community health nursing.</p> <p>3. Demonstrate critical thinking and clinical judgment in meeting the immediate and potential needs of a community.</p> <p>4. Collaborate effectively with peers,</p>	End of course for each cohort	ATI Community Health Test Second Attempt – Level 2 benchmark by second attempt	<p>Fall 2010: N=7 Level 3: 2 Level 2: 5 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2011 & Fall 2011: N=44 Level 3: 15 Level 2: 28 Level 1: 1</p>	<p>Fall 2010-Spring 2011 ELA 1 Met Continue to Monitor.</p> <p>ELA 1: Spring 2012-Summer 2012 Partially Met Action: 1. Emphasize ATI content into course schedule 2. Include ATI materials into course site</p>

<p>persons in the community, and members of the interdisciplinary health team.</p> <p>5. Refine communication skills for establishing collaborative relationships.</p> <p>6. Appraise the current and emerging roles of the professional nurse in community health in relation to current and projected health care needs in society.</p> <p>7. Synthesize the inter-relationship between man's culture/ethnic diversity and the health care delivery system.</p> <p>8. Incorporate professional values, legal and ethical responsibilities, political awareness, legislative advocacy, and the standards of community health nursing into professional practice.</p> <p>9. Formulate a personal life- long learning plan for professional nursing practice.</p> <p>10. Examine the various concepts of primary health care (WHO) and community development in terms of their relationship to nursing roles in meeting the health needs of communities.</p>		<p>ESIR/Qualtrics: Course Outcomes</p>	<p>Below Level 1: 0 97.7% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2012 & Summer 2012: N=54 Level 3: 13 Level 2: 35 Level 1: 5 Below Level 1: 1 88.9% of students are at or above Level 2 following 2nd attempt- PART MET</p> <p>Fall 2012: N=22 Level 3: 6 Level 2: 15 Level 1: 1 Below Level 1: 0 95.5% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2013: N=7 Level 3: 1 Level 2: 6 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Summer 2013: N=25 Level 3: 7 Level 2: 18 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 4.33 MET</p>	<p>ELA 1: Fall 2010 Met. Continue to monitor.</p> <p>ELA 1: Spring 2013 Incentivize ATI Practice test.</p> <p>ELA 1: Fall 2013 Implement revised ATI policy to require level 2 on practice ATI</p> <p>ELA 2: Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.</p>
---	--	--	--	---

NURS 470			Expected Level of Achievement: <ul style="list-style-type: none"> • 90% of students will achieve Level 2 ATI benchmark by second attempt • 90% of students will score 75% or higher on EBP Paper • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met____Partially met__X____ Not met_____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Integrate and synthesize theoretical concepts, evidence based knowledge and other ways of knowing to design, coordinate and manage care for culturally diverse individuals, families and groups across various phases of the life span. 2. Identify a personal philosophy of nursing leadership applicable to a wide variety of nursing environments. 3. Describe the principles of effective leadership and management related to practice in health care environments. 4. Compare and contrast leadership styles and management principles in health care systems. 5. Analyze a health care environment using theoretical concepts of leadership and management. 6. Describe the impact of social, economic, legal, and ethical forces upon professional nursing in the health care environment. 7. Synthesize multiple points of view to generate an informed conclusion related to leadership and management in health care environments. 8. Demonstrate effective verbal and written communication skills.	End of course for each cohort	ATI Leadership Test Second Attempt – Level 2 benchmark by second attempt	Fall 2010: N=14 Level 3: 5 Level 2: 6 Level 1: 2 Below Level 1: 1 78.6% of students are at or above Level 2 following 2 nd attempt- NOT MET Spring 2011 & Fall 2011: N=33 Level 3: 6 Level 2: 22 Level 1: 3 Below Level 1: 2 84.8% of students are at or above Level 2 following 2 nd attempt- NOT MET Spring 2012: N=21 Level 3: 7 Level 2: 5 Level 1: 8 Below Level 1: 1 52.2% of students are at or above Level 2 following 2 nd attempt- NOT MET Summer 2012: N=12 Level 3: 2 Level 2: 9 Level 1: 1	ELA 1 Fall 2010 Action: Continue to monitor for trends in data. ELA 1: Spring 2011-Fall 2011: Action 1. Encourage remediation before and after practice examinations of content mastery. 2. Concept mapping of course outcomes, objectives and ATI content by course lead. 3. ATI training provided by representative to engage faculty in all resources and tools in ATI practice and content mastery preparation. ELA 1: Action Spring 2011- Summer 2012 1. Emphasize ATI content into course schedule 2. Include weekly ATI materials into course site

		<p>Below Level 1: 1 91.7% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Fall 2012: N=21 Level 3: 6 Level 2: 12 Level 1: 3 Below Level 1: 0 85.7% of students are at or above Level 2 following 2nd attempt- PART MET</p> <p>Spring 2013: N=42 Level 3: 8 Level 2: 32 Level 1: 2 Below Level 1: 0 95.2% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Summer 2013: N=6 Level 3: 4 Level 2: 2 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Fall 2010 – 100% Spring 2011 = 100% Summer 2011 = 100% Fall 2011 = 100%</p> <p>Spring 2012 150/150 – 28 stud. 140/150 – 10 stud. 120/150 – 5 stud. 100% - met</p> <p>Summer 2012 150/150 – 3 stud. 145/150 – 16 stud. 140/150 – 5 stud. 100% - met</p>	<p>ELA 1: Spring 2013 1. Include ATI quizzes into course with focused reviews.</p> <p>2. Incentivize ATI Practice test.</p> <p>ELA 1: Action FALL 2013 Implement revised ATI policy to require level 2 on practice ATI</p> <p>ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 1 Action Fall 2013: Separate out RN and LPN data.</p> <p>ELA 1: Action: Spring 2012 Data to be collected and presented by student score by course lead. This breakdown will help committee determine if rigor or elements of assignment are effective. Individual scores provide more detail in true assessment rather than overall percentage of students meeting benchmarks.</p>
--	--	---	---

		ESIR: Course Outcomes	<p>Fall 2012 150/150 – 13 stud. 140/150 – 3 stud. 134/150 – 5 stud. 130/150 – 5 stud. 119/150 – 1 stud. 112/150 – 1 stud. 0/150 – 1 stud. 93% - met</p> <p>Spring 2013 145/150 – 5 stud. 140/150 – 35 stud. 130/150 – 6 stud. 120/150 – 5 stud. 100% - met</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 4.04 MET</p>	ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.
--	--	-----------------------	--	---

NURS 484			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 90% of students will achieve Level 2 ATI benchmark by second attempt Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met _____ Partially met <u>X</u> Not met _____</p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision ELA 1 Fall 2010-Fall 2012

<p>1. Assume responsibility for professional growth through the design of an individualized learning plan.</p> <p>2. Use theoretical concepts, research findings, and other ways of knowing to guide nursing practice with clients from diverse cultural backgrounds who have complex care needs in various phases of the life span.</p> <p>3. Practice in a caring, responsible, and accountable manner in accordance with professional ethics and accepted standards of practice.</p> <p>4. Integrate critical thinking skills into the practice of professional nursing with clients experiencing complex care needs.</p> <p>5. Apply appropriate leadership and management principles in designing, coordinating, managing and advocating for meeting the complex health care needs of individuals, families and groups in various phases of the life span.</p> <p>6. Demonstrate an ability to reflect on interpersonal and interactional processes with individuals, families, and groups and critically analyze own role in relation to them.</p> <p>7. Intervene independently and in collaboration with other health professionals, using appropriate nursing strategies and actions.</p> <p>8. Evaluate the outcomes of therapeutic nursing interventions and plan further interventions accordingly.</p> <p>9. Participate in informal critique of the health care delivery system and identify areas for change in nursing and health care delivery.</p>	<p>End of course for each cohort</p>	<p>ATI Pharmacology Test Second Attempt – Level 2 benchmark by second attempt</p>	<p>Fall 2010: N=11 Level 3: 2 Level 2: 9 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2011 & Fall 2011: N=30 Level 3: 15 Level 2: 14 Level 1: 1 Below Level 1: 0 96.7% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2012 & Summer 2012: N=57 Level 3: 7 Level 2: 49 Level 1: 1 Below Level 1: 0 98.2% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Fall 2012: N=16 Level 3: 0 Level 2: 14 Level 1: 2 Below Level 1: 0 87.5% of students are at or above Level 2 following 2nd attempt- PART MET</p> <p>Spring 2013: N=4 Level 3: 3 Level 2: 1 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Summer 2013: N=25 Level 3: 7 Level 2: 18 Level 1: 0 Below Level 1: 0</p>	<p>MET Continue to monitor</p> <p>ELA 1 Action Fall 2012: Emphasize ATI content into course schedule</p> <p>Include weekly ATI materials into course site</p> <p>ELA 1: Incentivize ATI Practice test. New ATI policy developed Fall 2013 utilizes benchmarks for all practice exams in order to access content mastery.</p> <p>ELA 1 Action Spring 2013 Action: 1. Encourage focused reviews of pharmacology and prior course work/materials in N208.</p> <p>ELA 1 Action Fall 2013 Implement revised ATI policy to require level 2 on practice ATI</p> <p>ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 1-2 Action: Fall 2014 Course leads to review SLO's and identify additional objective assignments for assessment. Discussion board topics or reflective</p>
--	--------------------------------------	---	---	---

		ESIR: Course Outcomes	100% of students are at or above Level 2 following 2 nd attempt- MET ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 5.00 MET	paper? ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure
--	--	-----------------------	---	--

NURS 486			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will 94% Predicted Probability benchmark on ATI Comprehensive Predictor by second attempt Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met _____ Partially met <u> X </u> Not met _____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Integrate and synthesize theoretical concepts, evidence-based knowledge, and other ways of knowing to professional nursing practice. 2. Refine capacity for independent thinking, critical analysis, and reasoned inquiry. 3. Enhance capacity for making informed judgments and reasonable choices. 4. Acquire knowledge and intellectual skills that encourage participatory citizenship, professionalism, ethical responsibility, ecology, economic, and political changes. 5. Demonstrate nursing knowledge and skills by achieving competence levels on	End of course for each cohort	ATI Comprehensive Predictor Test Second Attempt – Level 2 benchmark by second attempt	Fall 2010: N=25 At or above 91%probability: 25 Below 91% probability: 0 100% of students at or above benchmark following 2 nd attempt- MET Spring 2011: N=11 At or above 91%probability: 11 Below 91% probability: 0 100% of students at or above benchmark following 2 nd attempt- MET Summer 2011: N=7 At or above 91%probability: 11	ELA 1 Fall 2010, Spring 2011, Summer 2011, Fall 2011, MET Continue to Monitor ELA 1 Spring 2011 Action: Increase predicted probability to 94% ELA 1: Spring 2012 Incentivize ATI Practice test. ELA 1: Spring 2013 action Implement revised ATI policy to require level 2 on

<p>standard exit tests.</p> <p>6. Assess and negotiate cultural adoptions of traditions and healing practices.</p> <p>7. Critically analyze current major issues confronting the nursing profession.</p> <p>8. Articulate rationale for personal position on specific issue in nursing and health care.</p> <p>9. Evaluate the impact of selected social forces on nursing practices and health care policy.</p> <p>10. Evaluate current proposed solutions and initiatives for resolution of the nation's most pressing health care problems.</p> <p>11. Develop strategies for intervention at the societal level using theories of leadership, power, and change.</p> <p>12. Integrate the art of nursing through an appreciation of human expression in literature, music, and art.</p>			<p>Below 91% probability: 0</p> <p>100% of students at or above benchmark following 2nd attempt- MET</p> <p>Fall 2011: N=19 At or above 91%probability: 19 Below 94% probability: 0</p> <p>100% of students at or above benchmark following 2nd attempt- MET</p> <p>Spring 2012: N=15 At or above 94%probability: 13 Below 94% probability: 2</p> <p>86.7% of students at or above benchmark following 2nd attempt- PART MET</p> <p>Summer 2012: N=14 At or above 94%probability: 11 Below 91% probability: 3</p> <p>78.6% of students at or above benchmark following 2nd attempt- PART MET</p> <p>Fall 2012: N=36 At or above 94%probability: 31 Below 94% probability: 5</p> <p>86.1% of students at or above benchmark following 2nd attempt- PART MET</p> <p>Spring 2013: N=26 At or above 94%probability: 22 Below 94% probability: 4</p> <p>84.6% of students at or above benchmark following 2nd attempt- NOT MET</p> <p>Summer 2013: N=12 At or above 94%probability: 9 Below 94% probability: 3</p> <p>75% of students at or above benchmark following 2nd attempt- NOT MET</p>	<p>practice ATI</p> <p>ELA: 1 Spring 2013 Kaplan Readiness Exam added as additional preparation for NCLEX RN and course outcomes.</p> <p>Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 1-2 Action Summer 1013: Course lead to review SLOs and investigate other additional assignments that meet assessment requirements other than overall ATI and ESIR. Possibilities include similar assessment methods of RN to BS track Including benchmark of 90% of students will achieve 75% or better on Professional Synthesis writing assignment</p>
---	--	--	--	--

		ESIR: Course Outcomes	<p>Fall 2013: N=16 At or above 94%probability: 16 Below 94% probability: 0</p> <p>100% of students at or above benchmark following 2nd attempt- MET</p> <p>Spring 2013 ESIR Overall Course Objectives Mean:3.88 Question 31 Overall Mean: 3.77 Met</p>	
--	--	-----------------------	--	--

RN to BS Track Student Learning Outcomes Assessment Plan

NURS 300			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> • 75% of Students exceed the group mean-national ATI critical thinking entrance exam. • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met _____ Partially met <u> X </u> Not met _____</p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Describe historical developments that have impacted the current status of professional nursing practice.	End of course for each cohort	ATI Critical Thinking Test – Aggregate score above national mean	Fall 2010: N=23 69.6%- 16/23 above benchmark Not met	<p>ELA 1: Action: Fall 2010-Spring 2010</p> <p>1. Emphasize ATI content into course schedule</p> <p>2. Ensure completion of assignment</p> <p>ELA 1 Action Spring 2012:</p> <p>1. Include ATI materials into course site and encourage ATI tools such as focused reviews and critical thinking practice.</p> <p>ELA 2: Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 1-2 Action Fall 2013:</p>
2. Discuss selected theories and concepts which form the basis for professional nursing practice.			Spring 2011: N=16 56.3%- 9/16 above benchmark Not met	
3. Analyze selected current issues in nursing and the health care system which will impact the performance of professional nursing roles.			Fall 2011: N=21 57.1%- 12/21 above benchmark Not met	
4. Demonstrate use of technological tools to assess health care information, including databases such as CINAHL and Medline, use of library resources, WWW searching, and use of email and mail lists.			Spring 2012: N=5 100%- 5/5 above benchmark Met	
5. Synthesize, evaluate and apply retrieved information		Fall 2012: N=26 80.8%- 21/26 above benchmark Met		
		ESIR: Course Outcomes	Spring 13: N=21 80.9%- 17/21 above benchmark Met	
			Spring 2013 Overall Course Objective Mean: 4.28	

6. Present information using word processing, spreadsheets, and presentation software.			# 31: Mean 4.07 Met	Course lead to include future assessment method of Tegrity lecture over patient care considerations on culture and spirituality, results of scored discussion board submissions in leadership module entitled "QSEN competencies".
7. Develop a personal plan which will enable the student to move to the baccalaureate level.				

