

MASTER EVALUATION PLAN
University of Arkansas for Medical Sciences College of Nursing

Fall 2018

Standard I. Program Quality: Mission and Governance

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

Key Element I-A. The mission, goals, and expected program outcomes are:

- **congruent with those of the parent institution; and**
- **consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals.**

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. UAMS mission 2. CON mission 3. UAMS and CON strategic plans 4. ARSBN rules for faculty 5. AACN Essentials (BSN, Masters, DNP) 6. CON goals 7. Expected student outcomes (BSN, MNSc, DNP) 8. ANA standards 9. NTF 10. ANCC 11. AANP 12. PNCB 13. ANA Code of Ethics 14. Graduation surveys 15. End-of-Course Reports	Review of documents to ensure congruence of mission, goals, and expected student outcomes and professional standards	Every 4 years	Curriculum Subcommittees	1. Tables that reflect congruence of mission, goals, and expected student outcomes for UAMS, CON, and professional standards 2. Documentation of inconsistencies, if any, and recommendations of needed revisions	1. Minutes of the curriculum committees show that matrices have been developed and revised. 2. Minutes of curriculum committees systematically address recommendations and will make revisions or continue with current mission, goals, and expected student outcomes, as required. 3. This decision information will be provided to DEC, Dean & Directors, and CCNE Committees for review and acknowledgement of fulfillment.

Standard I. Program Quality: Mission and Governance

Key Element I-B. The mission, goals, and expected student outcomes are reviewed periodically and revised, as appropriate, to reflect:

- professional nursing standards and guidelines; and
- the needs and expectations of the community of interest.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
<ol style="list-style-type: none"> 1. UAMS mission 2. CON mission 3. UAMS and CON strategic plans 4. ARSBN rules for nursing programs 5. AACN Essentials (BSN, MNSc, DNP) 6. CON goals 7. Expected student outcomes (BSN, MNSc, DNP) 8. ANA Standards 9. ANA Code of Ethics 10. Graduation surveys 11. End-of-Course reports 12. NTF/NONPF 13. ANCC 	<ol style="list-style-type: none"> 1. Review of documents to ensure consistency and congruence with professional standards and guidelines 2. Advisory committee for each Masters specialty and DNP program 	Every 4 years	Curriculum Subcommittees	<ol style="list-style-type: none"> 1. Documentation that mission, goals, and expected student outcomes were reviewed to ensure that they reflect professional nursing standards and guidelines and needs and expectations of the community of interest 2. Documentation of inconsistencies, if any, and recommendations of needed revisions 	<ol style="list-style-type: none"> 1. Minutes of curriculum committees systematically address recommendations and will make revisions or continue with current mission, goals, and expected student outcomes, as required. 2. This decision information will be provided to DEC, Dean & Directors, and Faculty Assembly for review and acknowledgement of fulfillment.

Standard I. Program Quality: Mission and Governance

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Annual faculty evaluations (inclusive of annual self-evaluations, annual updates, student evaluations, faculty goals) 2. AP&T policies & outcomes 3. CON outcomes: <ul style="list-style-type: none"> • NCLEX scores • Student progression 4. Department Annual Reports	1. Review of faculty evaluation data to ensure consistency & congruency 2. CON mission, goals, and expected student outcomes	Every year	Dean, Associate Deans, AP&T	An assumption is made that adherence to CON's AP&T guidelines to judge faculty outcomes demonstrates program effectiveness, and the existence of annual faculty evaluations demonstrates ongoing improvement. <ol style="list-style-type: none"> 1. AP&T Chair provides reports to Dean and Faculty Assembly. 2. Assistant and Associate Deans and Hope Program Coordinator provide annual report data to Dean. 	1. Associate Deans design and approve recommendations for faculty performance improvement. 2. Dean reviews all AP&T data to ensure congruency.

