

**CRITERION 22: There is a written plan for systemic program evaluation that is used for continuous program improvement.**

**EXPECTED LEVEL OF ACHIEVMENT: Plan is reviewed in its entirety by nursing council every year at the annual spring meeting and as needed. Each criterion and its benchmark are reviewed by EOAC when the data for that criterion are reviewed. Plan is updated by EOAC at the time of each criterion review if needed. Updated version of Master Plan is kept posted on Evaluation website for faculty access. Data are collected, analyzed and reviewed as directed by plan. Recommendations for changes are made based on evaluation data.**

- a. **program evaluation of the nursing unit, as defined by the institution and the unit, demonstrates how and to what extent the program is attaining NLNAC standards and criteria.**

During the last self-study for NLN accreditation (1995), the School of Nursing faculty identified that improved program evaluation was a challenge for future improvement. In order to better meet the needs for program evaluation, a subcommittee of the Curriculum and Academic Affairs Committee was originally formed to consider issues related to evaluation. This evolved into a joint faculty and administrative task force, and from this the Evaluation Outcomes Assessment Committee (EOAC) evolved. EOAC is currently a full governance committee and oversees the development and implementation of the Master Plan for Evaluation. The Master Plan continues to be reviewed and further refined on a monthly basis as individual criterion and the data related to that criterion are reviewed. The plan has been through several revisions at this point in time. Once each year the entire plan is reviewed and evaluated for effectiveness and any implementation issues are addressed by EOAC (Refer to Exhibit: Evaluation of Master Plan). The updated plan is then presented for review and approval to the full Nursing Council at the spring meeting. The plan and program outcome data are accessible to faculty through the password protected evaluation website.

- b. **plan contains, at a minimum: expected levels of achievement, time frames, and methods for assessment.**

The ISU School of Nursing Master Plan for Evaluation has benchmarks for each criterion for all programs. Time frames and a schedule for review have been established by EOAC and continue

to be reviewed and revised as needed in an attempt to evenly divide the workload through out the course of the academic year (see exhibit Master Plan Schedule for Review). For each criterion, a method of assessment has been established. Whenever possible, objective standardized testing with national reference values is used. If an established test is not available, the School has undergone instrument development to measure specific program outcomes (such as program satisfaction), has piloted the instruments, has revised the instruments, and has documented internal reliability data on the revised instruments. As better instruments become available and as the Board of Trustee's approval for standardized testing fees is obtained, EOAC will add additional outcome measures to better document our student achievement outcomes.

**c. data are collected, aggregated, trended and analyzed.**

Data collection has included surveys of current students, alumni, and employers, demographic data, student, peer, faculty and community based performance evaluations, graduation and placement rates, standardized testing with national comparison data, and external outcomes measures of performance (NCLEX-RN and Certification Exams). Data are trended whenever possible (whenever consistent data are available over time). Data are reported to EOAC, Department Chairs and Program Administrators on a regular schedule as outlined in the Master Plan for Evaluation. Data reports are also available to faculty members from the password protected evaluation website (password is isunlnac)

<http://www.indstate.edu/nurs/mary/Evalpage.html>

**d. evaluation findings are used for decision making for program improvement.**

The School of Nursing is in the process of continual quality improvement using findings from the systematic plan for evaluation. Findings from the systematic evaluation process have been the foundation for most, if not all, of the program and curriculum changes made in the past several years. Change is always slow and difficult in a large system such as a university, but the changes have been implemented over time, and now are in the process of being evaluated to determine effectiveness and the need for any further changes.

**e. strategies are taken or will be taken to address the area(s) identified as needing improvement.**

If the data indicates that any given program is not meeting the benchmarks, EOAC notifies the appropriate Department Chairperson and provides the data which details the issues involved.

Faculty in the department are advised of the issues during regular departmental meetings by the department chair, in conjunction with the Assistant Dean/Vice Chair of EOAC. If there is a trend noted, the chair of EOAC requests that the department provide EOAC a plan of action outlining steps to correct the situation. Changes that require faculty governance vote are referred to the School of Nursing Executive Committee for review and assignment to the appropriate faculty committee. Evaluation findings have been and continue to be a key component in any discussion of program and curriculum changes or additions.









**CRITERION 23: Students' academic achievement by program type is evaluated by: graduation rates, licensure/certification pass rates, job placement rates, and program satisfaction.**

**EXPECTED LEVEL OF ACHIEVEMENT:**

**Associate Degree Program: 56% of students admitted to the Associate of Science program in a given semester will complete program requirements within 4 years.**

**Old Upper Division (Levels 3-4 of Old BS track): – 63% of students who enroll in the first clinical course of the upper division (N305) will complete the upper division within 6 years.**

**New RN-BS Completion track: 63% of students who enroll in the first clinical course (N304) will complete the track within 6 Years.**

**Modified BS Program (Generic): 56% of students admitted to the first clinical nursing course (N204) will complete the generic BS program within 6 years.**

**Masters Program: 64% of students who enroll in the Master's of Science program will graduate in 5 years.**

- a. measurement by graduation rates of students who complete the programs within a defined period of time.