NURS 304	<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 90% of Students will achieve a minimum of 75% on head to toe demonstration assignment. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met____Partially met__X____ Not met_____</p>
----------	---

Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Select theoretical and empirical knowledge from the social and behavioral sciences, humanities, and nursing in identifying the unmet health needs of individuals across the life span. 2. Formulate an objective assessment of an individual's health promoting and protecting behaviors utilizing a comprehensive nursing history including a health risk	End of course for each cohort	Head to toe assessment demonstration assignment	Fall 2010: N=56 90-100%: 50 80-90%: 3 75-80%: 0 >75%: 3 94.6% of students are at or above 75% Spring 2011: N=52 90-100%: 43 80-90%: 8 75-80%: 0 <75%: 3 94.2% of students are at or above 75%	ELA 1 Action Fall 2010: 1. Continue to collect and monitor data. 2. Continue to provide feedback on assessment 3. Continue to reinforce assessment techniques 4. RN to BS and LPN-BS data combined. Separate out and collect data separately for groups Spring 2011: Met Continue to Monitor

<p>assessment.</p> <ol style="list-style-type: none"> 3. Demonstrate an organized method of performing a comprehensive health assessment for individuals throughout the life span in a variety of health care settings. 4. Utilize effective communication strategies in interviewing to maximize the individual's ability to share information. 5. Analyze the comprehensive health assessment data to identify with the individual their health needs. 6. Demonstrate accountability for one's own nursing actions and commitment to maintaining nursing practice standards. 		<p>ESIR: Course Outcomes</p>	<p>Fall 2011: N=45 90-100%: 30 80-90%: 9 75-80%: 2 <75%: 4 91.1% of students are at or above 75%</p> <p>Spring 2012: N=56 90-100%: 27 80-90%: 13 75-80%: 9 <75%: 7 87.5% of students are at or above 75%</p> <p>Fall 2012: N=57 90-100%: 39 80-90%: 10 75-80%: 4 <75%: 4 93.0% of students are at or above 75%</p> <p>Spring 2013: N=45 90-100%: 27 80-90%: 4 75-80%: 3 <75%: 11 75.6% of students are at or above 75%</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 4.35 MET</p>	<p>Fall 2011: Met Continue to Monitor</p> <p>ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.</p>
--	--	------------------------------	---	---

NURS 318			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of Students will achieve a minimum of 75% on PowerPoint presentation assignment. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale 	
			Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<ol style="list-style-type: none"> Develops skills in applying critical thinking in making decisions, clinical judgments, and in problem solving in the assessment of families experiencing stress/crises/catastrophes and in the delivery of family nursing intervention in simulated learning activities. Analyzes theoretical and empirical knowledge from the sciences, humanities, and nursing in organizing, planning, and providing care to families experiencing stressful events. Analyzes specific Crisis Theories, Family Systems Theories, and Family Stress Theories as frameworks for understanding interactions, relationships, and intra family processes and changes occurring in families experiencing stressful events. Selects therapeutic communication strategies as the 	End of course for each cohort	<p>Evaluation of PowerPoint presentation. Presentation includes professional presentation of mental health topic and is to include an introduction to topic. Content relevant to course and presented as a guest lecture format.</p> <p>Presentation will be evaluated according to content, presentation, and mechanics.</p>	<p>Fall 2010: N=9 90-100%: 8 80-90%: 1 75-80%: 0 >75%: 0 100% of students at benchmark</p> <p>Spring 2011: N=16 90-100%: 16 80-90%: 1 75-80%: 0 >75%: 0 100% of students at benchmark</p> <p>Fall 2011: N=13 90-100%: 12 80-90%: 1 75-80%: 0 >75%: 0 100% of students at benchmark</p> <p>Spring 2012: N=14 90-100%: 11 80-90%: 3 75-80%: 0 >75%: 0 100% of students at benchmark</p>	<p>Fall 2010-Spring 2013 Continue to Monitor</p> <p>ELA 1 Action Spring 2013-Summer 2013 1. Course lead to review additional assessment methods to meet SLOs for discussion.</p> <p>2. Course lead to review assignment rubric and directions to enhance rigor and more in-depth critical thinking of mental health topics.</p> <p>ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p>

<p>foundation for establishing goal directed and trusting relationships with individuals, families, group members, and members of the interdisciplinary health care team.</p> <ol style="list-style-type: none"> 5. Communicates clearly, accurately, and effectively with faculty and group members. 6. Assesses wellness, health needs, and risks of individuals and families experiencing stressful events in simulated learning activities. 7. Determines holistic, culturally sensitive, safe, and effective therapeutic nursing interventions for individuals and families experiencing stress and crises in simulated critical thinking activities. 8. Educates individual clients and family members about the impact of stressful events, alternative coping responses, available support systems, community resources, and anticipatory planning for the future in simulated learning activities. 9. Develops skills in evaluating client outcomes and professional nursing practice in the care of individuals and families experiencing stress and crises. 10. Analyzes research and evidence-based information for application to the nursing care of individuals and families experiencing stress and crises. 11. Identifies human, fiscal, and material resources required for providing care to individuals and families in stress and crises. 		<p>ESIR: Course Outcomes</p>	<p>Fall 2012: N=11 90-100%: 11 80-90%: 0 75-80%: 0 >75%: 0 100% of students at benchmark</p> <p>Spring 2013: N=25 90-100%: 23 80-90%: 2 75-80%: 0 >75%: 1 100% of students at benchmark</p> <p>Spring 2013: Overall Mean: Course Outcome 3.65 and 3.41 in both 301 and 302 sections. Question 31: 3.50 and 3.35</p>	<p>ELA 2 ESIR Action Fall 2013: Course lead to emphasis course objectives and course outcomes in weekly format in addition to already established outcomes in course syllabus.</p>
---	--	------------------------------	---	--

<p>12. Incorporates professional values, ethical and legal responsibilities in caring for individuals and families experiencing stress and crises in simulated critical thinking activities.</p> <p>13. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making.</p> <p>14. Compares how different cultural beliefs, values, and practices influence the health care of individuals, families, and groups experiencing stress and crises.</p> <p>15. Compares how ecological factors, economics, and political issues influence the delivery of health care to families in stress and crises.</p> <p>16. Distinguishes the roles of members of the interdisciplinary health care team responsible for coordinating care of families experiencing stressful events.</p> <p>17. Recognizes appropriate community referral resources that will assist individuals and families in reducing the impact of stressful events.</p>				
---	--	--	--	--

NURS 450			Expected Level of Achievement: <ul style="list-style-type: none"> • 90% of students will achieve ATI Level 2 benchmark by second attempt • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met_____ Partially met__X___ Not met_____	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Synthesize theoretical and empirical knowledge from the sciences, humanities, and nursing in the provision of professional nursing care for populations in the community. 2. Incorporate research findings in the practice of community health nursing. 3. Demonstrate critical thinking and clinical judgment in meeting the immediate and potential needs of a community. 4. Collaborate effectively with peers, persons in the community, and members of the interdisciplinary health team. 5. Refine communication skills for establishing collaborative relationships. 6. Appraise the current and emerging roles of the professional nurse in community health in relation to current and projected health care needs in society. 7. Synthesize the inter-relationship between man's culture/ethnic diversity and the health care delivery system. 8. Incorporate professional values, legal and ethical responsibilities, political awareness, legislative advocacy, and the standards of community health nursing into professional practice.	End of course for each cohort	ATI Community Health Test Second Attempt – Level 2 benchmark by second attempt	Spring 2011: No Data Level 3: 0 Level 2: 0 Level 1: 0 Below Level 1: 0 No data available Fall 2011: N=11 Level 3: 6 Level 2: 5 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2 nd attempt Spring 2012 and Summer 12: N=18 Level 3: 2 Level 2: 14 Level 1: 2 Below Level 1: 0 88.9% of students are at or above Level 2 following 2 nd attempt Fall 2012: N=8 Level 3: 2 Level 2: 4 Level 1: 1 Below Level 1: 1 75% of students are at or above Level 2 following	ELA 1 Spring 2011-Fall 2012: No actions taken, continue to monitor. ELA 1 Action Fall 2013: 1. Incentivize ATI Practice test through use of benchmarks and focused reviews. 2. Implement revised ATI policy to require level 2 on practice ATI 3. New development of combined ATI policy to allow for course specific ATI benchmarks and procedures for practice exams in better preparation of content mastery.

<p>9. Formulate a personal life- long learning plan for professional nursing practice.</p> <p>10. Examine the various concepts of primary health care (WHO) and community development in terms of their relationship to nursing roles in meeting the health needs of communities.</p>		<p>ESIR/Qualtrics: Course Outcomes</p>	<p>2nd attempt</p> <p>Spring 2013: N=8 Level 3: 1 Level 2: 7 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt</p> <p>Summer 2013: N=13 Level 3: 4 Level 2: 9 Level 1: 0 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 4.33 MET</p>	<p>ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.</p> <p>ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.</p>
---	--	--	---	---

NURS 470		Expected Level of Achievement: <ul style="list-style-type: none"> • 90% of students will achieve ATI Level 2 benchmark by second attempt • 90% of students will score 75% or higher on EBP Paper • Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met _____ Partially met <input checked="" type="checkbox"/> Not met _____		
Process		Implementation		
Knowledge Skill or ability Attitude/Disposition	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	
1. Integrate and synthesize theoretical concepts, evidence based knowledge and other ways of knowing to design, coordinate and manage care for culturally diverse individuals, families and groups across various phases of the life span. 2. Identify a personal philosophy of nursing leadership applicable to a wide variety of nursing environments. 3. Describe the principles of effective leadership and management related to practice in health care environments. 4. Compare and contrast leadership styles and management principles in health care systems. 5. Analyze a health care environment using theoretical concepts of leadership and management. 6. Describe the impact of social, economic, legal, and ethical forces upon professional nursing in the health care environment. 7. Synthesize multiple points of view to generate an informed conclusion related to leadership and management in health care environments. 8. Demonstrate effective verbal and written communication skills.	End of course for each cohort	ATI Leadership Test Second Attempt – Level 2 benchmark by second attempt	Spring 2011 and Summer 2011: N=14 Level 3: 5 Level 2: 8 Level 1: 0 Below Level 1: 1 92.9% of students are at or above Level 2 following 2 nd attempt- MET Fall 2011: N=6 Level 3: 0 Level 2: 4 Level 1: 1 Below Level 1: 1 66.7% of students are at or above Level 2 following 2 nd attempt- NOT MET Spring 2012: N=5 Level 2 or 3: 5 Level 1: 0 Below Level 1: 0 100.0% of students are at or above Level 2 following 2 nd attempt- MET Summer 2012: N=9 Level 2 or 3: 8 Level 1: 1 Below Level 1: 0 88.9% of students are at or above Level 2	ELA 1 Action Spring 2013: 1. Emphasize ATI content into course schedule 2. Include weekly ATI materials into course site 3. Include ATI quizzes into course ELA 2 Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.

		<p>following 2nd attempt- PART MET</p> <p>Fall 2012: N=7 Level 2 or 3: 7 Level 1: 1 Below Level 1: 0 100% of students are at or above Level 2 following 2nd attempt- MET</p> <p>Spring 2013: N=9 Level 3: 0 Level 2: 8 Level 1: 1 Below Level 1: 0 88.9% of students are at or above Level 2 following 2nd attempt- PART MET</p> <p>Summer 2013: N=3 Level 3: 1 Level 2: 1 Level 1: 1 Below Level 1: 0 66.7% of students are at or above Level 2 following 2nd attempt- NOT MET</p> <p>Fall 2010 – 100% Spring 2011 = 100% Summer 2011 = 100% Fall 2011 = 100% MET</p> <p>Spring 2012 150/150 – 28 stud. 140/150 – 10 stud. 120/150 – 5 stud. 100% - MET</p> <p>Summer 2012 150/150 – 3 stud. 145/150 – 16 stud. 140/150 – 5 stud. 100% - MET</p> <p>Fall 2012 150/150 – 13 stud.</p>	
		<p>% of students above 75% on EBP written assignment (LPN and RN combined)</p>	

		ESIR: Course Outcomes	<p>140/150 – 3 stud. 134/150 – 5 stud. 130/150 – 5 stud. 119/150 – 1 stud. 112/150 – 1 stud. 0/150 – 1 stud. 93% - MET</p> <p>Spring 2013 145/150 – 5 stud. 140/150 – 35 stud. 130/150 – 6 stud. 120/150 – 5 stud. 100% - MET</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 4.04 MET</p>	<p>ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure.</p>
--	--	-----------------------	---	--

NURS 484			<p>Expected Level of Achievement:</p> <ul style="list-style-type: none"> 90% of students will successfully complete clinical experience with a satisfactory score on clinical evaluation tool. Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale <p>Met <input checked="" type="checkbox"/> Partially met <input type="checkbox"/> Not met <input type="checkbox"/></p>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assume responsibility for professional growth through the design of an individualized learning plan.	End of course for each cohort	Evaluate clinical evaluation tool for satisfactory scores	Fall 2010: N=8 100% of students met benchmark Met	No actions Fall 2010-Spring 2013 on ELA 1. Continue to monitor. ELA 1-2 Action Beginning Spring 2013:

<ol style="list-style-type: none"> 2. Use theoretical concepts, research findings, and other ways of knowing to guide nursing practice with clients from diverse cultural backgrounds who have complex care needs in various phases of the life span. 3. Practice in a caring, responsible, and accountable manner in accordance with professional ethics and accepted standards of practice. 4. Integrate critical thinking skills into the practice of professional nursing with clients experiencing complex care needs. 5. Apply appropriate leadership and management principles in designing, coordinating, managing and advocating for meeting the complex health care needs of individuals, families and groups in various phases of the life span. 6. Demonstrate an ability to reflect on interpersonal and interactional processes with individuals, families, and groups and critically analyze own role in relation to them. 7. Intervene independently and in collaboration with other health professionals, using appropriate nursing strategies and actions. 8. Evaluate the outcomes of therapeutic nursing interventions and plan further interventions accordingly. 9. Participate in informal critique of the health care delivery system and identify areas for change in nursing and health care delivery. 		<p>ESIR: Course Outcomes</p>	<p>Spring 2011: N=11 100% of students met benchmark Met</p> <p>Summer 2011: N=3 100% of students met benchmark Met</p> <p>Fall 2011: N=15 100% of students met benchmark Met</p> <p>Spring 2012: N=11 100% of students met benchmark Met</p> <p>Summer 2012: N=6 100% of students met benchmark Met</p> <p>Fall 2012: N=13 100% of students met benchmark Met</p> <p>Spring 2013: N=9 100% of students met benchmark Met</p> <p>ESIR Data Not Available, Qualtrics Data used instead. Spring 2013: Evaluations related to course learning outcomes overall course mean 5.00 MET</p>	<ol style="list-style-type: none"> 1. Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31. 2. New course leads to investigate alternative methods of assessment. <p>ELA 2 Fall 2013: ESIR, Qualtrics and new Blackboard survey will be assessed for overall course outcome measure</p>
--	--	------------------------------	---	---

NURS 486			Expected Level of Achievement: <ul style="list-style-type: none"> 90% of students will achieve 75% or better on Professional Synthesis writing assignment Student group mean of self-evaluation of achieving course objectives will be 3.75 or higher on 5 point Likert scale Met <u> X </u> Partially met <u> </u> Not met <u> </u>	
Process			Implementation	
Knowledge Skill or ability Attitude/Disposition	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Integrate and synthesize theoretical concepts, evidence-based knowledge, and other ways of knowing to professional nursing practice. 2. Refine capacity for independent thinking, critical analysis, and reasoned inquiry. 3. Enhance capacity for making informed judgments and reasonable choices. 4. Acquire knowledge and intellectual skills that encourage participatory citizenship, professionalism, ethical responsibility, ecology, economic, and political changes. 5. Demonstrate nursing knowledge and skills by achieving competence levels on standard exit tests. Assess and negotiate cultural adoptions of traditions and healing practices. 6. Critically analyze current major issues confronting the nursing profession. 7. Articulate rationale for personal position on specific issue in nursing and health care. 8. Evaluate the impact of selected social	End of course for each cohort	Analyze score distribution on Professional Synthesis writing assignment	Fall 2010: N=15 90-100%: 6 80-90%: 5 75-80%: 3 >75%: 1 93.3% of students at benchmark Spring 2011: N=5 90-100%: 4 80-90%: 1 75-80%: 0 >75%: 0 100% of students at benchmark Summer 2011: N=4 90-100%: 0 80-90%: 3 75-80%: 1 >75%: 0 100% of students at benchmark Fall 2011: N=11 90-100%: 8 80-90%: 1	ELA 1 Actions Fall 2010-Spring 2013 ELA 1: Continue assignment and provide feedback. 2. Encourage use of the library distance education writing center ELA 2: Action Beginning Spring 2013: Revised SLO assessment will include presentation of ESIR data from course lead of student self-evaluation for course outcomes more specifically looking at number 31.