Standard I. Program Quality: Mission and Governance

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
<ol style="list-style-type: none"> 1. UAMS and CON faculty by-laws/roles of the faculty 2. UAMS and CON committee membership lists 3. Student officers' meetings with Dean 4. Student Honor Council 5. Student representation on CON committees: <ul style="list-style-type: none"> • Curriculum • Recruitment/retention • Honor Council 	<ol style="list-style-type: none"> 1. Review documents for faculty role clarity 2. Examine UAMS and CON committee membership lists to assess congruence with documents and AP&T criteria and committee by-laws 3. Examine committee minutes for student participation 	Every year	Committee Chairs, Faculty Student Advisors, Faculty Assembly Chair	<ol style="list-style-type: none"> 1. CON committee and Faculty Assembly minutes reflect that by-laws have been reviewed and revised, if applicable. 2. Faculty Assembly Chair reviews committee lists and membership openings are detailed. 3. Total faculty vote on by-law changes and membership revisions related to program governance. 4. Students are elected to serve on these committees. 	<ol style="list-style-type: none"> 1. Recommendation by total faculty to revise or retain the membership on University and CON Committees to enable meaningful participation. 2. Committee and Faculty Assembly minutes reflect that: <ul style="list-style-type: none"> • membership of committees are congruent with by-laws • faculty votes on by-law changes and membership revisions • minutes reflect student attendance on committees

Standard I. Program Quality: Mission and Governance

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. CON Catalog 2. CON Student Handbook 3. CON Website 4. UAMS Websites 5. Recruitment materials	Examine documents/Websites for accuracy	Every year	Associate Dean for Academic Programs, Director of Student Services	All documents, publications, Websites are accurate and current	Office of Student Services and Associate Dean for Academic Programs review and revise documents and websites as required for accuracy.

Standard I. Program Quality: Mission and Governance

Key Element I-F. Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected student outcomes. These policies are:

- fair and equitable;
- published and accessible; and
- reviewed and revised as necessary to foster program improvement.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. UAMS mission 2. CON mission 3. UAMS and CON strategic plans 4. ARSBN rules for faculty 5. AACN Essentials (BSN, Masters, DNP) 6. CON goals 7. Expected student outcomes (BSN, MNSc, DNP) 8. ANA standards 9. NTF/NONPF 10. ANCC 11. UAMS/CON Websites 12. CON Catalog <ul style="list-style-type: none"> • admissions • progression • retention 13. CON Student Handbook <ul style="list-style-type: none"> • dishonesty • disability • grievance 14. Course syllabi	Review catalogs, student handbooks, Websites, recruitment materials, and randomly selected course syllabi for consistency of policies.	Every year	Associate Deans, Director of Student Services	Statements of evidence of revision of documents	1. A decision to retain documents or to revise them to more accurately reflect program policies 2. All syllabi are reviewed every semester by Associate Deans for accuracy. 3. All UAMS policies and CON policies are reviewed for congruency by Director of Student Services and Associate Dean for Academic Programs.

Standard II. Program Quality: Institutional Commitment and Resources

The parent institution demonstrates ongoing commitment to and support for the nursing program. The institution makes available resources to enable the program to achieve its mission, goals, and expected outcomes. The faculty, as a resource of the program, enables the achievement of the mission, goals, and expected program outcomes.

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. CON budget 2. BSN/MNSc/DNP graduation surveys reviewed by the Evaluation & Assessment Committee 3. Academic Support Services Survey 5. Faculty exit interview data 6. Faculty/staff recruitment data	1. Budget review 2. Analyses of graduate surveys 3. Review of data documents to ensure sufficient resources	Every year	Dean, DEC, Associate Dean for Administration, Director of Student Services, Evaluation & Assessment Committee	1. Documentation that the budget, surveys, and other data were reviewed to ensure adequate fiscal and physical resources 2. Documentation of any insufficient resources and recommendation for needed resources	Documentation reflects data driven actions in response to resource allocation.