Background: Graduation and retention benchmarks for each program were set using the Enrollment Management Plan, which was developed through the School of Nursing Executive Committee (<http://www.indstate.edu/nurs/mary/NLN/enrollman.doc>). The Enrollment Management Plan outlines admission, persistence, retention and graduation goals for each program. For example, the AD program goals are as follows:

Associate of Science Program

- |              |   |
|--------------|---|
| Admission:   | 75% of students completing preclinical courses as NNDs will enroll in the first clinical nursing course.                                      |
| Persistence: | 75% of students enrolled in the first clinical nursing course will be enrolled in the second clinical nursing course.                         |
| Retention:   | 75% of students enrolled in the second clinical nursing course will graduate.   |
| Graduation:  | Overall graduation rate for the cohort will be at least 56%. Fifty-six percent of students admitted to the major will graduate in four years. |

The graduation rate benchmark for each program was a mathematical calculation based on the admission, persistence and retention goals from the Enrollment Management Plan. For the AS program, if 100 students enroll in the first clinical nursing course, 75% (75) are expected to enroll in the second course. Of that number 75% (56) are expected to graduate. This produces a graduation rate of 56% (56 of the original 100 in the starting cohort). The next section reviews data by program.

Program: Associate of Science

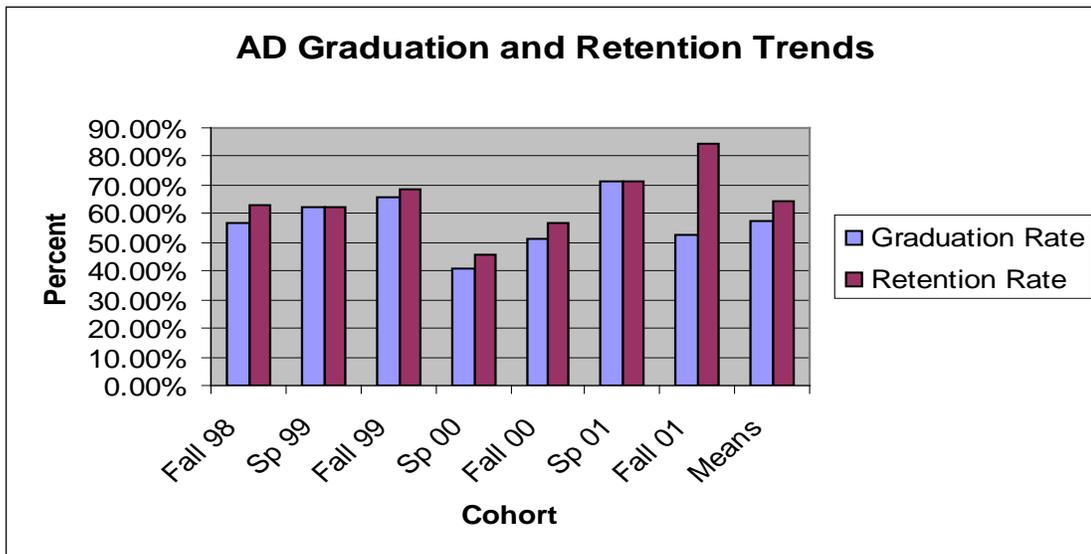
Benchmark: 56% of students admitted to the Associate of Science program in a given semester will complete program requirements within 4 years.

Outcome: Goal met.

AD Data as of Spring 2003: Four year Associate Degree cohort graduation rates ranged from 41-71%, with a mean of 57.24%. This data includes cohorts that still have some years remaining in which to graduate additional students, so the actual graduation rates for these cohorts will most likely increase. Overall cohort retention rates (those graduated and those still progressing in program) for the Associate Degree Program ranged from 45.9-81.58%, with a mean of 64.2%. Average time from entering the Associate Degree Program to program completion was 2.39 years. See Table 23:1 for details.

Table 23:1 Associate Degree Program Graduation and Retention Data

Cohort	# Enrolled	# Graduated	Graduation Rate	Progressing as of SP 2003	Retention Rate	Years Remaining towards benchmark	Cohort Mean Years to Completion
Fall 98	60	34	56.67%	4	63.33%	0	2.77
Sp 99	45	28	62.22%	0	62.22%	0	2.55
Fall 99	79	52	65.82%	2	68.35%	0	2.5
Sp 00	61	25	40.98%	3	45.90%	0.5	2.28
Fall 00	53	27	50.94%	3	56.60%	1	2.3
Sp 01	21	15	71.43%	0	71.43%	2	2.07
Fall 01	38	20	52.63%	12	84.21%	2.5	2.23
Means	51.00	28.71	57.24%	3.29	64.20%	N/A	2.39



Program: BS- Former Upper Division Track

Benchmark: – 63% of students who enroll in the first clinical course of the upper division (N305)

will complete the upper division within 6 years

Outcome: Goal met.