<p>forces on nursing practices and health care policy.</p> <p>9. Evaluate current proposed solutions and initiatives for resolution of the nation's most pressing health care problems.</p> <p>10. Develop strategies for intervention at the societal level using theories of leadership, power, and change.</p> <p>11. Integrate the art of nursing through an appreciation of human expression in literature, music, and art.</p>		<p>ESIR: Course Outcomes</p>	<p>75-80%: 1 >75%: 1 90.9% of students at benchmark</p> <p>Spring 2012: N=15 90-100%: 10 80-90%: 3 75-80%: 1 >75%: 1 93.3% of students at benchmark</p> <p>Summer 2012: N=3 90-100%: 1 80-90%: 1 75-80%: 1 >75%: 0 100% of students at benchmark</p> <p>Fall 2012: N=11 90-100%: 8 80-90%: 2 75-80%: 1 >75%: 0 100% of students at benchmark</p> <p>Spring 2013: N=12 90-100%: 9 80-90%: 3 75-80%: 0 >75%: 0 100% of students at benchmark</p> <p>Spring 2013 ESIR Overall Course Objectives Mean:3.88 Question 31 Overall Mean: 3.77 Met</p>	
--	--	------------------------------	--	--

Traditional Track New Graduate Outcomes Assessment Plan

Program Goal: Critical Thinker New Graduate Outcome: Demonstrate purposeful thinking, intellectual integrity, solid reasoning, and creative problem solving as the basis for making decisions and clinical judgments			Operational Definition: Student shall score at or above the group mean program score on the ATI Critical Thinking Exit exam Expected Level of Achievement/Decision Rule of Action: Aggregate student composite score shall equal or exceed the national program mean as defined by the operational definition Outcome: _____ Not Met _____ Met _____ X _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving. 2. Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing organizations, planning, and providing care in collaboration with individuals, families, groups, and communities 3. Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities. 4. Analyzes diverse viewpoints in the interpretation of data and in determining conclusions.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator.	Yearly (October) Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of ATI Critical Thinking Exit exam as defined by the operational definition.*	Fa 10: 69.5% Sp 11: 73.1% Su 11: 79.6% Fa 11: 72.6% Sp 12: 71.2% Su 12: 74.1% Fa 12: 74.6% Sp 13 75.3% Su 13 79.5% Nat'l program mean 73%	-Changed timing of administration of exam; Fall 2011. Continue to monitor Concerns as to rather this is a useful measure as it does not test critical thinking that applies to nursing practice. May consider using RN comp predictor Clinical judgment/critical thinking Outcome when national means are published (suggestion from 2011-2012 assessment plan). -increase use of active-learning activities in the classroom

Program Goal: Critical Thinker			Operational Definition: Mean score of student self-perception as a critical thinker on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale			
New Graduate Outcome: Demonstrate purposeful thinking, intellectual integrity, solid reasoning, and creative problem solving as the basis for making decisions and clinical judgments			Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition			
			Outcome: _____ Not Met _____ Met _____ X _____ Partially Met			
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving. 2. Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing organizations, planning, and providing care in collaboration with individuals, families, groups, and communities 3. Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities. 4. Analyzes diverse viewpoints in the interpretation of data and in determining conclusions.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly (October) Collect Spring, Summer (if available), Fall semesters.	Evaluation of student exit survey report as defined by the operational definition.	F10: 4.18 Sp 11: 3.73 Su 11: 4.29 Fa 11: 3.45 Sp 12: 3.91 Su 12: 4.19 Fa 12: 4.03 Sp 13: 3.65 Su 13: 3.82	Continue to monitor

Program Goal: Communicator			Operational Definition: Student in Leadership course (N470) will complete a project scoring at or above a 75% using attached criteria			
New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.			Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the project as defined in the operational definition			
			Outcome: <u> </u> Not Met <u> X </u> Met <u> </u> Partially Met			
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities. 2. Communicates effectively with individuals, families, groups, communities and members of the interdisciplinary health care team. 3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards. 4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level leadership (N470) faculty member.	Yearly (January) Collect Spring, Summer (if available), Fall semesters.	Evaluation of the scores on the EBP Paper utilizing the attached grading rubric as defined in the operational definition	F 10: 100% scored at or above 75% Sp 11 100% scored at or above 75% F 11 100% scored at or above 75% Sp 12 100% scored at or above 75% Fa 12 100% scored at or above 75%. Sp 13 100% scored at or above 75%	Continue to Monitor In next assessment plan might consider increasing the minimal score of 75%. Might consider utilizing an aggregate score with the average score being above 80% in addition to the expected level of achievement.

Program Goal: Communicator			Operational Definition: Student in Community Health course (N450) will complete a Teaching Project scoring at or above a 75% using attached criteria			
New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.			Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the Teaching Project as defined in the operational definition			
			Outcome: _____ Not Met _____ Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities. 2. Communicates effectively with individuals, families, groups, communities and members of the interdisciplinary health care team. 3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards. 4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level community health course (N450) faculty member.	Yearly (January) Collect Spring, Summer (if available), Fall semesters.	Evaluation of the scores on the Teaching Project utilizing the attached grading rubric as defined in the operational definition	Fall 10—not part of assessment plan—data collection for this measure began in Spring 2011 -Sp11 100% scored at or above 75% -F 11 100% scored at or above 75% -Sp 12 100% scored at or above 75% -Fa 12 100% scored at or above 75% -Sp 13 100% scored at or above 75%	Continue to Monitor

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>	<p>Operational Definition: Student in final semester nursing capstone course (N486) will complete an APA paper scoring at or above a 75% using attached criteria</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the Position Paper as defined in the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with capstone course (N486) faculty member.	Yearly (January) Collect Spring, Summer (if available), Fall semesters.	Evaluation of the scores on the Position Paper utilizing the attached grading rubric as defined in the operational definition	-F 10--not part of assessment plan--data collection for this measure began in Spring 2011 -Sp 11 100% of students scored at or above 75% -Su11 100% of students scored at or above 75% -F 11 94.7% of students scored at or above 75% -Sp 12 100% scored at or above 75% -Su 12 100% scored at or above 75% -Fa 12 100% scored at or above 75% -Sp 13 100% scored at or above 75% -Su 13 100% scored at or above 75%	Continue to monitor Identify a different assignment in different course to demonstrate communicator (consider a leadership assignment)

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>	<p>Operational Definition: Mean score of student self-perception as a communicator on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ Met _____ X _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities.</p> <p>2. Communicates effectively with individuals, families, groups communities and members of the interdisciplinary health care team.</p> <p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	<p>Yearly (January)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	Evaluation of student exit survey report as defined by the operational definition.	<p>Fa 10 4.29</p> <p>Sp 11 3.63</p> <p>Su 11 4.29</p> <p>Fa 11 3.55</p> <p>Sp 12 4.00</p> <p>Su 12 4.25</p> <p>Fa 12 4.06</p> <p>Sp 13 3.77</p> <p>Su 13 4.0</p>	Continue to Monitor

Program Goal: Communicator New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.				Operational Definition: Student in final semester nursing capstone course (N486) will complete an oral presentation of a cultural project scoring at or above a 75% using attached criteria Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the oral presentation as defined in the operational definition Outcome: _____ Not Met <input checked="" type="checkbox"/> X Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with capstone course (N486) faculty member.	Yearly (January) Collect Spring, Summer (if available), Fall semesters.	Evaluation of the scores on the oral presentation utilizing the attached grading rubric as defined in the operational definition.	-Fa 10 New assignment for Sp 11—no data yet -Sp 11 100% scored at or above 75% -Su 11 100% scored at or above 75% -Fa 11 100% scored at or above 75% -Sp 12 100% scored at or above 75% -Su 12 100% scored at or above 75% -Fa 12 100% scored at or above 75% -Sp 13 100% scored at or above 75% -Su 13 100% scored at or above 75%	Continue to monitor

Program Goal: Communicator			Operational Definition: Students will demonstrate the ability to communicate and relate interpersonally in an effective manner and understand the channels of communication within an organizational structure.			
New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.			Expected Level of Achievement/Decision Rule of Action: 90% of NURS 424 students will achieve a level of satisfactory in communication skills during a simulation exercise.			
			Outcome: _____ Not Met <u> X </u> Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities. 2. Communicates effectively with individuals, families, groups, communities and members of the interdisciplinary health care team.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator	Yearly (January) Collect Spring, Summer (if available), Fall semesters.	Evaluation of the NUR 424 students by instructor during virtual simulation of communication skills – satisfactory/unsatisfactory	Sp 12 – metric was changed – no data available for this semester Fa 12 -100% achieved a satisfactory in communication skills. Sp 13 greater than 95% achieved a level of satisfactory in communication skills during virtual simulation.	Will delete this specific outcomes in 2013-2014 assessment year based on feedback that there are too many measurements for program goal of communicator

Program Goal: Provider of Care			Operational Definition: ATI RN Comprehensive Predictor score at or above 94% predicted probability of passing NCLEX			
New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings			Expected Level of Achievement/Decision Rule of Action: 100% of students' scores will demonstrate at least a 94% predicted probability of passing NCLEX by the second attempt.			
			Outcome: <u> X </u> Not Met _____ Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Assess wellness, health needs, and risks of individuals, families, groups, and communities.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</p> <p>3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Evaluates client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team.</p> <p>6. Evaluates research and evidence-based information for application to nursing.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly (November)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of ATI Comprehensive Predictor exam as defined by the operational definition.*</p>	<p>Fa 10 47.6% (first attempt) Sp 11 70.8% Su 11 75.9% Fall 11 72% Sp 12 87.8% Su 12 100% Fa 12 88.88% Sp 13 75% Su 13 91%</p>	<p>-Cognitive test plan test plan implemented as of 2011</p> <p>-faculty constructed plan of correction</p> <p>-Provide focused remediation for students who do not meet the benchmark on their first attempt.</p> <p>-Emphasize the availability of tegrity presentations for NCLEX review</p> <p>-Require students to turn in focused review and "nugget" list that was completed for remediation.</p> <p>-Faculty in-service on 01/29/13 for effective student remediation.</p>

Program Goal: Provider of Care			Operational Definition: ATI RN Comprehensive Predictor scores will be at the group mean program score or higher on all 8 major content subscores including Management of Care, Safety, Health Promotion, Psychosocial Integrity, Basic Care, Pharmacological Therapies, Reduction of Risk, and Physiological Adaptation			
New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings			Expected Level of Achievement/Decision Rule of Action: Student group score on each of the 8 major content areas will be at the group mean program score or higher on the first attempt on ATI RN Comprehensive Predictor exam			
			Outcome: <u> X </u> Not Met <u> </u> Met <u> </u> Partially Met			
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assess wellness, health needs, and risks of individuals, families, groups, and communities. 2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings. 3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing. 4. Evaluates client outcomes and the effectiveness of professional nursing practice. 5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team. 6. Evaluates research and evidence-based information for application to nursing.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator.	Yearly (November) Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of ATI Comprehensive Predictor exam as defined by the operational definition.*	See bar graph -Fa 10 student group scores on 3 out of 8 categories were at or above the national group mean program -Sp 11 student group scores on 2 of 8 content areas were at or above the group mean program -Su 11 student group scores on 4 of 8 content areas were at or above group mean program -Fa 11 -Sp 12: Student group scores on each of the 8 major content areas were at or above the group mean program score -Su 12: Student group scores on 6 out of 8 major content areas were at or above the group mean program	-Continue comprehensive plan of improvement -as of Fall 11, all med/surg faculty regularly meet to review content for improvement -test plan implemented to assure more application type exam questions -senior level course instructors providing more focused review and practice questions -Plan of correction for individual content areas should be revised as indicated by subscores -Consider including deficit major content areas in exams across program.

					<p>score (psychological integrity [66.8%/67.9%] and basic care and comfort [62.8/65.9])</p> <p>-Fa 12: Student group scores 5 out of 8 major content areas were at or above the group mean program score (psychosocial integrity [66%/67.9%], Pharmacological [69.1%/70.6%], and physiological adaptation [67.6%/69.5%])</p> <p>-Sp 13: Student group scores on 4 out of 8 major content areas were at or above the group mean program score.</p> <p>Su 13: Student group scores on 8 of 8 major content areas were at or above the group program mean score</p>	
--	--	--	--	--	--	--

<p>Program Goal: Provider of Care</p> <p>New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings</p>			<p>Operational Definition: Evaluation shall reflect a passing score or better score in the senior reflective nursing course (N484)</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% students shall reflect a passing score in the senior reflective nursing course (N484)</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
					Fa 10 100% scored	

<p>1. Assess wellness, health needs, and risks of individuals, families, groups, and communities.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</p> <p>3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Evaluates client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team.</p> <p>6. Evaluates research and evidence-based information for application to nursing.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with senior level clinical synthesis course (N484) faculty member.</p>	<p>Yearly (November)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of senior level clinical reflective nursing (N484) Clinical Assessment Evaluation Tool as defined by the operational definition.</p>	<p>at or above 75%</p> <p>Sp 11 100% scored at or above 75%</p> <p>Su 11 100% scored at or above 75%</p> <p>Fa 11 100% scored at or above 75%</p> <p>Sp 12: 100% scored at or above 75%</p> <p>Su 12: 100% scored at or above 75%</p> <p>Fa 12: 100% scored at or above 75%</p> <p>Sp 13 100% scored at or above 75%</p> <p>Su 13 100% scored at or above 75%</p>	<p>Continue to monitor</p>
---	---	--	--	--	---	----------------------------

<p>Program Goal: Provider of Care</p> <p>New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings</p>			<p>Operational Definition: Mean score of student self-perception as a provider of care on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met</p>			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Assess wellness, health needs, and risks of individuals, families, groups, and</p>	<p>Collected by Department</p>	<p>Assessment committee</p>	<p>Yearly (November)</p>	<p>Collection and evaluation of exit</p>	<p>Fa 10 4.29 Sp11 3.79 Su 11 4.29</p>	<p>Continue to monitor</p>

<p>communities.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</p> <p>3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Evaluates client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team.</p> <p>6. Evaluates research and evidence-based information for application to nursing.</p>	<p>assessment committee representative and stored in Department Chair office.</p>	<p>representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>survey data as defined in the operational definition.</p>	<p>Fa 11 3.55 Sp 12: 4.06 Su 12: 4.34 Fa 12: 4.09 Sp 13: 3.83 Su 13: 3.82,</p>	
---	---	--	---	--	--	--

<p>Program Goal: Leader</p> <p>New Graduate Outcome; A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>	<p>Operational Definition: Student shall score at or above level 2 proficiency on the first attempt on the ATI RN Leadership exam</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will achieve at or above the operational definition</p> <p>Outcome: <u> X </u> Not Met <u> </u> Met <u> </u> Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assumes a leadership role in	Collected by	Assessment	Yearly	Collection and	Fa 10: 65% achieved level 2 first	-Leadership faculty to continue to revise

<p>guiding members of the interdisciplinary health care team.</p> <p>2. Adopts a consumer-oriented approach in the delivery of cost-effective care.</p> <p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</p> <p>4. Compares the connection between human, fiscal, and material resources required for providing care.</p> <p>5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</p> <p>6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</p>	<p>Department assessment committee representative and stored in Department Chair office.</p>	<p>committee representative in conjunction with ATI coordinator.</p>	<p>(December)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>evaluation of ATI RN Leadership exam scores as defined by the operational definition.</p>	<p>attempt</p> <p>Sp 11: 73% achieved level 2 first attempt</p> <p>Su 11: 85% achieved level 2 first attempt</p> <p>Fa 11: 33% achieved level 2 first attempt</p> <p>Sp 12: 50% achieved Level 2 first attempt</p> <p>Fa 12: 75% achieved Level 2 on first attempt</p> <p>Sp 13: 67.3% achieved Level 2 on first attempt</p>	<p>plan of correction for course</p> <p>-new PhD prepared faculty assigned to Leadership course as of Fall 12</p> <p>-in revised curriculum, Leadership concepts and course introduced earlier in the program</p> <p>-Consider operational definition to "by second attempt" – would have been 93.1%</p>
--	--	--	---	--	--	--

<p>Program Goal: Leader</p> <p>New Graduate Outcome; A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>				<p>Operational Definition: Group score on the Management of Care subscore on the first attempt of the ATI RN Comprehensive Predictor exam shall meet or exceed the national program mean score</p> <p>Expected Level of Achievement/Decision Rule of Action: Aggregate student scores will achieve at or above the national program mean score for Management of Care.</p> <p>Outcome: _____ Not Met _____ Met _____ <input checked="" type="checkbox"/> Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