Standard II. Program Quality: Institutional Commitment and Resources

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. CON budget 2. BSN/MNSc /DNP graduation surveys 3. Academic Support Services Survey	1. Budget Review 2. Analyses of surveys 3. Review of minutes to ensure sufficient services	Every year	Dean, Associate Dean for Academic Programs, Director of Student Services	1. Documentation that budget, surveys, and minutes were reviewed to ensure adequate academic support services. 2. Documentation of lack of insufficient services and recommendation of needed services	Academic support is reviewed and appropriate changes made in response to data to ensure quality programs and student needs are met.

Standard II. Program Quality: Institutional Commitment and Resources

Key Element II-C. The chief nurse administrator:

- is a registered nurse (RN);
- holds a graduate degree in nursing;
- holds a doctoral degree if the nursing unit offers a graduate program in nursing;
- is academically and experientially qualified to accomplish the mission, goals, and expected program outcomes;
- is vested with the administrative authority to accomplish the mission, goals, and expected program outcomes; and
- provides effective leadership to the nursing unit in achieving its mission, goals, and expected program outcomes.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. CV of Dean 2. Chancellor evaluation of Dean 3. State Board report 4. CON organizational chart 5. UAMS organizational chart 6. Licensure information	1. Review of CV 2. Review of Chancellor's evaluation of the Dean	Every 5 years	Chancellor, Dean, CON	1. Written statement by Chancellor upon successful completion of review 2. Data items 4-5; scope of authority is evident	To be determined by Chancellor

Standard II. Program Quality: Institutional Commitment and Resources

Key Element II-D. Faculty members are:

- sufficient in number to accomplish the mission, goals, and expected program outcomes;
- academically prepared for the areas in which they teach; and
- experientially prepared for the areas in which they teach.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Faculty CVs 2. Faculty contracts 3. ARSBN policies for faculty 4. AACN guidelines 5. Course/enrollment data	1. Review of faculty CVs 2. Review of faculty assignments 3. Review faculty/student ratio	Every year	Associate Deans	Written statement by Associate Dean for Academic Programs that policies and practices regarding faculty teaching assignments and the number and size classes (workload formula and policies) support the accomplishment of mission, goals, and expected outcomes	Revision of assignments and addition of qualified faculty as needed

Standard II. Program Quality: Institutional Commitment and Resources

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Preceptor Application Packet 2. Preceptor Handbook 3. Student Evaluations of Preceptor	1. Review Preceptor Application Packet 2. Review Preceptor Criteria 3. Review student evaluation data	Every year	Specialty Coordinators	Written statement that preceptor number and qualifications are sufficient to accomplish mission, goals, and expected outcomes	Revision of preceptor assignments and addition of qualified preceptors as needed

Standard II. Program Quality: Institutional Commitment and Resources

Key Element II-F. The parent institution and program provide and support an environment that encourages faculty teaching, scholarship, service, and practice in keeping with the mission, goals, and expected faculty outcomes.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. UAMS and CON mission 2. UAMS and CON strategic plans 3. CON goals 4. Faculty contracts 5. Faculty teaching Assignments 6. Faculty Annual Goals 7. AP&T guidelines 8. Workload formula and policies 9. Faculty Annual Reports	Review of data	Every 3 years	Associate Deans, Program Directors	1. Written statements from the Program Directors and Assistant and Associate Deans of congruency of faculty roles with mission, goals, and expected outcomes 2. Written statement of adequacy of AP&T and workload guidelines 3. Documentation from the Program Directors and Assistant and Associate Deans that faculty roles clearly correlate with mission	Revision of workload, faculty contracts, and/or AP&T standards

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

The curriculum is developed in accordance with the program's mission, goals, and expected student outcomes. The curriculum reflects professional nursing standards and guidelines and the needs and expectations of the community of interest. Teaching-learning practices are congruent with expected student outcomes. The environment for teaching-learning fosters achievement of expected student outcomes.