BS- Former Upper Division Track Data as of Spring 2003:

Six year graduation rates for BS upper division cohorts ranged from 62.5% to 100%, with a mean of 85.85%. This data includes cohorts that still have some years remaining in which to graduate

additional students, so the actual graduation rate for these cohorts will most likely increase.

Cohort retention rates ranged from 62.5%-100%, with a mean of 95.09%. Mean time for track completion is 1.9 academic years. See Table 23:2.

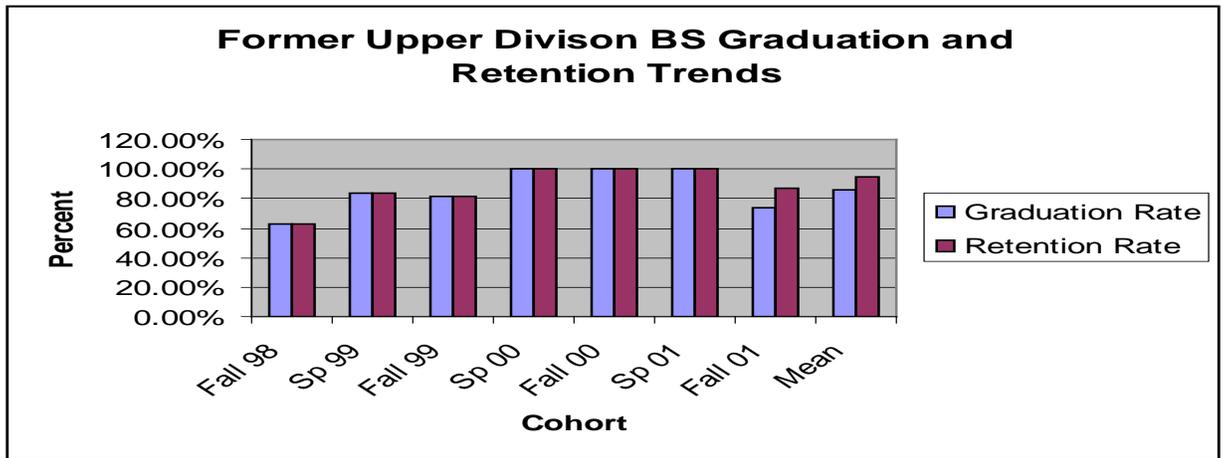


Table 23:2 Former Upper Division BS Degree Program Graduation and Retention Data

Cohort	# Enrolled	# Graduated	Percent	Progressing as of SP 2003	Retention Rate	Years Remaining Towards Benchmark	Cohort Mean Years to Completion
Fall 98	16	10	62.50%	0	62.50%	1	2.1
Sp 99	6	5	83.33%	0	83.33%	1.5	1.5
Fall 99	22	18	81.82%	0	81.82%	2	2.19
Sp 00	5	5	100.00%	0	100.00%	2.5	1.9
Fall 00	13	13	100.00%	0	100.00%	3	2.04
Sp 01	9	9	100.00%	0	100.00%	3.5	1.78
Fall 01	15	11	73.33%	2	86.67%	4	1.91
Mean	10.67	10.14	85.85%	N/A	95.09%	N/A	1.92

Program: BS: RN-BS Track

Benchmark: – 63% of students who enroll in the first clinical course of the upper division (N304)

will complete the track within 6 years

Outcome: Goal met thus far.

RN-BS Track Data as of Spring 2003:

Six year cohort graduation rates for the RN-BS track ranged from 36-100% thus far, with a mean of 68.18%. However, due to its recent inception and the part-time nature of this program, only 2 RN-BS cohorts have produced any graduates at this time, and all of the cohorts reported on have at least 3 years left in which to graduate additional students to meet the benchmark . Mean time for RN-BS track completion is 2.25 years thus far. Cohort retention rates ranged from 45-100%, with a mean of 74.22%. Numbers are widely varied due to small cohort sizes. See Table 23:3 for details.

Table 23:3 *RN BS Track Graduation and Retention Data*

Cohort	# Enrolled	# Graduated	Percent	Progressing as of SP 2003	Retention Rate	Years Remaining Towards Benchmark
Fall 2000	11	4	36.36%	1	45.45%	3
Sp 2001	1	1	100.00%	0	100.00%	3.5
Sp 2002	5	N/A	N/A	4	80.00%	4.5
Fall 2002	7	N/A	N/A	5	71.43%	5
Mean	N/A	N/A	68.18%	N/A	74.22%	N/A

Program: MS- All Tracks

Benchmark: – 64% of students who enroll in the Masters of Science program will graduate within 5 years.

Outcome: Goal Met.