<p>1. Assumes a leadership role in guiding members of the interdisciplinary health care team.</p> <p>2. Adopts a consumer-oriented approach in the delivery of cost-effective care.</p> <p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</p> <p>4. Compares the connection between human, fiscal, and material resources required for providing care.</p> <p>5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</p> <p>6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly (December)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of the ATI RN Comprehensive Predictor exam scores as defined by the operational definition.</p>	<p>-Fa 10 aggregate student score above program mean score. -Sp 11 aggregate student score above program mean score. -Su 11 aggregate student score above program mean score. -Fa11 aggregate student score <u>below</u> program mean score. -Sp 12 aggregate student score above program mean score. -Su12: aggregate student score above program mean score. -Fa12: aggregate student score above program mean score. -Sp 13: aggregate student score <u>below</u> program mean score -Su 13: aggregate student score above program mean score</p>	<p>Continue to monitor</p>
--	---	---	--	--	--	----------------------------

<p>Program Goal: Leader</p> <p>New Graduate Outcome; A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>	<p>Operational Definition: Student in Leadership course (N470) will complete an EBP paper scoring at or above a 75% using attached criteria</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the EBP Paper as defined in the operational definition</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>
--	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>4. Compares the connection between human, fiscal, and material resources required for providing care.</p> <p>5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</p> <p>6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with senior level leadership course (N470) faculty member</p>	<p>Yearly (December)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of student scores on NURS 470 on an EBP each semester.</p>	<p>-Fa 10 100% at or above 75% -Sp 11 100% at or above 75% -Su11 100% at or above 75% -Fa11 100% at or above 75% -Sp 12: 100% scored at or above 75% -Su 12: 100% scored at or above 75% -Fa 12: 100% scored at or above 75% -Sp 13 100% scored at or above 75% Su 13 100% scored at or above 75%</p>	<p>Continue to monitor</p>

<p>Program Goal: Leader</p> <p>New Graduate Outcome: A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>	<p>Operational Definition: Mean score of student self-perception as a leader on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> X _____ Met _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<ol style="list-style-type: none"> 1. Assumes a leadership role in guiding members of the interdisciplinary health care team. 2. Adopts a consumer-oriented approach in the delivery of cost-effective care. 3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities. 4. Compares the connection between human, fiscal, and material resources required for providing care. 5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act. 6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers. 	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Yearly (December)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of exit survey data as defined in the operational definition.</p>	<p>Fa 10: 4.24 Sp 11: 3.73 Su 11: 4.14 Fa 11: 3.76 Sp 12: 3.94 Su 12: 4.28 Fa 12: 4.03 Sp 13: 3.83 Su 13: 3.91</p>	<p>Continue to monitor</p>

Program Goal: Professional			Operational Definition: Evaluation shall reflect a passing score or better score in the senior reflective nursing course (N484)			
New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework			Expected Level of Achievement/Decision Rule of Action: 90% students shall reflect a passing score in the senior reflective nursing course (N484)			
			Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met			
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Practices within an ethical and legal framework and standards of professional nursing practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making. 3. Demonstrates ethical and legal decision making surrounding health care dilemmas 4. Protects client and organizational confidentiality	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level clinical synthesis course (N484) faculty member	Yearly (November) Collect Spring, Summer (if available), Fall semesters.	Evaluation of (N484) clinical assessment evaluation tool as defined by the operational definition.	Fa 10 – 100% of students received a passing score Sp 11 – 100% of students received a passing score Su 11 – 100% of students received a passing score Fa 11 – 100% of students received a passing score Sp 12 – 100% of students received a passing score. Su 12 – 100% of students received a passing score. Fa 12 – 100% of students received a passing score. Sp 13 – 100% of students received a passing score. Su 13 – 100% of students received a passing score	Continue to monitor

Program Goal: Professional			Operational Definition: Group score on the Management of Care subscore on the first attempt of the ATI RN Comprehensive Predictor exam shall meet or exceed the program mean score			
New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework			Expected Level of Achievement/Decision Rule of Action: Aggregate student scores will achieve at or above the national program mean score of 71.8% for Management of Care. Outcome: _____ Not Met _____ Met _____ X _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Practices within an ethical and legal framework and standards of professional nursing practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making. 3. Demonstrates ethical and legal decision making surrounding health care dilemmas 4. Protects client and organizational confidentiality	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator	Yearly (November) Collect Spring, Summer (if available), Fall semesters.	Evaluation of ATI RN Comprehensive Predictor report as defined by the operational definition.	-Fa 10 73.2% aggregate student score above program mean score. -Sp 11 72.8% aggregate student score above program mean score -Su 11 75.3 aggregate student score above program mean score -Fa 11 78.8% aggregate student score above program mean score -Sp 12 75.4% aggregate student score above program mean score. -Su 12 72.6% aggregate student score above program mean score. -Fa 12 74.7% aggregate student score above program mean score. -Sp 13 69.7% aggregate student score <u>below</u> program mean score -Su 13 75.2% aggregate student score above program mean score	Continue to Monitor Same metric as used for Leader (pg 15). Should we consider a different metric? Assignment – paper/project or clinical evaluation tool?

Program Goal: Professional				Operational Definition: Mean score of student self-perception as a professional on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale		
New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework				Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition		
				Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Practices within an ethical and legal framework and standards of professional nursing practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making. 3. Demonstrates ethical and legal decision making surrounding health care dilemmas 4. Protects client and organizational confidentiality	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly (November) Collect Spring, Summer (if available), Fall semesters.	Evaluation of student exit survey report as defined by the operational definition.	Fa 10: 4.41 Sp 11: 3.78 Su 11: 4.0 Fa 11: 3.75 Sp 12: 4.04 Su 12: 4.37 Fa 12: 4.16 Sp 13: 3.83 Su 13: 4.09	Continue to monitor

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts to changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Students shall successfully complete a culture presentation in final semester nursing capstone course (N486)</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% completion rate will be achieved of the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> X <input type="checkbox"/> Met _____ Partially Met</p>
--	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with senior level capstone course (N486) faculty member</p>	<p>Yearly (December)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of culture presentation scores for 100% of students who complete final semester nursing capstone course (N486) as defined by the operational definition.</p>	<p>-Fa 10 100% of students earned 75% or greater -Sp 11 100% of students earned 75% or greater -Su 11 100% of students earned 75% or greater -Fa 11 100% of students earned 75% or greater -Sp 12 100% of students earned 75% or greater -Su 12 100% of students earned 75% or greater -Fa 12 100% of students earned 75% or greater. -Sp 13 100% of students earned 75% or greater. -Su 13 100% of students earned 75% or greater</p>	<p>Continue to monitor</p>

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts to changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Students shall satisfactorily complete a paper analyzing how ecological, economical, and political arena shape health care policies with a score of 75% or better in final semester nursing capstone course (N486)</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% completion rate will be achieved of the operational definition</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
2. Analyzes how ecological factors, economics and the political arena, shape health care policies and delivery of care.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level capstone course (N486) faculty member	Yearly (December) Collect Spring, Summer (if available), Fall semesters.	Evaluation of scores on paper for 100% of students who complete final semester nursing capstone course (N486) as defined by the operational definition.	-Fa 10 100% of students achieved a score of 75% or greater -Sp 11 100% of students achieved a score of 75% or greater -Su 11 100% of students achieved a score of 75% or greater -Fa 11 100% of students achieved a score of 75% or greater -Sp 12 100% of students achieved a score of 75% or greater -Su 12 100% of students achieved a score of 75% or greater -Fa 12 100% of	Continue to monitor

					students achieved a score of 75% or greater. -Sp 13 100% of students achieved a score of 75% or greater -Su 13 100% of students achieved a score of 75% or greater	
--	--	--	--	--	--	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts to changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Three random samples of the lifelong learning assignment will be scored utilizing attached grading rubric in final semester nursing capstone course (N486)</p> <p>Expected Level of Achievement/Decision Rule of Action: Aggregate score of student samples shall achieve a score 75% or better based on the operational definition</p> <p>Outcome: _____ Not Met _____ Met _____ X _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level capstone course (N486) faculty member	<p>Yearly (December)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	Three random samples of a lifelong learning assignment will be scored utilizing attached grading rubric for students who complete final semester nursing capstone course (N486) as defined by the operational definition. The	<p>-Fa 10 - all over 75%</p> <p>-Sp 11 - all over 75%</p> <p>-Su 11 - all over 75%</p> <p>-Fa 11 - all over 75%</p> <p>-Sp 12 - all over 75%</p> <p>-Sp 12 - all over 75%</p> <p>-Su 12 - all over 75%</p>	Continue to monitor

				aggregate score of the three samples will be 75% or higher for the samples selected.	-Fa 12 - all over 75% -Sp 13 – one aggregate score under 75% -Su 13 – all over 75%	
--	--	--	--	--	--	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts to changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Mean score of student self-perception as a lifelong learner on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities.</p> <p>2. Analyzes how ecological factors, economics and the political arena, shape health care policies and delivery of care.</p> <p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Yearly (December)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Fa 10: 3.93 Sp 11: 3.78 Su 11: 4.0 Fa 11: 3.75 Sp 12: 4.07 Su 12: 4.34 Fa 12: 4.17 Sp 13: 3.88 Su 13: 4.09</p>	<p>Continue to monitor</p>

activities designed to expand knowledge and competencies.						
---	--	--	--	--	--	--

<p>Program Goal: Advocate</p> <p>New Graduate Outcome: An advocate who promotes health care policy, finance, and regulatory environments for individuals, families, and communities</p>	<p>Operational Definition: Students should analyze the role of the nurse policy developer in a variety of health care settings. As evidenced by a score of 75% or better on assignment in senior level community health course (N450)</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% of students will successfully complete assignment of Community Health project as defined by the operational definition</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Participates in activities to improve health care practices and policies. 2. Advocates for policy changes that promote health for individuals, families, groups, and communities. 3. Analyzes the role of the nurse policy developer in a variety of health care settings.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level community health course (N450) faculty member.	Yearly (November) Collect Spring, Summer (if available), Fall semesters.	Evaluation of scores of the Community Health project with a score of 75% or better as defined by the operational definition utilizing attached grading rubric.	Fa 10 100% pass rate Sp 11 100% pass rate Fa 11 100% pass rate Sp 12 100% pass rate Fa 12 100% pass rate Sp 13 100% pass rate	Continue to monitor

Program Goal: Advocate			Operational Definition: Mean score of student self-perception as an advocate on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale			
New Graduate Outcome: An advocate who promotes health care policy, finance, and regulatory environments for individuals, families, and communities			Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition			
			Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met			
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Participates in activities to improve health care practices and policies. 2. Advocates for policy changes that promote health for individuals, families, groups, and communities. 3. Analyzes the role of the nurse policy developer in a variety of health care settings.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly (November) Collect Spring, Summer (if available), Fall semesters.	Evaluation of student exit survey report as defined by the operational definition.	Fa 10: 4.41 Sp 11: 3.84 Su 11: 4.39 Fa11: 3.73 Sp 12: 4.12 Su 12: 4.39 Fa 12: 4.16 Sp 13: 3.98 Su 13: 4.18	Continue to monitor

<p>Program Goal: Coordinator of Community Resources</p> <p>New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.</p>	<p>Operational Definition: Student shall score at or above level 2 proficiency or higher on the first attempt on the ATI RN Community Health exam</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will achieve operational definition</p> <p>Outcome: <u> X </u> Not Met <u> </u> Met <u> </u> Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community resources to meet health needs.</p> <p>3. Refers individuals, families, groups, and communities to services and programs that promote wellness.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly (January)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of the ATI RN Community Health exam scores as defined by the operational definition.</p>	<p>-Fa 10: 97.6% of students achieved Level 2 -Sp: 11: 100% of students achieved Level 2 -Fa 11: 95% of students achieved Level 2 -Sp 12 68.5% of students achieved Level 2 -Fa 12 78% of students achieved Level 2 -Sp 13 85.7% achieved Level 2</p>	<p>-course instructor to correlate lecture content w/ ATI review book -at least 5 NCLEX style questions will be included in every classroom day -additional small group case studies will be completed during class to reinforce the concept of continuum of care and health promotion -Review of content prior to administration of first attempt.</p>

<p>Program Goal: Coordinator of Community Resources</p> <p>New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.</p>	<p>Operational Definition: Student evaluation shall reflect a score of 3 or better on clinical assessment 5 point Likert scale in the senior level community health course (N450)</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will achieve operational definition</p> <p>Outcome: _____ Not Met <u> X </u> _____ Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community resources to meet health needs.</p> <p>3. Refers individuals, families, groups, and communities to services and programs that promote wellness.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with senior level community health course (N450) faculty member.</p>	<p>Yearly (January)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of senior level community health course (N450) clinical assessment evaluation tool as defined by the operational definition.</p>	<p>-Fa 10 100% at 3 or better on 5 point scale -Sp 11 100% at 3 or better on Likert scale -Fa 11 100% at 3 or better on Likert scale -Sp 12 100% at 3 or better on 5 point Likert scale -Fa 12 100% at 3 or better on 5 point Likert scale. -Sp 13 100% at 3 or better on 5 point Likert scale.</p>	<p>Continue to monitor</p>

<p>Program Goal: Coordinator of Community Resources</p> <p>New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.</p>	<p>Operational Definition: Mean score of student self-perception as a coordinator of community resources on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Coordinates care with members of the interdisciplinary health care team from a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community resources to meet health needs.</p> <p>3. Refers individuals, families, groups, and communities to services and programs that promote wellness.</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	<p>Yearly (January)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	Evaluation of student exit survey report as defined by the operational definition.	<p>Fa 10: 3.94 Sp 11: 3.73 Su 11: 4.0 Fa 11: 3.75 Sp 12: 3.89 Su 12: 4.22 Fa 12: 3.91 Sp 13: 3.75 Su 13: 3.73</p>	Continue to monitor

Accelerated Second Degree Track New Graduate Outcomes Assessment Plan

<p>New Graduate Outcome: The baccalaureate prepared student will provide safe and holistic patient centered care.</p>				<p>Operational Definition: Students shall score at 94% probability of passing the NCLEX ATI Comprehensive Predictor Exam.</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% of students shall meet or exceed the 94% probability on the ATI RN Comprehensive Predictor Exam by the 2nd attempt</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> X Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate patients' differences, values preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.</p> <p>Conduct comprehensive and focused bio-psychosocial and environmental assessments of health and illness in diverse settings.</p> <p>Formulate plans of care for diverse populations across the health care continuum.</p> <p>Communicate effectively with patients, families, groups, and communities.</p> <p>Demonstrate appropriate patient teaching that reflects holistic patient preferences and fosters the informed engagement in care.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly</p>	<p>Evaluation of ATI RN Comprehensive Predictor report as defined by the operational definition.</p>	<p>Su 12: 83% (N=12) achieved benchmark</p> <p>Su 13: 100% (N=15) achieved benchmark</p>	<p>-Benchmark was increased after Su 12 students---all students did achieve the benchmark as set at that time (which was a 91% probability score)</p> <p>-The Su 12 cohort had a 100% NCLEX first attempt pass rate.</p> <p>-Kaplan review added as a requirement for Su 13</p>

<p>New Graduate Outcome: The baccalaureate prepared student will provide safe and holistic patient centered care.</p>				<p>Operational Definition: Clinical Evaluation shall reflect a satisfactory or better score on clinical assessment evaluation tool in the senior reflective nursing course</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% students shall achieve a satisfactory or better score on clinical assessment evaluation tool in the senior reflective nursing course</p> <p>Outcome: _____ Not Met <u> </u> X <u> </u> Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate patients' differences, values preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.</p> <p>Conduct comprehensive and focused bio-psychosocial and environmental assessments of health and illness in diverse settings.</p> <p>Formulate plans of care for diverse populations across the health care continuum.</p> <p>Communicate effectively with patients, families, groups, and communities.</p> <p>Demonstrate appropriate patient teaching that reflects holistic patient preferences and fosters the informed engagement in care.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Reflective nursing course faculty</p>	<p>Yearly</p>	<p>Evaluation of clinical assessment evaluation tool of senior reflective nursing course as defined by the operational definition.</p>	<p>Summer 2012: 100% (N=12) Received a satisfactory score on assessment tool.</p> <p>Summer 2013: (N=15) 100% of students had a satisfactory or better on their senior reflective nursing course.</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will provide safe and holistic patient centered care.</p>				<p>Operational Definition: Mean score of student self-perception as a provider of care on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate patients' differences, values preferences, and expressed needs with an awareness of how personal values and beliefs can impact care delivery.</p> <p>Conduct comprehensive and focused bio-psychosocial and environmental assessments of health and illness in diverse settings.</p> <p>Formulate plans of care for diverse populations across the health care continuum.</p> <p>Communicate effectively with patients, families, groups, and communities.</p> <p>Demonstrate appropriate patient teaching that reflects holistic patient preferences and fosters the informed engagement in care.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Su 12: 4.50 Su 13: 4.24</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will work effectively in inter-professional teams.</p>				<p>Operational Definition: Mean score of student self-perception will report as working effectively in inter-professional teams the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Contribute the unique nursing perspective to inter-professional teams to enhance patient outcomes.</p> <p>Incorporate effective inter-professional communication, negotiation, and conflict resolution to deliver evidence-based and patient-centered care.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Su 12: 4.13 Su 13: 4.24 .</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will employ evidence-based practice.</p>	<p>Operational Definition: Student in Nursing Research course will complete an EBP paper scoring at or above a 75%</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the EBP Paper as defined in the operational definition</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate best research with clinical expertise and patient values for optimum safe care.</p> <p>Implement methods of retrieval, appraisal, and synthesis of evidence-based learning and research activities to improve patient outcomes.</p> <p>Propose mechanisms to resolve identified discrepancies between standards and practices that impact patient outcomes.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Research nursing course faculty</p>	<p>Yearly</p>	<p>Scores on EBP paper will be examined in Nursing Research course as defined by the operational definition.</p>	<p>Summer 2011 100% received a score of 75% or above</p> <p>Summer 2012 100% of students at or above 75%.</p>	<p>Continue to monitor</p>