Key Element III-A. The curriculum is developed, implemented, and revised to reflect clear statements of expected student outcomes that are congruent with the program's mission and goals and expected with the roles for which the program is preparing its graduates.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. UAMS mission 2. CON mission 3. CON goals 4. BSN, MNSc and DNP outcomes 5. ARSBN guidelines 6. AACN Essentials 7. ATI data 8. NCLEX pass rates 9. MNSc certification pass rates	1. Review each set (BSN, MNSc, DNP) of program outcomes for clarity and consistency with UAMS and CON mission, goals and expected outcomes, and ARSBN guidelines and AACN Essentials. 2. Review ATI, NCLEX and MNSc certification pass rate data.	Every 4 years	Curriculum Committees	1. The data are placed in a table that correlates with the mission, goals and expected outcomes with stated student learning outcomes. 2. Statements of congruency for each program (BSN, MNSc, DNP) are supplied in curriculum committee minutes.	A decision from the curriculum committees to either continue with current program outcomes or to make revisions will be made.

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

- Key Element III-B.** Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines, which are clearly evident within the curriculum and within the expected student outcomes (individual and aggregate).
- Baccalaureate program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).
 - Master's program curricula incorporate professional standards and guidelines as appropriate.
 - a. All master's degree programs incorporate *The Essentials of Master's Education in Nursing* (AACN, 2011) and additional relevant professional standards and guidelines as identified by the program.
 - b. All master's degree programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
 - Graduate-entry program curricula incorporate *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) and appropriate graduate program standards and guidelines.
 - DNP program curricula incorporate professional standards and guidelines as appropriate.
 - a. All DNP programs incorporate *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006) and incorporate additional relevant professional standards and guidelines as identified by the program.
 - b. All DNP programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).
 - Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2012).

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. ARSBN guidelines 2. AACN essentials (BSN, MNSc, DNP) 3. BSN, MNSc and DNP outcomes 4. CON course syllabi 5. ATI Data 6. NCLEX pass rates 7. MNSc certification pass rates	1. Review CON documents for consistency and congruence with the AACN essentials and other professional standards 2. Review ATI, NCLEX, and MNSc certification pass rate data	Every 4 years	Curriculum Committees	The data are placed in a table which correlates the knowledge and skills identified in AACN Essentials with program and course outcomes. Statements of consistency for each program from the curriculum committees are supplied in meeting minutes	A decision from the curriculum committees to either continue with current program outcomes or to make revisions will be made.

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

Key Element III-C. The curriculum is logically structured to achieve expected student outcomes.

- **The baccalaureate curricula build upon a foundation of the arts, sciences, and humanities.**
- **Master’s curricula build on a foundation comparable to baccalaureate level nursing knowledge.**
- **DNP curricula build on a baccalaureate and/or master’s foundation, depending on the level of entry of the student.**
- **Post-graduate APRN certificate programs build on a master’s level nursing competencies and knowledge base.**

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
<ol style="list-style-type: none"> 1. General education course description in CON catalog 2. BSN, MNSc, and DNP student outcomes 3. BSN, MNSc, and DNP exit surveys 4. ATI data 5. NCLEX pass rates 6. MNSc certification pass rates 	<ol style="list-style-type: none"> 1. Identify the content and logical sequence between required non nursing courses and BSN courses 2. Identify the content and logical sequence among the BSN, MNSc, and DNP courses and competencies 3. Analyze items on student exit surveys with regard to logical sequencing of courses in the BSN, MNSc, and DNP programs 4. Review ATI, NCLEX and MNSc certification pass rate data 	<p>Every 4 years</p>	<p>Associate Dean for Academic Programs, Associate Dean for Practice, CCNE Chair, Curriculum Committees,</p>	<ol style="list-style-type: none"> 1. The development of a table that shows the association between non-nursing required courses and BSN nursing courses. This table is linked to the CON’s leveling outcomes document via the description of program outcomes appearing in both documents 2. The development of a table that shows association between BSN, MNSc, and DNP end of program outcomes 3. The development of a table shows the association between the RN Bridge program and BSN end of program outcomes 4. Systematic responses to survey findings about the logical sequence and organization of courses are documented in the meeting minutes of the curriculum committees 	<p>A decision from the curriculum committees to continue with current program and course outcomes or to make revisions will be made.</p>