MS Program Data as of Spring 2003:

Five year graduation rates for MS program cohorts ranged from 33% to 100%, with a mean of 66.99%. Of course, this data includes cohorts that still have some years remaining in which to graduate additional students. Cohort retention rates ranged from 33%-100%, with a mean of 71.5%. Mean time for program completion is 2.4 years. Numbers are widely varied due to small cohort sizes. See Table 23:4 for details.

Table 23:4 *Master of Science Graduation and Retention Data*

Cohort	# Enrolled	# Graduated	Percent	Progressing as of SP 2003	Retention Rate	Years Remaining Towards Benchmark
Fall 98	13	11	84.62%	0	84.62%	0
Sp 99	3	1	33.33%	0	33.33%	0.5
Fall 99	6	3	50.00%	1	66.67%	1.5
Sp 00	2	2	100.00%	0	100%	2
Fall 00	3	N/A	N/A	2	66.67%	2.5
Fall 01	8	N/A	N/A	6	75.00%	3.5
Means	5.83	4.25	66.99%	N/A	71.5%	N/A

**b. measurement by performance on licensure examinations/certification examinations of programs graduates.**

Background: Unlike the vast majority of other states in the US, Indiana is one of three states that is not using a standard required pass rate for NCLEX-RN. Instead, the major outcome criterion indicating a program's successful attainment of state standards is the first-time candidate's successful completion of the National Council Licensure Examination. If a school's annual rate of successful completion of the National Council Licensure Examination is lower than the national total percentage passing (for all first-time takers) the second consecutive year, the school shall submit a report to the Indiana State Board of Nursing (ISBN) outlining the following:

- (1) Results of the faculty's review of factors that may have contributed to the low pass rate, including, but not limited to, the following:
  - (A) Curriculum content.
  - (B) Curriculum design.
  - (C) Outcome evaluation.
  - (D) Admission.
  - (E) Progression.
  - (F) Graduation policies.
- (2) The faculty's plan for correcting any problems identified.

If the program's annual rate of successful completion of the National Council Licensure Examination is lower than the national total percentage passing for the third consecutive year, ISBN shall send a surveyor to review the program's ability to comply with this article (State of

Indiana Nursing Licensure Laws and Regulations, 2002). Because of this requirement, the benchmark for pre-licensure programs is set for at or above the national total percentage passing (for all first-time takers), with an additional benchmark of 85%. For further clarification, see Exhibit: ISBN Correspondence.

Program: Associate of Science

Benchmark: Pass rate will be at or above the national total percentage passing for first time takers, and not less than 85%

Outcome: Goal met at this time

AS Program Data: The last NLN self study was conducted in 1995. As described in the background information above, schools of nursing in Indiana are compared to the national NCLEX-RN pass rate and are placed on probationary status if their pass rates fall below this number for three consecutive years. According to the Indiana State Board of Nursing, schools of nursing in Indiana were compared to the national average pass rate for US educated first time takers, prior to 1998. From 1998 onward, schools of nursing pass rates are to be compared to the total national average pass rate for first time NCLEX-RN takers, which includes foreign and US educated nurses. To help clarify the different pass rates, Chart 23:1 displays a graphical comparison of ISU pass rates, national pass rates for US educated first time takers, and national pass rates for foreign and US educated first time takers. Table 23:5 displays the same information in table format.