New Graduate Outcome: The baccalaureate prepared student will employ evidence-based practice.				Operational Definition: Students in Maternal Newborn course will complete an EBP paper scoring at or above a 75% Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the EBP Paper as defined in the operational definition Outcome: _____ Not Met ___X_____ Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate best research with clinical expertise and patient values for optimum safe care.</p> <p>Implement methods of retrieval, appraisal, and synthesis of evidence-based learning and research activities to improve patient outcomes.</p> <p>Propose mechanisms to resolve identified discrepancies between standards and practices that impact patient outcomes.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Research nursing course faculty</p>	<p>Yearly</p>	<p>Scores on EBP paper will be examined in Maternal Newborn per the operation definition.</p>	<p>Spring 2012 (N=14) 100% scored above 75%.</p> <p>Spring 2013 (N=16) 100% of students scored over 75%.</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will employ evidence-based practice.</p>				<p>Operational Definition: Mean score of student self-perception as a user of evidence-based practice on the Adequacy of Preparation exit survey will be 3.75 or higher on the 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> X _____ Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate best research with clinical expertise and patient values for optimum safe care.</p> <p>Implement methods of retrieval, appraisal, and synthesis of evidence-based learning and research activities to improve patient outcomes.</p> <p>Propose mechanisms to resolve identified discrepancies between standards and practices that impact patient outcomes.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Su 12: 4.0 Su 13: 3.75</p>	<p>Continue to monitor</p>

New Graduate Outcome: The baccalaureate prepared student will employ evidence-based practice.				Operational Definition: Student in Medical surgical nursing will score at 75% or above on medical surgical care plan Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the EBP care plan as defined in the operational definition Outcome: _____ Not Met <u> X </u> Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate best research with clinical expertise and patient values for optimum safe care.</p> <p>Implement methods of retrieval, appraisal, and synthesis of evidence-based learning and research activities to improve patient outcomes.</p> <p>Propose mechanisms to resolve identified discrepancies between standards and practices that impact patient outcomes.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Research nursing course faculty</p>	<p>Yearly</p>	<p>Scores on EBP paper will be examined in Medical surgical course per the operational definition.</p>	<p>Sp 12: 100% scored at or above 75%</p> <p>Sp 13: 100% scored at or above 75%</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will apply quality improvement principles.</p>	<p>Operational Definition: Student in Maternal Newborn course will complete an CQI paper scoring at or above a 75%</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the CQI Paper as defined in the operational definition</p> <p>Outcome: _____ Not Met <u> X </u> Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Demonstrate leadership skills to effectively implement patient safety in the identification of variances and hazards in health care.</p> <p>Analyze quality improvement processes and safety design principles such as standardization and simplification.</p> <p>Evaluate quality of care in terms of structure, process, and outcomes in relation to patient and community needs.</p> <p>Design interventions to change the processes and system of care with the objective of improving quality.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Leadership nursing course faculty</p>	<p>Yearly</p>	<p>Scores on EBP will be examined in the Maternal Newborn course per operational definition will be reported.</p>	<p>-Sp 12: 100% scored above a 75%. -Sp 13: 100% of students scored above 75%.</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will apply quality improvement principles.</p>				<p>Operational Definition: Mean score of student self-perception as applying quality improvement principles on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Demonstrate leadership skills to effectively implement patient safety in the identification of variances and hazards in health care.</p> <p>Analyze quality improvement processes and safety design principles such as standardization and simplification.</p> <p>Evaluate quality of care in terms of structure, process, and outcomes in relation to patient and community needs.</p> <p>Design interventions to change the processes and system of care with the objective of improving quality.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Su 12: 4.0 Su 13: 4.18</p>	<p>Continue to monitor</p>

New Graduate Outcome: The baccalaureate prepared student will utilize Informatics.				Operational Definition: Students will effectively use informatics to store, retrieve and input information. Expected Level of Achievement/Decision Rule of Action: 100% of students shall achieve a satisfactory or better score on clinical assessment evaluation tool in the final adult health course. Outcome: _____ Not Met _____ Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
Integrate information systems, communication, and technology methods in the management of safe nursing practice. Evaluate data from all relevant sources, including technology, to deliver care. Uphold ethical principles when using patient care technologies.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with final adult health course faculty.	Yearly	Evaluation of clinical assessment evaluation tool of final adult health course as defined by the operational definition.	Sp 12 : 100% with satisfactory score or better Sp 13: 100% with satisfactory score or better	Continue to monitor

<p>New Graduate Outcome: The baccalaureate prepared student will utilize Informatics.</p>				<p>Operational Definition: Mean score of student self-perception as a user of informatics on the Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> X _____ Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Integrate information systems, communication, and technology methods in the management of safe nursing practice.</p> <p>Evaluate data from all relevant sources, including technology, to deliver care.</p> <p>Uphold ethical principles when using patient care technologies.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Su 12: 3.75 Su 13: 4.12</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will demonstrate leadership skills.</p>				<p>Operational Definition: Student shall score at or above level 2 proficiency or higher on the ATI RN Leadership exam.</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will achieve at or above Level 2 on the first attempt</p> <p>Outcome: <u> X </u> Not Met <u> </u> Met <u> </u> Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Appraise the impact of health care policies, including financial, regulatory, and organizational mission, vision, and value statements.</p> <p>Apply leadership concepts, skills, and decision-making in the provision of high quality safe nursing care and emergency preparedness.</p> <p>Participate in the development and implementation of imaginative and creative strategies to enable systems to change.</p> <p>Discuss the role of the nurse as a leader in the delivery of safe and effective healthcare.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Leadership nursing course faculty and ATI coordinator.</p>	<p>Yearly</p>	<p>Collection and evaluation of the ATI RN Leadership exam scores as defined by the operational definition.</p>	<p>Fall 2011: 50% scored level 2 or above</p> <p>Fall 2012: 50% scored level 2 or above on</p>	<p>-First cohort of accelerated students were in the Leadership class together—but had far less clinical experience than the traditional students. The second cohort had their Leadership class separate from the traditional students.</p> <p>-there was great discussion and attempts to see if it would be possible to move the Leadership course later in the accelerated curriculum so students would have more clinical experience before the ATI, but classes and clinicals conflict.</p> <p>-As a compromise, the Leadership ATI will be administered in 490 (final semester, licensure prep course) as it is believed that students may do better on the Leadership ATI if they have more clinical experience.</p>

<p>New Graduate Outcome: The baccalaureate prepared student will demonstrate leadership skills.</p>				<p>Operational Definition: Mean score of student self-perception as a demonstrator of leadership skills. Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: ____ Not Met ____ Met ____ X ____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Appraise the impact of health care policies, including financial, regulatory, and organizational mission, vision, and value statements.</p> <p>Apply leadership concepts, skills, and decision-making in the provision of high quality safe nursing care and emergency preparedness.</p> <p>Participate in the development and implementation of imaginative and creative strategies to enable systems to change.</p> <p>Discuss the role of the nurse as a leader in the delivery of safe and effective healthcare.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Fa 12: 3.63</p> <p>Fa 13: 4.29</p>	<p>-Reinforce introduction of leadership skills in first semester (N207—Nursing perspectives) and continue to include throughout curriculum.</p> <p>-good improvement for second cohort.</p> <p>Continue to monitor.</p>

New Graduate Outcome: The baccalaureate prepared student will demonstrate health promotion.				Operational Definition: Student will score a grade of 75% or better on Health Promotion Project in Community Nursing course. Expected Level of Achievement/Decision Rule of Action: 90% of students will score a grade of 75% or better on Health Promotion Project in Community Nursing course. Outcome: _____ Not Met <u> X </u> Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Advocate for health promotion and disease prevention at the individual and population level necessary to improve population health, wellness, and the promotion of healthy lifestyles.</p> <p>Collaborate with other healthcare professionals and patients to provide spiritual and cultural appropriate health promotion.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Community nursing course faculty</p>	<p>Yearly</p>	<p>Collection and evaluation of the Community Health Promotion project as defined by the operational definition in Community nursing course.</p>	<p>Sp 12: 100% scored 75% or higher.</p> <p>Su 13: 100% scored 75% or higher.</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will demonstrate health promotion.</p>				<p>Operational Definition: Mean score of student self-perception as a demonstrator of health promotion. Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> X _____ Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Advocate for health promotion and disease prevention at the individual and population level necessary to improve population health, wellness, and the promotion of healthy lifestyles.</p> <p>Collaborate with other healthcare professionals and patients to provide spiritual and cultural appropriate health promotion.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Su 12: 4.13</p> <p>Su 13: 4.25</p>	<p>Continue to monitor</p>

New Graduate Outcome: The baccalaureate prepared student will display professional behaviors.				Operational Definition: Clinical Evaluation shall reflect a satisfactory or better score on clinical assessment evaluation tool in the senior reflective nursing course. Expected Level of Achievement/Decision Rule of Action: 100% students shall achieve a satisfactory or better score on clinical assessment evaluation tool in the senior reflective nursing course. Outcome: _____ Not Met <u> X </u> Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Incorporate nursing values into daily practice.</p> <p>Demonstrate accountability and responsibility for one's own academic, professional, and public actions.</p> <p>Demonstrate ethical and legal decisions surrounding health care dilemmas.</p> <p>Serve as an advocate for the nursing profession.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Reflective nursing course faculty</p>	<p>Yearly</p>	<p>Evaluation of clinical assessment evaluation tool of senior reflective nursing course as defined by the operational definition.</p>	<p>-Su 12: 100% achieved a satisfactory or better.</p> <p>-Su 13: 100% achieved a satisfactory or better</p>	<p>Continue to monitor</p>

<p>New Graduate Outcome: The baccalaureate prepared student will display professional behaviors.</p>				<p>Operational Definition: Mean score of student self-perception for displaying professional behaviors. Adequacy of Preparation exit survey will be 3.75 or higher on 5 point Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met <input checked="" type="checkbox"/> X <input type="checkbox"/> Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>Incorporate nursing values into daily practice.</p> <p>Demonstrate accountability and responsibility for one's own academic, professional, and public actions.</p> <p>Demonstrate ethical and legal decisions surrounding health care dilemmas.</p> <p>Serve as an advocate for the nursing profession.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with Dean's Office</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Su 12: 4.5 Su 13: 4.35</p>	<p>Continue to monitor</p>

LPN to BS Track New Graduate Outcomes Assessment Plan

Program Goal: Critical Thinker New Graduate Outcome: Demonstrate purposeful thinking, intellectual integrity, solid reasoning, and creative problem solving as the basis for making decisions and clinical judgments			Operational Definition: Student shall score at or above the national program mean score on the first attempt on the ATI Critical Thinking Exit exam Expected Level of Achievement/Decision Rule of Action: Aggregate student composite score shall equal or exceed national program mean as defined by the operational definition Outcome: _____ Not Met _____ Met _____ x _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving. 2. Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing organizations, planning, and providing care in collaboration with individuals, families, groups, and communities 3. Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities. 4. Analyzes diverse viewpoints in the interpretation of data and in determining conclusions.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator.	Yearly Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of ATI Critical Thinking Exit exam as defined by the operational definition.*	Fall 10 73.3 Grp mean pr. 73.0% Sp 11 & Su 11 = 75.5 group mean program = 73.0 note: Sp 11 and Su 11 use test code Fa 11 = 74.4 group mean program = 73.0 Sp 12 and Su 12 = 71.5 (use same ATI code, N=32) group mean program = 73.0 Fa 12 = 75.4 (N=30)	Continue to collect and monitor. Separate out Summer from Spring

					group mean program = 73.0 Sp 13 = 76.6 (N=29) group mean program = 73.0	
--	--	--	--	--	--	--

Program Goal: Critical Thinker New Graduate Outcome: Demonstrate purposeful thinking, intellectual integrity, solid reasoning, and creative problem solving as the basis for making decisions and clinical judgments			Operational Definition: Mean score of student self perception as a critical thinker on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition Outcome: _____ Not Met x Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving. 2. Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing organizations, planning, and providing care in collaboration with individuals, families, groups, and communities	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of student exit survey report as defined by the operational definition.	Fa 10 = 4.5 Sp 11 = 4.6 Su 11 = 4.75 Fa 11 = 4.25 Sp 12 = 4.30 Su 12 = 4.35 Fa 12 = 4.44 Sp13 = 4.44	Continue to collect and monitor

3. Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities.						
4. Analyzes diverse viewpoints in the interpretation of data and in determining conclusions.						

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>	<p>Operational Definition: Student in Leadership course (N470) will complete an EBP paper scoring at or above a 75% using attached criteria</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the EBP Paper as defined in the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities.</p> <p>2. Communicates effectively with individuals, families, groups, communities and members of the interdisciplinary health care team.</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level leadership (N470) faculty member.	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	Scores will be collected from faculty member teaching Student Leadership course (N470) and reported to determine if expected level of achievement has been met. A sample paper will be collected to demonstrate	<p>Fall 10 – 100%</p> <p>Sp 11 = 100%</p> <p>Su 11 = 100%</p> <p>Fa 11 = 100%</p> <p>Sp12 150/150 – 28 stud. 140/150 – 10 stud. 120/150 – 5 stud. 100% - met</p> <p>Su12 150/150 – 3 stud.</p>	<p>continue to collect and monitor</p> <p>LPN and RN data mixed</p>

<p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>				<p>appropriate college-level writing skills consistent with published expectations and standards.</p>	<p>145/150 – 16 stud. 140/150 – 5 stud. 100% - met</p> <p>Fa12 150/150 – 13 stud. 140/150 – 3 stud. 134/150 – 5 stud. 130/150 – 5 stud. 119/150 – 1 stud. 112/150 – 1 stud. 0/150 – 1 stud. 93% - met</p> <p>Sp 13 145/150 – 5 stud. 140/150 – 35 stud. 130/150 – 6 stud. 120/150 – 5 stud. 100% - met</p>	
---	--	--	--	---	--	--

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>	<p>Operational Definition: Student in final semester nursing capstone course (N486) will complete an APA paper scoring at or above a 75% using attached criteria</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the Position Paper as defined in the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and</p>	<p>Collected by Department assessment committee representative and</p>	<p>Assessment committee representative in conjunction with capstone course</p>	<p>Yearly Collect Spring, Summer (if available), Fall</p>	<p>Scores will be collected from faculty member teaching nursing Capstone course</p>	<p>Fall 10 – 92.3% Sp 11 = 100% Su 11 = 100% Fa 11 = 100%</p>	<p>continue to collect and monitor</p>

<p>communities.</p> <p>2. Communicates effectively with individuals, families, groups communities and members of the interdisciplinary health care team.</p> <p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>	<p>stored in Department Chair office.</p>	<p>(N486) faculty member.</p>	<p>semesters.</p>	<p>(N486) and reported as an aggregate to determine if expected level of achievement has been met. As sample paper will be collected to demonstrate appropriate college-level writing skills consistent with published expectations and standards.</p>	<p>Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%</p>	
--	---	-------------------------------	-------------------	--	--	--