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
<ol style="list-style-type: none"> 1. Theory course evaluations 2. Clinical course evaluations 3. NCLEX scores 4. Clinical site placements 5. NCLEX pass rates 6. MNSc certification pass rates 7. Examples of student work 8. ATI results 9. Academic Support Survey results 10. Graduation surveys 	<ol style="list-style-type: none"> 1. Analysis and review of means on randomly selected theory and clinical course evaluations 2. Evaluation of clinical sites, classroom, distance education, and simulation 3. Review NCLEX Results and APRN certification results 4. Compile examples of student work 	Every year	Curriculum Committees, Course Coordinators, Faculty	<ol style="list-style-type: none"> 1. The evaluation of courses grid to be completed by Course Coordinators, which shows change of course outcomes and teaching methods over time, as a response to learning outcomes data and student evaluation of courses 2. Statements of needed change from the Curriculum Sub-Committees as seen in Committees' minutes. Factors to be addressed may include teaching methods, course outcomes, clinical site placements, distance education, and simulation 3. Development of student work portfolios by Course Coordinators 	A decision will be made by the curriculum committees to continue with current clinical sites, distance education, simulation, program and course outcomes or to make revisions

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

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

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. BSN, MNSc, and DNP end-of-course evaluations of a clinic experience and clinical sites 2. CCNE essentials for BSN, MNSc, DNP, and APRN certifying body standards 3. End-of-course reports 4. BSN, MNSc, and DNP graduation surveys 5. BSN, MNSc, and DNP outcomes 6. Faculty review of clinical course learning practices 7. MNSc Advisory Board meetings 8. DNP Advisory Board meetings	1. Review of surveys, end-of-course reports, and statements from students, faculty, employers, alumni, and advisory boards 2. Review CCNE essentials and certifying standards	Every 4 years	Associate Dean for Academic Programs, Program Directors, Curriculum Committees, Course Coordinators,	Meeting minutes from curriculum committees show evidence that reports and analyses of surveys and faculty review of courses have been evaluated. The minutes also show that decisions have been made in terms of course outcomes and teaching methods meeting the program outcomes	A decision will be made by the curriculum committees to make revisions in courses or to continue with current course structure in BSN, MNSc, and DNP programs

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. BSN, MNSc, and DNP graduation surveys 2. BSN, MNSc, and DNP outcomes 3. Faculty end-of-course reports 4. Response from accrediting bodies 5. Directors of Nursing Luncheon 6. MNSc and DNP Advisory Board Meetings	Review of surveys and statements of expectations from students, faculty, employers, alumni, and accrediting bodies	Every 4 years	Associate Dean for Academic Programs, Program Directors, Curriculum Committees	Meeting minutes from curriculum committees show evidence that reports and analyses of surveys and end-of-course reports have been reviewed. The minutes also show that decisions have been made in terms of course outcomes and teaching methods meeting the expectations of the communities of interest	A decision will be made by the curriculum committees to make revisions in courses or to continue with current course structure in BSN, MNSc, and DNP programs