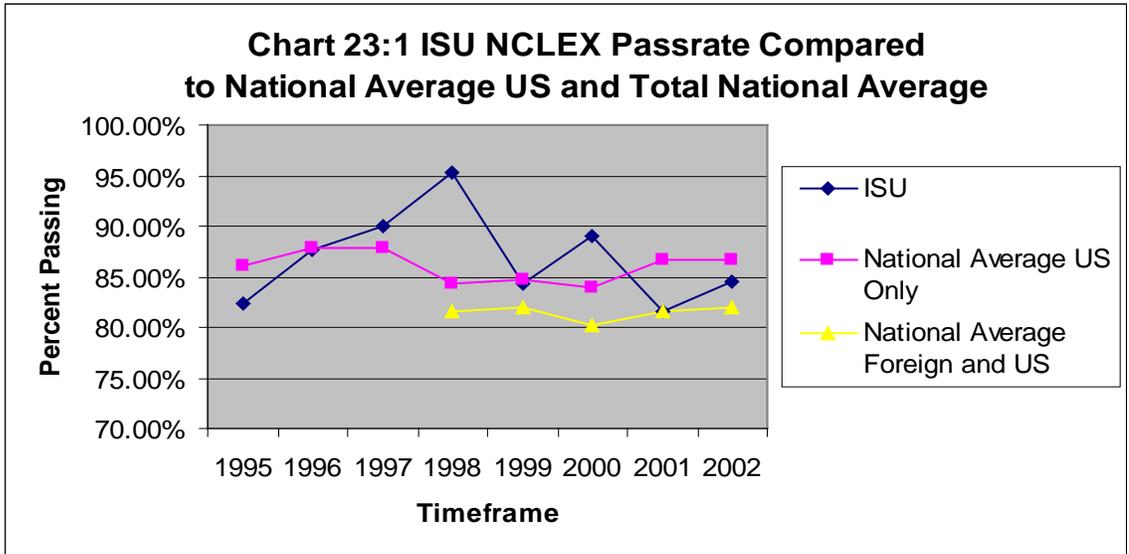


Table 23:5 ISU NCLEX Pass rate Comparison First Time Candidates

Year	1995	1996	1997	1998	1999	2000	2001	2002	Mean
ISU AS Pass Rate	82.44%	87.59%	90%	95.30%	84.40%	89%	81.50%	84.51%	86.84%
National Average US Only	86.00%	87.79%	87.94%	84.27%	84.77%	83.89%	86.74%	86.70%	86.01%
National Average Foreign and US	N/A	N/A	N/A	81.50%	81.90%	80.10%	81.57%	81.90%	81.39%

The Associate Degree Program NCLEX-RN pass rates fell below the approved national standard (US prior to 1998, Combined Foreign and US Since 1998) in 1995 and 1996. Corrections were implemented at that time. Since that time ISU NCLEX-RN pass rates have not been below the approved comparative national average for more than two consecutive years. This is a situation that EOAC and administration continues to monitor closely. Data from the NCLEX-RN program reports are analyzed and reported to the Associate Degree Department each year. Any problem areas are noted and a plan of correction is enacted by the Associate Degree Department. During timeframes when the NCLEX-RN pass rate falls below either the national average and/or the 85% benchmark, the Chairperson of the Associate Degree Department works with faculty to develop

and enact a plan of correction to address NCLEX-RN preparation. Based on this data, changes have been made to requirements within the AS program, including requiring students to pass a set of computerized NCLEX-RN preparation questions as part of course requirements, and adding a requirement that students achieve a 0.20 level or higher score on the Arnett NCLEX-RN preparation exam. This last requirement was recently implemented, because data indicated that a 0.20 level score on the Arnett was most closely correlated with students' NCLEX-RN performance (Pearson  $r = .484$ ,  $p = .036$ ).

Program: Baccalaureate of Science

Benchmark: Pass rate will be at or above the national total percentage passing (for all first time takers), and not less than 85%

Outcome: Can not be evaluated at this time.

Data: Since the inception of the associate degree exit option in 1977, almost all students have taken the NCLEX-RN at the associate degree level. Because of this option to exit, none of the students graduating from the former upper division BS program are pre-licensure students. Students in the RN-BS track are also post licensure. The only pre-licensure students in our BS program today are those in the modified BS track, which does not include the option to exit at the AS level. The first class of students will graduate from the modified BS track in Spring 2004. Thus, there is no licensure data to report for the BS program at this time. However, based on experiences with the AS program, members of CAAC and faculty in the BS department have built NCLEX-RN practice questions into the new BS curriculum, and will be using the HESI NCLEX-RN preparation and diagnostic exam for students exiting from the generic BS program. Students will be required to achieve a probability score of 75 or above. Students will be allowed multiple opportunities to pass the exam, starting in the first semester of the senior year, with remediation as needed to assist them in successful completion of the requirement. See the following website for details <http://www.indstate.edu/nurs/mary/Hesifaq.html>

Program: Masters of Science

Benchmark: Reported pass rates on the Family Nurse Practitioner (FNP) and other certification exams (if any) will be at 85% or above.

Outcome: Goal met

Data: Information from the alumni follow-up surveys and post card surveys indicates that 91.67 percent of the respondents have successfully passed the certification exam.

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Table 23:6 FNP Certification Data	N	Percentage
ANCC Certified	20	83.33
AANP Certified	2	8.33
Not Certified at this time	1	4.17
Total Certified at this time	22	91.67

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Additional data reported by ANCC indicates that for the three time periods data are available from, ISU FNP students have had a mean score above the national average, with pass rates ranging from 60-80%. However, ANCC only reports for periods in which 5 or more students have taken the exam at one time. Many more have graduated and passed the exam, but not in large enough groups to receive reporting data from the ANCC. The accreditation agency acknowledges that this is a problem. Hopefully it will be corrected in the future as ANCC becomes more accustomed to tracking and reporting this data.

**c. measurement by job placement rates by programs of degree graduates within one year after graduation.**

Background: Over the past several years, members of EOAC have noted that data concerning student employment rates has been a difficult item to obtain. Alumni survey response rates have been poor, due to students changing addresses and not returning surveys etc. While the University surveys students on exit concerning employment and employment plans for the following year, this survey is only administered to seniors. This left the AS students without a data collection point. In an effort to collect some data before students were out of contact with the School, an item was added concerning employment to the school of nursing exit surveys starting with the

Spring 2001 graduating class. The response rate for the Associate Degree Program exit survey is usually excellent and the addition of this item provides information from students who have obtained employment in nursing or have accepted employment in nursing for immediately after graduation. However, some members of EOAC still felt the need to do a follow up of some type within a year of graduation, as many pre-licensure Associate Degree Program students and pre-certification FNP students do not seek employment in health care prior to graduation. The Chairperson for the Associate Degree Program made follow-up phone calls for students from the Associate Degree Program, while the MS students were sent a post-card survey to ask concerning certification and employment in advanced practice nursing. The next section reviews each program employment rate benchmark, outcomes and data.