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facility management of information.</p>	<p>Operational Definition: Student will correctly answer therapeutic communication score on the first attempt of the ATI Comprehensive Predictor.</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will correctly answer therapeutic communication questions on first attempt on the ATI Comprehensive Predictor as defined in the operational definition.</p> <p>Outcome: _____ x _____ Not Met _____ Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Incorporates therapeutic communication skills in interactions with	Collected by Department assessment committee	Assessment committee representative in conjunction with ATI	Yearly Collect Spring, Summer (if	Collection and evaluation of the ATI RN Comprehensive	Fa 10 = no data available Sp 11 & Su 11 =	Separate out spring from summer results utilizing separate test codes

<p>individuals, families, groups, and communities.</p> <p>2. Communicates effectively with individuals, families, groups communities and members of the interdisciplinary health care team.</p> <p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>	<p>representative and stored in Department Chair office.</p>	<p>coordinator.</p>	<p>available), Fall semesters.</p>	<p>Predictor exam scores as defined by the operational definition.</p>	<p>90.9</p> <p>note: Sp 11 and Su 11 use test code</p> <p>Fa 11 = 61.4%</p> <p>Sp 12 and Su 12 combined (used same test code = 75%</p> <p>Fa 12 = 72.2%</p> <p>Sp 13 = 79.3%</p> <p>Improved scores from Fall 11 (61.4%)</p>	<p>Increase therapeutic communication emphasis in N226 Quiz 1</p>
---	--	---------------------	------------------------------------	--	--	---

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>				<p>Operational Definition: Mean score of student self perception as a communicator on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met x _____ Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Incorporates therapeutic	Collected by Department	Assessment committee	Yearly	Evaluation of student exit survey	Fa 10 = 4.43	continue to collect and monitor

<p>communication skills in interactions with individuals, families, groups, and communities.</p> <p>2. Communicates effectively with individuals, families, groups communities and members of the interdisciplinary health care team.</p> <p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>	<p>assessment committee representative and stored in Department Chair office.</p>	<p>representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>report as defined by the operational definition.</p>	<p>Sp 11 = 4.8 Su 11 = 4.75 Fa 11 = 4.25</p> <p>Sp 12 = 4.48 Su 12 = 4.35 Fa 12 = 4.38 Sp13 = 4.50</p>	
---	---	--	---	---	--	--

<p>Program Goal: Provider of Care</p> <p>New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings</p>				<p>Operational Definition: ATI RN Comprehensive Predictor score at or above 94% Predictability of passing NCLEX-RN</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score 91% predictability on the first attempt on ATI RN Comprehensive Predictor exam</p> <p>Outcome: ____ x ____ Not Met ____ ____ Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

<p>1. Assess wellness, health needs, and risks of individuals, families, groups, and communities.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</p> <p>3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Evaluates client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team.</p> <p>6. Evaluates research and evidence-based information for application to nursing.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of ATI Comprehensive Predictor exam as defined by the operational definition.*</p>	<p>Fall 10 – 87.5%</p> <p>Sp 11 = 100% Su 11 = 100% Fa 11 = 100%</p> <p>90% of students will score 91% predictability on the first attempt on ATI RN Comprehensive Predictor exam</p> <p>Sp 12 = 11/16 = 69% Su 12 = 13/19 = 68.4% Fall 12 = 29/35 = 83% Sp 13 62/90 = 69.0%</p> <p>NCLEX-RN pass rates do not reflect these results well – see below</p> <p>Sp 12 = 15/15 = 100% Su 12 = 12/13 = 92.3% Fall 12 = 28/31 = 90.3% Sp 13 17/19 = 89.5%</p>	<p>Continue to collect and monitor</p> <p>Recommendation to implement Kaplan and increase review and remediation in NURS486</p> <p>Consider collecting 2nd attempt – review 2nd attempt scores with NCLEX-RN pass on an individual basis and compare</p>
---	---	---	---	---	---	--

<p>Program Goal: Provider of Care</p> <p>New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings</p>			<p>Operational Definition: ATI RN Comprehensive Predictor scores will be at 70% or higher on all 8 major content subscores including Management of Care, Safety, Health Promotion, Psychosocial Integrity, Basic Care, Pharmacological Therapies, Reduction of Risk, and Physiological Adaptation</p> <p>Expected Level of Achievement/Decision Rule of Action: Student group score on each of the 8 major content areas will be 70% or higher on the first attempt on ATI RN Comprehensive Predictor exam</p> <p>Outcome: <u> X </u> Not Met <u> </u> Met <u> </u> Partially Met</p>			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

<p>1. Assess wellness, health needs, and risks of individuals, families, groups, and communities.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</p> <p>3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Evaluates client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team.</p> <p>6. Evaluates research and evidence-based information for application to nursing.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of ATI Comprehensive Predictor exam as defined by the operational definition.*</p>	<p>Fall 10 4/8 categories met benchmark with no categories below 70% 6/8 categories showing improvement over Spring 10</p> <p>Sp 11 & Su 11 = 7 of 8 > than 70% 1 of 8 = than 69.9%</p> <p>note: Sp 11 and Su 11 use test code</p> <p>Fa 11 = 6 of 8 .70% 1 of 8 = 68.2% 1 of 8 = 61.9%</p> <p>Sp12 = 7/8 > 70% 1/8 = 69.1 – safety and infection control All 8 categories above national program mean (N=35)</p> <p>Su12 = 2/8 > 70% 4/8 below national program mean including psychosocial integrity, pharm, reduction of risk potential and physiological adaptation (N=19)</p> <p>Fa 12 = 7/8 > 70% 1/8 = 67.5 psychosocial</p>	<p>Continue to collect and monitor</p> <p>Recommendation to include N490 NCLEX prep course into curriculum to improve Comprehensive Predictor subscores and probability</p> <p>Recommendation to increase review and remediation in NURS486</p> <p>Consider collecting 2nd attempt – review 2nd attempt scores with NCLEX-RN pass on an individual basis and compare</p>
---	---	---	---	---	---	--

					<p>integrity (national program mean = 67.9) (N=35)</p> <p>Sp13 2/8 > 70% including management of care and pharm. 1/8 above national program mean – safety and infection control. 5/8 below national program mean – health promotion and maintenance, psychosocial integrity, basic care and comfort, pharm, physiological adaptation</p> <p>NCLEX-RN pass rates do not reflect these results well – see below</p> <p>Sp 12 = 15/15 = 100% Su 12 = 12/13 = 92.3% Fall 12 = 28/31 = 90.3% Sp 13 17/19 = 89.5%</p>	
--	--	--	--	--	--	--

Program Goal: Provider of Care			Operational Definition: Evaluation shall reflect a passing score or better score in the senior reflective nursing course (N484)			
New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings			Expected Level of Achievement/Decision Rule of Action: 95% students shall reflect a passing score in the senior reflective nursing course (N484)			
Outcome: _____ Not Met _____ x _____ Met _____ Partially Met						
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<ol style="list-style-type: none"> Assess wellness, health needs, and risks of individuals, families, groups, and communities. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing. Evaluates client outcomes and the effectiveness of professional nursing practice. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team. Evaluates research and evidence-based information for application to nursing. 	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level clinical synthesis course (N484) faculty member.	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of grades in the senior level clinical reflective nursing (N484) as defined by the operational definition. Rationale: Course is a purely clinical course and passing course is based on passing the clinical experience.	Fall 10 = 100% Sp 11 = 100% Su 11 = 100% Fa 11 = 100% Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%	Continue to collect and monitor

Program Goal: Provider of Care New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings			Operational Definition: Mean score of student self perception as a provider of care on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition Outcome: _____ Not Met _____ x _____ Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assess wellness, health needs, and risks of individuals, families, groups, and communities. 2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings. 3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing. 4. Evaluates client outcomes and the effectiveness of professional nursing practice. 5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team. 6. Evaluates research and evidence-based information for application to nursing.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of exit survey data as defined in the operational definition.	Fa 10 = 4.43 Sp 11 = 4.8 Su 11 = 4.5 Fa 11 = 4.25 Sp 12 = 4.48 Su 12 = 4.43 Fa 11 = 4.46 Sp 13 = 4.56	continue to collect and monitor

<p>Program Goal: Leader</p> <p>New Graduate Outcome: A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>	<p>Operational Definition: Student shall score at or above individual mean program or higher on the second attempt on the ATI RN Leadership exam</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will achieve at or above the operational definition</p> <p>Outcome: _____ Not Met _____ Met _____ X _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Assumes a leadership role in guiding members of the interdisciplinary health care team.</p> <p>2. Adopts a consumer-oriented approach in the delivery of cost-effective care.</p> <p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</p> <p>4. Compares the connection between human, fiscal, and material resources required for providing care.</p> <p>5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</p> <p>6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of ATI RN Leadership exam scores as defined by the operational definition.</p>	<p>Fall 10 = 64.3%</p> <p>Sp 11 & Su 11 = 78.8</p> <p>note: Sp 11 and Su 11 use test code</p> <p>Fa 11 = 47.4</p> <p>Sp 12 = 31/40 = 77.5%</p> <p>Su 12 = 11/12 = 91.7%</p> <p>Fa 12 = 18/21 = 85.7%</p> <p>Sp 13 = 40/42 = 95%</p>	<p>continue to collect and monitor –</p> <p>changes made in NURS470 ATI materials covered reflect well in assessment data</p>

<p>Program Goal: Leader</p> <p>New Graduate Outcome: A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>	<p>Operational Definition: Group score on the Management of Care subscore on the first attempt of the ATI RN Comprehensive Predictor exam shall exceed the national program mean score</p> <p>Expected Level of Achievement/Decision Rule of Action: Aggregate student scores will achieve operational definition</p> <p>Outcome: _____ Not Met _____ Met _____ x _____ Partially Met</p>
--	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Assumes a leadership role in guiding members of the interdisciplinary health care team.</p> <p>2. Adopts a consumer-oriented approach in the delivery of cost-effective care.</p> <p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</p> <p>4. Compares the connection between human, fiscal, and material resources required for providing care.</p> <p>5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</p> <p>6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of the ATI RN Comprehensive Predictor exam scores as defined by the operational definition.</p>	<p>Fall 10 – 80% Group mean program = 72</p> <p>Sp 11 & Su 11 = 76.0 Group mean program = 73.8 note: Sp 11 and Su 11 use test code</p> <p>Fa 11 = 73.8 Group mean program = 73.8</p> <p>Sp 12 = 72.8% Group mean program = 71.8%</p> <p>Su 12 = 67.3% Group mean program = 71.8%</p> <p>Fa 12 = 75.2% Group mean program = 71.8%</p>	<p>continue to collect and monitor</p>

					Sp 13 = 72.8% Group mean program = 71.8%	
--	--	--	--	--	--	--

<p>Program Goal: Leader</p> <p>New Graduate Outcome; A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>	<p>Operational Definition: Mean score of student self perception as a leader on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assumes a leadership role in guiding members of the interdisciplinary health care team. 2. Adopts a consumer-oriented approach in the delivery of cost-effective care. 3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities. 4. Compares the connection between human, fiscal, and material resources required for providing care. 5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of exit survey data as defined in the operational definition.	Fa 10 = 4.36 Sp 11 = 4.8 Su 11 = 4.75 Fa 11 = 4.25 Sp 12 = 4.37 Su 12 = 4.39 Fa 12 = 4.38 Sp 13 = 4.44	continue to collect and monitor

6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.						
---	--	--	--	--	--	--

Program Goal: Professional New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework	Operational Definition: Evaluation shall reflect a passing score or better score in the senior reflective nursing course (N484) Expected Level of Achievement/Decision Rule of Action: 95% students shall reflect a passing score in the senior reflective nursing course (N484) Outcome: _____ Not Met _____ x _____ Met _____ Partially Met
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Practices within an ethical and legal framework and standards of professional nursing practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making. 3. Demonstrates ethical and legal decision making surrounding health care dilemmas	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level clinical synthesis course (N484) faculty member	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of grades in the senior level clinical reflective nursing (N484) as defined by the operational definition. Rationale: Course is a purely clinical course and passing course is based on passing the clinical experience.	Fa 10 = 100% Sp 11 = 100% Su 11 = 100% Fa 11 = 100% Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%	Continue to collect and monitor

4. Protects client and organizational confidentiality						
---	--	--	--	--	--	--

Program Goal: Professional New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework	Operational Definition: Group score on the Management of Care subscore on the first attempt of the ATI RN Comprehensive Predictor exam shall meet or exceed the national program mean score Expected Level of Achievement/Decision Rule of Action: Aggregate student scores will achieve operational definition Outcome: _____ Not Met _____ x _____ Met _____ Partially Met
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Practices within an ethical and legal framework and standards of professional nursing practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making. 3. Demonstrates ethical and legal decision making surrounding health care dilemmas 4. Protects client and	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department faculty members	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of ATI RN Comprehensive Predictor report as defined by the operational definition.	Fall 10 – 80% Group mean program = 72.0 Sp 11 & Su 11 = 76.0 Group mean program = 73.8 note: Sp 11 and Su 11 use test code Fa 11 = 73.8 Group mean program = 73.8 Sp 12 = 72.8% Group mean program = 71.8% Su 12 = 67.3% Group mean	continue to collect and monitor

organizational confidentiality					program = 71.8% Fa 12 = 75.2% Group mean program = 71.8% Sp 13 = 72.8% Group mean program = 71.8%	
--------------------------------	--	--	--	--	---	--

Program Goal: Professional New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework			Operational Definition: Mean score of student self perception as a professional on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition Outcome: _____ Not Met x _____ Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Practices within an ethical and legal framework and standards of professional nursing practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of student exit survey report as defined by the operational definition.	Fa 10 = 4.57 Sp 11 = 4.8 Su 11 = 4.75 Fa 11 = 4.25 Sp 12 = 4.41 Su 12 = 4.43 Fa 12 = 4.54 Sp 13 = 4.67	continue to collect and monitor

3. Demonstrates ethical and legal decision making surrounding health care dilemmas						
4. Protects client and organizational confidentiality						

Program Goal: Life Long Learner New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.			Operational Definition: Students shall complete a culture presentation in final semester nursing capstone course (N486) Expected Level of Achievement/Decision Rule of Action: 90% completion rate with a score of 75% or better will be achieved of the operational definition Outcome: _____ Not Met _____ x _____ Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities. 2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care. 3. Assumes responsibility to maintain current Knowledge	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level capstone course (N486) faculty member	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of culture presentation scores for 100% of students who complete final semester nursing capstone course (N486) as defined by the operational definition.	Fa 10 = 100% completed per course gradebook Sp 11 = 100% Su 11 = 90.9% Fa 11 = 100% RN and LPN data mixed Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%	continue to collect and monitor separate RN from LPN data

in professional nursing practice by articulating a plan for life-long learning.					RN and LPN data mixed	
4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.						

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Students shall satisfactorily complete a paper analyzing how ecological, economical, and political arena shape health care policies in final semester nursing capstone course (N486)</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% completion rate with a score of 75% or better will be achieved of the operational definition</p> <p>Outcome: _____ Not Met ___x___ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities.</p> <p>2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care.</p> <p>3. Assumes responsibility to</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level capstone course (N486) faculty member	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	Evaluation of scores on paper for 100% of students who complete final semester nursing capstone course (N486) as defined by the operational definition.	<p>Fa 10 = 92.3% completed per course gradebook</p> <p>Sp 11 = 100%</p> <p>Su 11 = 100%</p> <p>Fa 11 = 100%</p> <p>Sp 12 = 100%</p> <p>Su 12 = 100%</p> <p>Fa 12 = 100%</p> <p>Sp 13 = 100%</p>	Continue to collect and monitor

maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.						
4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.						