Program: Associate of Science

Benchmark: 50% of graduates will report being employed, having accepted employment following graduation, or planning to continue as a full time student on the program exit surveys.

Note: This benchmark was based on the exit survey data and set low to allow for students who elected not to seek employment until after passing NCLEX-RN.

Outcome: Goal met

Data: Trended data from the AS program exit surveys show that an average of 45.6% of Associate Degree Program students either already have a job or have accepted a job offer prior to graduation, while 4.5% were planning on continuing straight into the BS program as full-time students, for a mean of 51%. An additional 17.8% reported having a job offer prior to graduation, but had not yet accepted an offer. In addition, a 2002 follow-up departmental phone survey of Associate Degree graduates demonstrated that a mean of 95% of Associate Degree Program graduates were employed in nursing at the time of the survey, with an 85% student response rate.

Program: Baccalaureate Degree (upper division) and RN-BSN

Benchmark: 75% of graduates will report being employed, having accepted employment following graduation, or planning to continue as a full time student on the program exit surveys.

Outcome: Goal met

Data: Trended data from the BS and RN-BS program exit surveys show that an average of 55.5% of BS graduates have a job at graduation and plan to stay with the same employer. An additional 34.8% have a job at graduation, but plan to change to a different job after graduation. This gives a mean total employment rate of 93.9% for BS students at the time of graduation. Note: these figures are for the old BS upper division and the RN-BS completion program. All students in these programs held licenses to practice as an RN at the time of graduation.

Program: Masters of Science

Benchmark: 80% of graduates will report being employed, having accepted employment following graduation, or planning to continue as a full time student on the program exit surveys.

Outcome: Goal Met

Data:

Data from the MS student postcard follow-up survey indicated that over 91% of the respondents were employed in advance practice nursing positions at the time of the survey. Forty-one percent of the respondents reporting working in rural or underserved areas. Most reported having prescriptive privileges; about half had applied for and received hospital privileges (FNP graduates).

<i>Table 23:7 MS Employment Data</i>	N	Percent
Employed as an Advanced Practice Nurse	22	91.67
Full-time	17	70.83
Part-time	5	20.83
Seeking employment	1	4.17
Have Prescriptive authority	19	79.17
Have hospital privileges	11	45.83
Named as a Provider on managed care plans	5	20.83
Work in rural or underserved area	10	41.67

A comparison of nursing student employment with other students at ISU demonstrates that nursing students have higher levels of employment in a job related to their major than students from other majors. See the Table 23:8 to compare nursing student plans for the next year with those of other graduating ISU students.

<i>Table 23:8 Comparison of Student Responses on School of Nursing Exit Surveys (mean data over time) compared with overall ISU student responses on ISU Senior Survey 2002 *</i>	AS	BS	MS	ISU Students Overall
Plan to remain with current employer in a job related to major	28.77%	55.53%	16.7%	19%
Have a job related to major but plan to change jobs following graduation	16.8%	38.4%	33%	N/A
Plan to remain in non-major related job while looking for work	N/A	N/A	N/A	11%
Have a job offer related to major following graduation but have not accepted yet.	17.77%	0%	0%	N/A
Looking for employment in major	5.10%	0%	33%	55%
Plan to continue my education	4.5%	0%	0%	18%
Have not applied for a job related to major	25%	6.7%	16.7%	N/A
Other	5.67%	0%	0%	9%
Total employed in major at graduation	45.57%	93.9%	49.7%	19%
Total employed in major or plan to continue education	51.24%	93.9%	49.7%	37%

\*Note: Some items were on only one of the two surveys, making comparison difficult. In these cases, items which are only on one survey or the other will have cells labeled N/A, indicating that data are not available for that item.

**a. measurement by program satisfaction as determined by graduates and/or employers.**

Background: Currently, program exit surveys include a 13 item, 5 point Likert response program satisfaction subscale. New items have been added to the scale over the years, to determine student satisfaction with physical facilities, library facilities, student to student interactions, etc. Older data does not include these new items. Data for some years were on a 3 point scale, so it was not possible to include all of this data in trend analysis. The current program satisfaction subscale has an internal reliability of .88 (mean Cronbach’s alpha 2001- Sp 2003).

Program: Associate of Science

Benchmark: 3.5 out of 5.0 Mean Scores on the Program Satisfaction Subscale of the Program Exit Surveys

Outcomes: Goal met

Data:

<i>Table 23:9 AS Program Satisfaction Scale</i>		Item Mean (F 1996-S 2003)
Program curriculum was adequate to meet my educational needs		3.81
Adequate learning resources were available		3.90
The physical facilities were adequate		4.02
Library facilities and resources were adequate		4.06
School of Nursing Policies were adequate and sufficient information about policies was given to me in the student handbook.		4.06
Learning experiences were sufficiently flexible to permit students to develop in accordance with individual talents and needs.		3.54
Academic advisement prior to admission to the program was adequate		3.53
Academic advisement by my faculty advisor was adequate		3.65
Student to student interactions were satisfactory		4.16
Nursing faculty were supportive and interested in student welfare.		3.76
I would recommend ISU School of Nursing to others		3.18
If I had it to do over, I would enter ISU School of Nursing		3.11
Overall, I am satisfied with my nursing education at ISU		3.11
<b>Overall Combined Mean for AS Program Satisfaction</b>		<b>3.68</b>

Items which fell below the 3.5 benchmark were the last 3 items, all of which were more global satisfaction items. Student comments on the exit surveys were analyzed to determine themes. The

felt need for increased clinical hours, a separate pharmacology course, and moving the assessment course from the upper division into the Associate Degree Program level were common themes over time. All of these issues were addressed in the new generic BS curriculum and in the new modified Associate Degree Program curriculum. However, curriculum change takes time and while the new curriculum is now in place, there are no graduates from the updated curriculums to report exit survey data on at this time.

Program: BS – Former upper division track

Benchmark: 3.5 out of 5.0\_Mean Scores on the Program Satisfaction Subscale of the Program

Exit Surveys

Outcomes: Goal met

Data:

<i>Table 23:10 BS Program Satisfaction Scale</i>	Item Mean
Program curriculum was adequate to meet my educational needs	3.62
Adequate learning resources were available	3.86
The physical facilities were adequate	3.68
Library facilities and resources were adequate	4.00
School of Nursing Policies were adequate and sufficient information about policies was given to me in the student handbook.	3.85
Learning experiences were sufficiently flexible to permit students to develop in accordance with individual talents and needs.	3.53
Academic advisement prior to admission to the program was adequate	2.86
Academic advisement by my faculty advisor was adequate	2.96
Student to student interactions were satisfactory	4.28
Nursing faculty were supportive and interested in student welfare.	3.50
I would recommend ISU School of Nursing to others	3.09
If I had it to do over, I would enter ISU School of Nursing	3.08
Overall, I am satisfied with my nursing education at ISU	3.34
<b>Overall Combined Mean for BS Program Satisfaction</b>	<b>3.51</b>

For students in the BS program, advisement prior to admission and following admission were the main issues. Student advisement prior to admission is done by professional staff in the Student Affairs Office. Advisement after admission is done by individual faculty members who are assigned to do advisement within the BS department. Several years ago the School of Nursing

piloted a selected advisors method, which allowed specific faculty to be advisors and receive additional training in advisement, while other faculty were not assigned as advisors. However, as student numbers in the BS program increased, it was necessary to utilize all available faculty as advisors. Additionally, student advisement has become much more cumbersome with the need to use the University database (Banner) to view student records, obtain student PIN numbers and for other advisement information. As of this past year only a few hard copies of course catalogs and schedules are printed, thus requiring faculty and students to go online for course information. All of these changes have contributed to the felt need for easier and better advisement processes, from both the faculty and the students' points of view. In addition, similar to the AS program, the last three global items were lower scoring items. Student comments were analyzed to determine what underlying themes could be behind the lower scores on the more global items. The same themes seen in the AS program were relayed here in the last two years of the BS program; need for more clinical time, a separate pharmacology course, and move the assessment class to a point earlier in the curriculum. As noted in the AS section, these changes have been incorporated in our new curriculum design for both programs.

Program: Baccalaureate of Science, RN-BS Track

Benchmark: 3.5 out of 5.0\_Mean Scores on the Program Satisfaction Subscale of the Program

Exit Surveys

Outcomes: Goal met

Data:

Table 23:11 RN- BS Program Satisfaction Scale	Item Mean
Program curriculum was adequate to meet my educational needs	4.01
Adequate learning resources were available	4.13
The physical facilities were adequate	4.67
Library facilities and resources were adequate	4.0
School of Nursing Policies were adequate and sufficient information about policies was given to me in the student handbook.	4.32
Learning experiences were sufficiently flexible to permit students to develop in accordance with individual talents and needs.	4.24
Academic advisement prior to admission to the program was adequate	3.85
Academic advisement by my faculty advisor was adequate	4.05
Student to student interactions were satisfactory	4.45
Nursing faculty were supportive and interested in student welfare.	4.61
I would recommend ISU School of Nursing to others	4.30
If I had it to do over, I would enter ISU School of Nursing	4.22
Overall, I am satisfied with my nursing education at ISU	4.22
<b>Overall Combined Mean for RN-BS Program Satisfaction</b>	<b>4.23</b>

Program: Masters of Science Program

Benchmark: 3.5 out of 5.0\_Mean Scores on the Program Satisfaction Subscale of the Program