Program Goal: Life Long Learner New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.	Operational Definition: Three random samples of lifelong learning assignment will be scored utilizing attached grading rubric in final semester nursing capstone course (N486) Expected Level of Achievement/Decision Rule of Action: Aggregate score of student samples shall achieve a score 75% or better based on the operational definition Outcome: _____ Not Met _____ x _____ Met _____ Partially Met
--	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities. 2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level capstone course (N486) faculty member	Yearly Collect Spring, Summer (if available), Fall semesters.	Five random samples of a lifelong learning assignment will be scored utilizing attached grading rubric for students who complete final semester nursing capstone course (N486) as defined by the operational	Fa 10 = 86.6% completed per course gradebook Sp 11 = 93.5% Su 11 = 100% Fa 11 = 86.6% Sp 12 = 100% Su 12 = 100% Fa 12 = 93.4% Sp 13 = 100%	Continue to collect and monitor

<p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>				<p>definition. The aggregate score of the three samples will be 75% or higher for the samples selected.</p>		
---	--	--	--	---	--	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Student evaluation shall reflect a completed score on clinical assessment evaluation tool on objective 9 (formulate a personal lifelong learning plan) in the senior Community Health synthesis course (N450)</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% of three random students will achieve operational definition</p> <p>Outcome: _____ Not Met <u> </u>x_____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities.</p> <p>2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with senior level community health (N450) faculty member</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Clinical Evaluation Tool from Community Health course of three random students shall be evaluated.</p>	<p>Fa 10 = no data available</p> <p>Sp 11 = 100%</p> <p>Su 11 = 100%</p> <p>Fa 11= 100%</p> <p>Sp 12 = 100%</p> <p>Su 12 = 100%</p> <p>Fa 12= 100%</p> <p>Sp 13 = 100%</p>	<p>Continue to collect and monitor</p>

<p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>						
---	--	--	--	--	--	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Mean score of student self perception as a life long learner on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities.</p> <p>2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Fa 10 = 4.64</p> <p>Sp 11 = 4.8</p> <p>Su 11 = 4.75</p> <p>Fa 11 = 4.38</p> <p>Sp 12 = 4.48</p> <p>Su 12 = 4.39</p> <p>Fa 12 = 4.59</p> <p>Sp 13 = 4.67</p>	<p>continue to collect and monitor</p>

care.						
3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.						
4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.						

Program Goal: Advocate			Operational Definition: Students should analyze the role of the nurse policy developer in a variety of health care settings. As evidenced by a score of 75% or better on assignment in senior level community health course (N450)			
New Graduate Outcome: An advocate who promotes health care policy, finance, and regulatory environments for individuals, families, and communities			Expected Level of Achievement/Decision Rule of Action: 90% of students will successfully complete assignment of Community Health project as defined by the operational definition			
			Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met			
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

<p>1. Participates in activities to improve health care practices and policies.</p> <p>2. Advocates for policy changes that promote health for individuals, families, groups, and communities.</p> <p>3. Analyzes the role of the nurse policy developer in a variety of health care settings.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with senior level community health course (N450) faculty member.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of scores of the Community Health project with a score of 75% or better as defined by the operational definition utilizing attached grading rubric.</p>	<p>Fall 10 – 80%</p> <p>Sp 11 = 84%</p> <p>Su 11 = 94%</p> <p>Fa 11 = 38%</p> <p>RN and LPN data combined</p> <p>Sp 12 = 94%</p> <p>Su 12 = 89%</p> <p>Fa 12 = 93%</p> <p>Sp 13 = 94%</p> <p>RN and LPN data combined</p>	<p>continue to collect and monitor –</p> <p>corrective action taken from 11-12 cycle has significantly corrected issue</p>
--	---	--	---	---	---	--

<p>Program Goal: Advocate</p> <p>New Graduate Outcome: An advocate who promotes health care policy, finance, and regulatory environments for individuals, families, and communities</p>	<p>Operational Definition: Mean score of student self perception as a life long learner on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

<p>1. Participates in activities to improve health care practices and policies.</p> <p>2. Advocates for policy changes that promote health for individuals, families, groups, and communities.</p> <p>3. Analyzes the role of the nurse policy developer in a variety of health care settings.</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of student exit survey report as defined by the operational definition.	<p>Fa 10 = 4.57</p> <p>Sp 11 = 4.6</p> <p>Su 11 = 4.75</p> <p>Fa 11 = 4.38</p> <p>Sp 12 = 4.44</p> <p>Su 12 = 4.43</p> <p>Fa 12 = 4.49</p> <p>Sp 13 = 4.61</p>	continue to collect and monitor
--	--	--	--	--	--	---------------------------------

<p>Program Goal: Coordinator of Community Resources</p> <p>New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.</p>	<p>Operational Definition: Student shall score at or above level 2 proficiency or higher on the second attempt on the ATI RN Community Health exam</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students shall will achieve operational definition</p> <p>Outcome: _____ Not Met x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator.	Yearly Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of the ATI RN Community Health exam scores as defined by the operational definition.	<p>Fa 10 = 100%</p> <p>Sp 11 & Su 11 = 95.5</p> <p>note: Sp 11 and Su 11 use test code</p> <p>Fa 11 = 90%</p> <p>Sp 12 and Su12</p>	<p>continue to collect and monitor</p> <p>separate out summer data – provide a unique test code for better tracking</p>

resources to meet health needs. 3. Refers individuals, families, groups, and communities to services and programs that promote wellness.					mixed (used same test code) = 48/54 = 88.9% Fa 12 = 30/31 = 97% Sp 13= 25/26 = 96%	
---	--	--	--	--	--	--

<p>Program Goal: Coordinator of Community Resources</p> <p>New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.</p>	<p>Operational Definition: Student evaluation shall reflect a score of 3 or better score on clinical assessment evaluation tool in the senior level community health course (N450)</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% of three random students will achieve operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community resources to meet</p>	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level community nursing course (N450) faculty member.	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	Evaluation of senior level community health course (N450) clinical assessment evaluation tool as defined by the operational definition.	<p>Fa 10 = no data available</p> <p>Sp 11 = 100% Su 11 = 100% Fa 11 = 91.7</p> <p>Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%</p>	Continue to collect and monitor

health needs.						
3. Refers individuals, families, groups, and communities to services and programs that promote wellness.						

<p>Program Goal: Coordinator of Community Resources</p> <p>New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.</p>	<p>Operational Definition: Mean score of student self perception as a coordinator of community resources on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community resources to meet health needs.</p> <p>3. Refers individuals,</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Yearly (January)</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Fa 10 = 4.43</p> <p>Sp 11 = 4.6</p> <p>Su 11 = 4.5</p> <p>Fa 11 = 4.25</p> <p>Sp 12 = 4.30</p> <p>Su 12 = 4.26</p> <p>Fa 12 = 4.36</p> <p>Sp 13 = 4.44</p>	<p>continue to collect and monitor</p>

families, groups, and communities to services and programs that promote wellness.						
---	--	--	--	--	--	--

Fa 10 data represents RN and LPN to BS data combined unless otherwise specified.

RN to BS Track New Graduate Outcome Assessment Plan

Program Goal: Critical Thinker New Graduate Outcome: Demonstrate purposeful thinking, intellectual integrity, solid reasoning, and creative problem solving as the basis for making decisions and clinical judgments				Operational Definition: Student shall score at or above the national program mean score on the first attempt on the ATI Critical Thinking Exit exam Expected Level of Achievement/Decision Rule of Action: Aggregate student composite score shall equal or exceed national program mean as defined by the operational definition Outcome: _____ Not Met <input checked="" type="checkbox"/> Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving. 2. Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing organizations, planning, and providing care in collaboration with individuals, families, groups, and communities 3. Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities. 4. Analyzes diverse viewpoints in the interpretation of data and	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator.	Yearly Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of ATI Critical Thinking Exit exam as defined by the operational definition.*	Fall 10 73.3 Grp mean pr. 73.0% Sp 11 & Su 11 = 80.8 group mean program = 73.0 note: Sp 11 and Su 11 use test code Fa 11 = 73.6 group mean program = 73.0 Sp 12 & Su 12 = 74.6% group mean program = 73.7% note: Sp 12 and Su 12 use test code	continue to collect and monitor Separate out Summer from Spring

in determining conclusions.					<p>Fa 12 = 77.5% group mean program = 73.0%</p> <p>Sp 13 = 75.0 group mean program = 73.0</p>	
-----------------------------	--	--	--	--	---	--

<p>Program Goal: Critical Thinker</p> <p>New Graduate Outcome: Demonstrate purposeful thinking, intellectual integrity, solid reasoning, and creative problem solving as the basis for making decisions and clinical judgments</p>	<p>Operational Definition: Mean score of student self perception as a critical thinker on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Demonstrates critical thinking in making decisions, clinical judgment, and in problem solving.</p> <p>2. Synthesizes theoretical and empirical knowledge from the sciences, humanities, and nursing organizations, planning, and providing care in collaboration with individuals, families, groups, and communities</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Fa 10 = 4.5</p> <p>Sp 11 = 3.57</p> <p>Su 11 = 4.0</p> <p>Fa 11 = 3.82</p> <p>Sp 12 = 3.9</p> <p>Su 12 = 4.11</p> <p>Fa 12 = 3.91</p> <p>Sp 13 = 4.29</p>	<p>Continue to collect and monitor</p>

3. Selects appropriate alternatives when considering solutions to identified health needs of individuals, families, groups, and communities.						
4. Analyzes diverse viewpoints in the interpretation of data and in determining conclusions.						

Program Goal: Communicator New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.	Operational Definition: Student in Leadership course (N470) will complete an EBP paper scoring at or above a 75% using attached criteria Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the EBP Paper as defined in the operational definition Outcome: _____ Not Met _____ x _____ Met _____ Partially Met
--	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and communities. 2. Communicates effectively with individuals, families, groups, communities and members of the interdisciplinary health care team.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level leadership (N470) faculty member.	Yearly Collect Spring, Summer (if available), Fall semesters.	Scores will be collected from faculty member teaching Student Leadership course (N470) and reported to determine if expected level of achievement has been met. A sample paper will be collected to demonstrate	Fall 10 – 100% Sp 11 = 100% Su 11 = 100% Fa 11 = 100% Sp12 150/150 – 28 stud. 140/150 – 10 stud. 120/150 – 5 stud. 100% - met Su12 150/150 – 3 stud.	continue to collect and monitor LPN and RN data mixed

<p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>				<p>appropriate college-level writing skills consistent with published expectations and standards.</p>	<p>145/150 – 16 stud. 140/150 – 5 stud. 100% - met</p> <p>Fa12 150/150 – 13 stud. 140/150 – 3 stud. 134/150 – 5 stud. 130/150 – 5 stud. 119/150 – 1 stud. 112/150 – 1 stud. 0/150 – 1 stud. 93% - met</p> <p>Sp 13 145/150 – 5 stud. 140/150 – 35 stud. 130/150 – 6 stud. 120/150 – 5 stud. 100% - met</p>	
---	--	--	--	---	--	--

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>	<p>Operational Definition: Student in final semester nursing capstone course (N486) will complete an APA paper scoring at or above a 75% using attached criteria</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will score at or above 75% on the Position Paper as defined in the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Incorporates therapeutic communication skills in interactions with individuals, families, groups, and	Collected by Department assessment committee	Assessment committee representative in conjunction with	Yearly Collect Spring, Summer (if	Scores will be collected from faculty member teaching nursing	Fall 10 – 92.3% Sp 11 = 100% Su 11 = 100%	continue to collect and monitor

<p>communities.</p> <p>2. Communicates effectively with individuals, families, groups communities and members of the interdisciplinary health care team.</p> <p>3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards.</p> <p>4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.</p>	<p>representative and stored in Department Chair office.</p>	<p>capstone course (N486) faculty member.</p>	<p>available), Fall semesters.</p>	<p>Capstone course (N486) and reported as an aggregate to determine if expected level of achievement has been met. As sample paper will be collected to demonstrate appropriate college-level writing skills consistent with published expectations and standards.</p>	<p>Fa 11 = 100%</p> <p>Sp 12 = 100%</p> <p>Su 12 = 100%</p> <p>Fa 12 = 100%</p> <p>Sp 13 = 100%</p>	
--	--	---	------------------------------------	--	---	--

<p>Program Goal: Communicator</p> <p>New Graduate Outcome: A communicator who incorporates goal-directed and focused dialogue into nurse-client interaction, demonstrates effective listening, reading, writing and speaking skills, and uses technology appropriately to facilitate management of information.</p>	<p>Operational Definition: Mean score of student self perception as a communicator on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Incorporates therapeutic communication skills in interactions with individuals, families,</p>	<p>Collected by Department assessment committee representative and</p>	<p>Assessment committee representative in conjunction with department</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Fa 10 = 4.43</p> <p>Sp 11 = 3.87</p> <p>Su 11 = 4.25</p> <p>Fa 11 = 4.06</p>	<p>continue to collect and monitor</p>

groups, and communities. 2. Communicates effectively with individuals, families, groups communities and members of the interdisciplinary health care team. 3. Demonstrates appropriate college-level writing skills consistent with published expectations and standards. 4. Utilizes technology for seeking, sorting, selecting, and presenting relevant information.	stored in Department Chair office.	chairperson and individuals responsible for collecting exit survey information.	semesters.		Sp 12 = 4.06 Su 12 = 4.14 Fa 12 = 4.00 Sp 13 = 4.29	
---	------------------------------------	---	------------	--	--	--

Program Goal: Provider of Care New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings				Operational Definition: Evaluation shall reflect a passing score or better score in the senior reflective nursing course (N484) Expected Level of Achievement/Decision Rule of Action: 95% students shall reflect a passing score in the senior reflective nursing course (N484) Outcome: _____ Not Met <u> </u> x _____ Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assess wellness, health needs, and risks of individuals, families, groups, and communities. 2. Provides holistic, culturally sensitive, safe,	Collected by Department assessment committee	Assessment committee representative in conjunction with	Yearly Collect Spring, Summer (if	Evaluation of grades in the senior level clinical reflective	Fall 10 =100% RN only Sp 11 = 100% Su 11 = 100%	Continue to collect and monitor

<p>and effective therapeutic nursing interventions in collaboration with individuals, families, groups, and communities in multiple settings.</p> <p>3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing.</p> <p>4. Evaluates client outcomes and the effectiveness of professional nursing practice.</p> <p>5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team.</p> <p>6. Evaluates research and evidence-based information for application to nursing.</p>	representative and stored in Department Chair office.	senior level clinical synthesis course (N484) faculty member.	available), Fall semesters.	nursing (N484) as defined by the operational definition. Rationale: Course is a purely clinical course and passing course is based on passing the clinical experience.	<p>Fa 11 = 100%</p> <p>Sp 12 = 100%</p> <p>Su 12 = 100%</p> <p>Fa 12 = 100%</p> <p>Sp 13 = 100%</p>	
---	---	---	-----------------------------	---	---	--

<p>Program Goal: Provider of Care</p> <p>New Graduate Outcome: A provider of care who assumes a variety of roles in the delivery of holistic, competent, and culturally sensitive nursing care in multiple settings</p>	<p>Operational Definition: Mean score of student self perception as a provider of care on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Assess wellness, health needs, and risks of individuals, families, groups, and communities.</p> <p>2. Provides holistic, culturally sensitive, safe, and effective therapeutic nursing interventions in collaboration with individuals, families,</p>	Collected by Department assessment committee representative and stored in	Assessment committee representative in conjunction with department chairperson and	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	Collection and evaluation of exit survey data as defined in the operational definition.	<p>Fa 10 = 4.43</p> <p>Sp 11 = 4.0</p> <p>Su 11 = 4.38</p> <p>Fa 11 = 4.06</p>	continue to monitor and collect

groups, and communities in multiple settings. 3. Educates individuals, families, groups, and communities about wellness, disease/illness, medical-technical aspects, symptom management, self-care management, resource management, and alternative methods of healing. 4. Evaluates client outcomes and the effectiveness of professional nursing practice. 5. Revises plan of care as appropriate in collaboration with individual, family, group, and interdisciplinary health care team. 6. Evaluates research and evidence-based information for application to nursing.	Department Chair office.	individuals responsible for collecting exit survey information.			Sp 12 = 4.06 Su 12 = 4.29 Fa 12 = 4.02 Sp 13 = 4.29	
---	--------------------------	---	--	--	--	--

Program Goal: Leader New Graduate Outcome; A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.			Operational Definition: Student shall score at or above individual mean program or higher on the second attempt on the ATI RN Leadership exam Expected Level of Achievement/Decision Rule of Action: 90% of students will achieve at or above the operational definition Outcome: _____ Not Met _____ Met _____ x _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Assumes a leadership role in guiding members of the interdisciplinary health care team. 2. Adopts a consumer-oriented approach in the delivery of cost-effective care.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with ATI coordinator.	Yearly Collect Spring, Summer (if available), Fall semesters.	Collection and evaluation of ATI RN Leadership exam scores as defined by the operational definition.	Fall 10 = 64.3% Sp 11 & Su 11 = 92.9 individual mean program = 67.8 note: Sp 11 and Su 11 use test code	continue to collect and monitor – changes made in NURS470 ATI materials covered reflect well in assessment data