Exit Surveys

Outcomes: Goal met

Data:

Table 23:12 MS Program Satisfaction Scale	Item Mean
Program curriculum was adequate to meet my educational needs	3.67
Adequate learning resources were available	3.67
The physical facilities were adequate	3.83
Library facilities and resources were adequate	3.83
School of Nursing Policies were adequate and sufficient information about policies was given to me in the handbook.	4.09
Learning experiences were sufficiently flexible to permit students to develop in accordance with individual talents and needs.	4.25
Academic advisement prior to admission to the program was adequate	3.46
Academic advisement by my faculty advisor was adequate	4.17
Student to student interactions were satisfactory	3.67
Nursing faculty were supportive and interested in student welfare.	4.29
I would recommend ISU School of Nursing to others	3.96
If I had it to do over, I would enter ISU School of Nursing	3.92
Overall, I am satisfied with my nursing education at ISU	3.50
<b>Overall Combined Mean for MS Program Satisfaction</b>	<b>3.87</b>

Students in the graduate program were mostly satisfied with their experiences. The only item which fell below 3.5 was advisement prior to admission.

- d. data are collected, aggregated, trended and analyzed.**
- e. evaluation findings are used for decision making for program improvement.**
- f. strategies are taken or will be taken to address the area(s) identified as needing improvement.**

*Data Collection and Analysis Process.* As demonstrated above, data have been and continue to be collected, aggregated, trended and analyzed. Primary responsibility for this process rests with the Assistant Dean. The data are reviewed and reported to EOAC, Department Chairs and program administrators on schedule according to the Master Plan for Evaluation. Data reports are included as attachments to the EOAC minutes and are sent to all faculty along with the EOAC minutes.

Data reports are also located on a password protected website which can be accessed by all faculty through the Evaluation webpage <http://www.indstate.edu/nurs/mary/Evalpage.html>

Data that needs further discussion for program changes is referred to the appropriate department for review and discussion. Changes in curriculum or other programmatic changes are brought through the departments and the faculty governance system for approval. Data collection, data entry, analysis and reporting mechanisms continue to be refined over time. However, the continual process of improvement makes it difficult to trend data, as new items are added to surveys and old ones are improved. For example, subscales on the exit surveys were changed from a three point Likert scale to a 5 point Likert scale, based on the need for more variability within the dataset. Items have also been added to the exit surveys to capture student input on adequacy of physical facilities and library resources. New or revised instruments are examined for internal reliability using Cronbach's alpha.

*Changes brought about through the evaluation process.* Over the past several years major changes have been made in our programs. These changes have been based on data from the various evaluation mechanisms. In particular, EOAC recommendations concerning NCLEX program reports and pass rates have been implemented. In addition, student data from the exit

surveys and employer data from the employer survey have lead to changes in the AS and BS curriculum to increase clinical time, to add a separate pharmacology course, to add a separate assessment course earlier in the curriculum and to decrease the number of community health nursing classes. Graduate student comments concerning the graduate level pharmacology course and the laboratory diagnostic course have led to changes in the course design and in course faculty. Student responses on the program exit surveys indicate that they feel that faculty are supportive of them and listen to them.

*Evaluation Challenges and Strategies.* A number of people and committees have been responsible for the data collection instruments and the process of data collection and analysis over the years, which lead to inconsistencies in the data available for analysis. This has improved by revising the job description of the Assistant Dean to include primary responsibility for program evaluation and data analysis, and by placing oversight responsibility in the hands of a specialized faculty governance committee (EOAC). There has also been some miscommunication concerning faculty roles in collection of data and lack of support from department chairs for the process of data collection. This issue has been mostly resolved with the current department chairs and the process of data collection, analysis and reporting has improved. There are still a few students who do not understand the need for participation in program evaluation, particularly when required to participate in standardized testing, such as critical thinking and the NCLEX-RN preparation testing. This is being addressed by stressing the need for program evaluation with students starting in new student orientation and with reminders of student expectations for continued participation in testing and surveys throughout the program. Courses which have standardized testing built into the course requirements have this information in the course syllabus, including the required score needed to pass the exam (if any), and any costs related to standardized testing that the students will be expected to pay. This has decreased student concerns and increased student performance on some standardized exams, as students now realize that their score is

important and that they should not just “hit any key” on the computerized exams in an attempt to hurry through the testing requirement. Another issue is the complexity of the evaluation process itself. With multiple outcome criteria for program needs, accreditation needs and university requirements, the need for data and data reporting has greatly increased over time. In addition, curriculum changes have led to several parallel curriculums that are currently ongoing at the same time. Students who entered under the former curriculums are in the process of completing their program of studies, while entering students are starting in the revised curriculums. The addition of distance education modalities will also add the need for separate analysis of a subset of students in some programs. All of this makes the evaluation process more difficult. This process will continue to be a concern for students and faculty alike and good communication with all involved parties is still needed to avert difficulties in this area.