<p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</p> <p>4. Compares the connection between human, fiscal, and material resources required for providing care.</p> <p>5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</p> <p>6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</p>				<p>Fa 11 = 66.7%</p> <p>Sp 12 = 5/5 = 100.0%</p> <p>Su 12 = 8/9 = 88.9%</p> <p>Fa 12 = 7/7 = 100.0%</p> <p>Sp 13 = 8/9 = 88.9%</p>	
--	--	--	--	--	--

<p>Program Goal: Leader</p> <p>New Graduate Outcome: A leader who provides responsible direction in the management of human, fiscal and material resources necessary for achieving quality health care outcomes.</p>	<p>Operational Definition: Mean score of student self perception as a leader on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
--	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Assumes a leadership role in guiding members of the interdisciplinary health care team.</p> <p>2. Adopts a consumer-oriented approach in the delivery of cost-effective care.</p>	<p>Collected by Department assessment committee representative and stored in</p>	<p>Assessment committee representative in conjunction with department chairperson and</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available),</p>	<p>Collection and evaluation of exit survey data as defined in the operational</p>	<p>Fa 10 = 4.36</p> <p>Sp 11 = 3.78</p> <p>Su 11 = 4.25</p> <p>Fa 11 = 3.88</p>	<p>continue to collect and monitor</p>

<p>3. Prioritizes therapeutic goals for providing quality care in collaboration with individuals, families, groups, and communities.</p> <p>4. Compares the connection between human, fiscal, and material resources required for providing care.</p> <p>5. Delegates appropriate functions to licensed and non-licensed caregivers in a manner consistent with the Indiana Nurse Practice Act.</p> <p>6. Performs selected supervision activities related to the actions of licensed and non-licensed caregivers.</p>	<p>Department Chair office.</p>	<p>individuals responsible for collecting exit survey information.</p>	<p>Fall semesters.</p>	<p>definition.</p>	<p>Sp 12 = 3.94 Su 12 = 4.18 Fa 12 = 3.98 Sp 13 = 4.29</p>	
--	---------------------------------	--	------------------------	--------------------	--	--

<p>Program Goal: Professional</p> <p>New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework</p>				<p>Operational Definition: Evaluation shall reflect a passing score or better score in the senior reflective nursing course (N484)</p> <p>Expected Level of Achievement/Decision Rule of Action: 95% students shall reflect a passing score in the senior reflective nursing course (N484)</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>		
Process				Implementation		
<p>Knowledge Skill or ability Attitude/Disposition</p>	<p>Documentation Located</p>	<p>Who has Responsibility</p>	<p>Time/ Frequency of Assessment</p>	<p>Assessment Method</p>	<p>Results of Data Collection and Analysis including actual levels of achievement</p>	<p>Actions For program Development, Maintenance, or Revision</p>
<p>1. Practices within an ethical and legal framework and standards of professional nursing</p>	<p>Collected by Department assessment committee representative and</p>	<p>Assessment committee representative in conjunction with senior level clinical</p>	<p>Yearly Collect Spring, Summer (if available), Fall</p>	<p>Evaluation of grades in the senior level clinical reflective nursing (N484) as defined by the operational</p>	<p>Fa 10 = 100%, RN only Sp 11 = 100%</p>	<p>Continue to collect and monitor</p>

practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making. 3. Demonstrates ethical and legal decision making surrounding health care dilemmas 4. Protects client and organizational confidentiality	stored in Department Chair office.	synthesis course (N484) faculty member	semesters.	definition. Rationale: Course is a purely clinical course and passing course is based on passing the clinical experience.	Su 11 = 100% Fa 11 = 100% Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%	
--	------------------------------------	--	------------	--	--	--

Program Goal: Professional New Graduate Outcome: Demonstrate accountability and responsibility for nursing judgments and actions within an ethical and legal framework	Operational Definition: Mean score of student self perception as a professional on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition Outcome: _____ Not Met _____ x _____ Met _____ Partially Met
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Practices within an ethical and legal framework and standards of professional nursing	Collected by Department assessment committee representative and	Assessment committee representative in conjunction with department	Yearly Collect Spring, Summer (if available), Fall	Evaluation of student exit survey report as defined by the operational definition.	Fa 10 = 4.57 Sp 11 = 3.96 Su 11 = 4.50 Fa 11 = 4.0	continue to collect and monitor

practice 2. Demonstrates accountability and responsibility for one's own actions, clinical judgments, and decision-making. 3. Demonstrates ethical and legal decision making surrounding health care dilemmas 4. Protects client and organizational confidentiality	stored in Department Chair office.	chairperson and individuals responsible for collecting exit survey information.	semesters.		Sp 12 = 4.10 Su 12 = 4.36 Fa 12 = 4.02 Sp 13 = 4.29	
--	------------------------------------	---	------------	--	--	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Students shall complete a culture presentation in final semester nursing capstone course (N486)</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% completion rate with a score of 75% or better will be achieved of the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and groups and communities.	Collected by Department assessment committee representative	Assessment committee representative in conjunction with senior level	Yearly Collect Spring, Summer (if available), Fall	Evaluation of culture presentation scores for 100% of students who complete final	Fa 10 = 100% Sp 11 = 100% Su 11 = 90.9% Fa 11 = 100%	continue to collect and monitor separate RN from LPN data

<p>2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care.</p> <p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>	<p>and stored in Department Chair office.</p>	<p>capstone course (N486) faculty member</p>	<p>semesters.</p>	<p>semester nursing capstone course (N486) as defined by the operational definition.</p>	<p>Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%</p> <p>RN and LPN data mixed</p>	
---	---	--	-------------------	--	---	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Students shall satisfactorily complete a paper analyzing how ecological, economical, and political arena shape health care policies in final semester nursing capstone course (N486)</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% completion rate with a score of 75% or better will be achieved of the operational definition</p> <p>Outcome: _____ Not Met x Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Considers how cultural beliefs, values and practices influence the Health Care of Individuals, families and</p>	<p>Collected by Department assessment committee</p>	<p>Assessment committee representative in conjunction with</p>	<p>Yearly Collect Spring, Summer (if</p>	<p>Evaluation of scores on paper for 100% of students who complete final</p>	<p>Fa 10 = 92.3% completed per course gradebook</p>	<p>Continue to collect and monitor separate RN from</p>

groups and communities. 2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care. 3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning. 4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.	representative and stored in Department Chair office.	senior level capstone course (N486) faculty member	available), Fall semesters.	semester nursing capstone course (N486) as defined by the operational definition.	Sp 11 = 100% Su 11 = 100% Fa 11 = 100% Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%	LPN data
---	---	--	-----------------------------	---	--	----------

Program Goal: Life Long Learner New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.				Operational Definition: Three random samples of lifelong learning assignment will be scored utilizing attached grading rubric in final semester nursing capstone course (N486) Expected Level of Achievement/Decision Rule of Action: Aggregate score of student samples shall achieve a score 75% or better based on the operational definition Outcome: _____ Not Met x _____ Met _____ Partially Met		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Considers how cultural beliefs, values and practices influence the Health Care of	Collected by Department assessment	Assessment committee representative in	Yearly Collect Spring,	Five random samples of a lifelong learning	Fa 10 = 86.6% completed per course gradebook.	Continue to collect and monitor

<p>Individuals, families and groups and communities.</p> <p>2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care.</p> <p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>	<p>committee representative and stored in Department Chair office.</p>	<p>conjunction with senior level capstone course (N486) faculty member</p>	<p>Summer (if available), Fall semesters.</p>	<p>assignment will be scored utilizing attached grading rubric for students who complete final semester nursing capstone course (N486) as defined by the operational definition. The aggregate score of the three samples will be 75% or higher for the samples selected.</p>	<p>Sp 11 = 93.4% Su 11 = 100% Fa 11 = 100%</p> <p>Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%</p>	
--	--	--	---	---	---	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Student evaluation shall reflect a completed score on clinical assessment evaluation tool on objective 9 (formulate a personal lifelong learning plan) in the senior Community Health synthesis course (N450)</p> <p>Expected Level of Achievement/Decision Rule of Action: 100% of three random students will achieve operational definition</p> <p>Outcome: _____ Not Met x _____ Met _____ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Considers how cultural beliefs, values and practices	Collected by Department	Assessment committee	Yearly	Clinical Evaluation Tool from	Fa 10 – no data available	continue to collect and monitor

<p>influence the Health Care of Individuals, families and groups and communities.</p> <p>2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care.</p> <p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>	<p>assessment committee representative and stored in Department Chair office.</p>	<p>representative in conjunction with senior level capstone course (N486) faculty member</p>	<p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Community Health course of three random students shall be evaluated.</p>	<p>Sp 11 = 100% Su 11 = 100% Fa 11 = 100%</p> <p>Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%</p>	
---	---	--	---	---	--	--

<p>Program Goal: Life Long Learner</p> <p>New Graduate Outcome: A student who adapts changes related to culture, ecology, economics, politics and the expansion of scientific knowledge and technology.</p>	<p>Operational Definition: Mean score of student self perception as a life long learner on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>
---	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Considers how cultural	Collected by	Assessment	Yearly	Evaluation of	Fa 10 = 4.64	continue to collect

<p>beliefs, values and practices influence the Health Care of Individuals, families and groups and communities.</p> <p>2. Analyzes how ecological factors economics and the political arena, shape health care policies and delivery of care.</p> <p>3. Assumes responsibility to maintain current Knowledge in professional nursing practice by articulating a plan for life-long learning.</p> <p>4. Promotes excellence in nursing through regular attendance at educational activities designed to expand knowledge and competencies.</p>	<p>Department assessment committee representative and stored in Department Chair office.</p>	<p>committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>student exit survey report as defined by the operational definition.</p>	<p>Sp 11 = 3.91 Su 11 = 4.38 Fa 11 = 3.94</p> <p>Sp 12 = 4.12 Su 12 = 4.36 Fa 12 = 4.04 Sp 13 = 4.43</p>	<p>and monitor</p>
---	--	--	---	---	--	--------------------

<p>Program Goal: Advocate</p> <p>New Graduate Outcome: An advocate who promotes health care policy, finance, and regulatory environments for individuals, families, and communities</p>				<p>Operational Definition: Students should analyze the role of the nurse policy developer in a variety of health care settings. As evidenced by a score of 75% or better on assignment in senior level community health course (N450)</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students will successfully complete assignment of Community Health project as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ Met _____ x _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

<p>1. Participates in activities to improve health care practices and policies.</p> <p>2. Advocates for policy changes that promote health for individuals, families, groups, and communities.</p> <p>3. Analyzes the role of the nurse policy developer in a variety of health care settings.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with senior level leadership course (N470) faculty member.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of scores of the Community Health project with a score of 75% or better as defined by the operational definition utilizing attached grading rubric.</p>	<p>Fall 10 – 80%</p> <p>Sp 11 = 84%</p> <p>Su 11 = 94%</p> <p>Fa 11 = 38%</p> <p>Sp 12 = 94%</p> <p>Su 12 = 89%</p> <p>Fa 12 = 93%</p> <p>Sp 13 = 94%</p> <p>RN and LPN data combined</p>	<p>continue to collect and monitor –</p> <p>corrective action taken from 11-12 cycle has significantly corrected issue</p>
--	---	--	---	---	---	--

<p>Program Goal: Advocate</p> <p>New Graduate Outcome: An advocate who promotes health care policy, finance, and regulatory environments for individuals, families, and communities</p>				<p>Operational Definition: Mean score of student self perception as a life long learner on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale</p> <p>Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition</p> <p>Outcome: _____ Not Met _____ x _____ Met _____ Partially Met</p>		
Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision

<p>1. Participates in activities to improve health care practices and policies.</p> <p>2. Advocates for policy changes that promote health for individuals, families, groups, and communities.</p> <p>3. Analyzes the role of the nurse policy developer in a variety of health care settings.</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Evaluation of student exit survey report as defined by the operational definition.</p>	<p>Fa 10 = 4.57</p> <p>Sp 11 = 4.00</p> <p>Su 11 = 4.50</p> <p>Fa 11 = 4.12</p> <p>Sp 12 = 4.16</p> <p>Su 12 = 4.32</p> <p>Fa 12 = 4.02</p> <p>Sp 13 = 4.43</p>	<p>continue to collect and monitor</p>
--	---	---	---	---	---	--

<p>Program Goal: Coordinator of Community Resources</p> <p>New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.</p>	<p>Operational Definition: Student shall score at or above level 2 proficiency or higher on the second attempt on the ATI RN Community Health exam</p> <p>Expected Level of Achievement/Decision Rule of Action: 90% of students shall will achieve operational definition</p> <p>Outcome: ___ x ___ Not Met ___ Met ___ Partially Met</p>
---	---

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
<p>1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings.</p> <p>2. Assists individuals, families, groups, and communities in accessing community</p>	<p>Collected by Department assessment committee representative and stored in Department Chair office.</p>	<p>Assessment committee representative in conjunction with ATI coordinator.</p>	<p>Yearly</p> <p>Collect Spring, Summer (if available), Fall semesters.</p>	<p>Collection and evaluation of the ATI RN Community Health exam scores as defined by the operational definition.</p>	<p>Fall 10 – 100%</p> <p>Sp 11 & Su 11 = 95.5%</p> <p>note: Sp 11 and Su 11 use test code</p> <p>Fa 11 = 70.6%</p> <p>Sp 12 and Su12</p>	<p>continue to collect and monitor</p> <p>separate out summer data – provide a unique test code for better tracking</p>

resources to meet health needs. 3. Refers individuals, families, groups, and communities to services and programs that promote wellness.					mixed (used same test code) = 16/18 = 88.9% Fa 12 = 6/7 = 85.7% Sp 13 = 8/9 = 88.9% Small N likely responsible for not meeting benchmark
---	--	--	--	--	---

Program Goal: Coordinator of Community Resources New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.	Operational Definition: Student evaluation shall reflect a score of 3 or better score on clinical assessment evaluation tool in the senior level community health course (N450) Expected Level of Achievement/Decision Rule of Action: 100% of three random students will achieve operational definition Outcome: _____ Not Met _____ x _____ Met _____ Partially Met
--	--

Process				Implementation		
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings. 2. Assists individuals, families, groups, and communities in accessing community	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with senior level community nursing course (N450) faculty member.	Yearly Collect Spring, Summer (if available), Fall semesters.	Evaluation of senior level community health course (N450) clinical assessment evaluation tool as defined by the operational definition.	Fa 10 – no data available Sp 11 = 100% Su 11 = 100% Fa 11 = 100% Sp 12 = 100% Su 12 = 100% Fa 12 = 100% Sp 13 = 100%	Continue to collect and monitor

resources to meet health needs.						
3. Refers individuals, families, groups, and communities to services and programs that promote wellness.						

Program Goal: Coordinator of Community Resources New Graduate Outcome: A coordinator who collaborates with members of the interdisciplinary healthcare team in multiple settings.			Operational Definition: Mean score of student self perception as a coordinator of community resources on the Adequacy of Preparation exit survey will be 3.75 or higher on the 1-5 Likert scale Expected Level of Achievement/Decision Rule of Action: Student mean group score will be 3.75 or higher on the Adequacy of Preparation exit survey as defined by the operational definition Outcome: _____ Not Met x _____ Met _____ Partially Met			
Process			Implementation			
Knowledge Skill or ability Attitude/Disposition	Documentation Located	Who has Responsibility	Time/ Frequency of Assessment	Assessment Method	Results of Data Collection and Analysis including actual levels of achievement	Actions For program Development, Maintenance, or Revision
1. Coordinates care with members of the interdisciplinary health care team form a variety of health care settings. 2. Assists individuals, families, groups, and communities in accessing community resources to meet health needs.	Collected by Department assessment committee representative and stored in Department Chair office.	Assessment committee representative in conjunction with department chairperson and individuals responsible for collecting exit survey information.	Yearly (January) Collect Spring, Summer (if available), Fall semesters.	Evaluation of student exit survey report as defined by the operational definition.	Fa 10 4.43 Sp 11 = 3.83 Su 11 = 4.25 Fa 11 = 3.71 Sp 12 = 3.96 Su 12 = 4.18 Fa 12 = 3.75 Sp 13 = 4.43	continue to collect and monitor

3. Refers individuals, families, groups, and communities to services and programs that promote wellness.						
--	--	--	--	--	--	--

Fa 10 data represents RN and LPN to BS data combined unless otherwise specified.