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

Key Element III-G. Individual student performance is evaluated by the faculty and reflects achievement of expected individual student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. End-of-course reports 2. Course syllabi 3. Student handbook and catalog 4. Course and faculty evaluations 5. Faculty handbook	Review of course syllabi and faculty course evaluations with respect to faculty response to student comments in evaluations, consistency of application of grading policies, and consistency of evaluation of course outcomes	Every year	Associate Deans, Curriculum Committees, Course Coordinators	Minutes of curriculum committees meetings contain statements that faculty course evaluations were reviewed, that evaluation of course outcomes and grading policies were consistent, and that faculty have responded to student reviews	1. Revision of syllabi and teaching practices by course faculty as required in order to consistently evaluate course outcomes and apply grading policies and respond to student reviews 2. Curriculum committees are responsible for follow-up to assure revisions have been made and to report these revisions in meeting minutes 3. The end-of-course reports are reviewed by curriculum committees and the Associate Deans and feedback is given to individual faculty

Standard III. Program Quality: Curriculum and Teaching-Learning Practices

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Course syllabi outcomes/teaching methods 2. Faculty teaching evaluations by students 3. Course evaluations by students 4. End-of-course reports 5. Impromptu feedback (emails and notes) from students and curriculum committee minutes	1. Review course outcomes and teaching methods for evidence of changes that mark improvement over time 2. Review student evaluations and feedback	Every year	Associate Dean for Academic Programs, Program Directors, Faculty, Curriculum Committees	1. The evaluation of courses grid to be completed by course coordinators which shows change of course outcomes and teaching methods over time 2. Documentation in curriculum committees' minutes that course outcomes and teaching methods have been evaluated and changed, as necessary, to foster improvement	A decision from the curriculum committees to continue with current program and course outcomes or to make revisions will be made and communicated to appropriate faculty.

Standard IV. Program Effectiveness: Assessment of Program Outcomes

The program is effective in fulfilling its mission and goals as evidenced by achieving expected program outcomes. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. Data on program effectiveness are used to foster ongoing program improvement.

Key Element IV-A. A systematic process is used to determine program effectiveness.

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Student course evaluations 2. Graduation surveys 3. NCLEX pass rates 4. APRN Certification pass rates 5. BSN, MNSc, and DNP graduation rates 6. 5-year strategic plan 7. Evaluation plan 8. Faculty Handbook (systematic process of evaluation for program objectives)	Review of all processes	Every year	Baccalaureate & Graduate Council, Faculty Assembly, Departments	Analyses of process and written summary of findings clearly states strengths and areas for improvement.	Results of surveys are reported to the Faculty Assembly and referral for appropriate action. These actions are systematically reported in the respective meeting minutes.

Standard IV. Program Effectiveness: Assessment of Program Outcomes

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Graduation rates for all programs 2. Critical thinking & TEAS test results 3. ATI results 4. Learning lab data	Review data reports and summaries. Identify trends and patterns in data. Identify areas of needed change.	Every year	Associate Deans, Baccalaureate & Graduate Councils,	Trends and patterns & areas of needed change are identified.	Outcomes are reported to appropriate committees, and ultimately, a recommendation to faculty assembly will be made to continue with current practices or to make revisions.

Standard IV. Program Effectiveness: Assessment of Program Outcomes

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. NCLEX pass rates 2. APRN certification pass rates	1. Review pass rates and summaries. 2. Identify trends and patterns in data. 3. Identify areas of needed change and compare NCLEX and APRN certification pass rates over 3 years and compare with like institutions.	Every year	Associate Dean for Academic Programs, Associate Dean for Practice, Curriculum Committees, Baccalaureate & Graduate Councils,	Trends and patterns & areas of needed change identified	A recommendation to Faculty Assembly will be made by the curriculum committees to continue with current practices or to make revisions.

Standard IV. Program Effectiveness: Assessment of Program Outcomes

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
Graduation results	<ol style="list-style-type: none"> 1. Review data reports & summaries. 2. Identify trends & patterns in data. 3. Identify areas of needed change. 	Every year	Associate Dean for Academic Programs, Baccalaureate & Graduate Councils	Trends & patterns & areas of needed change in programs	A recommendation to Faculty Assembly where a decision will be made to continue with current programs or to make revisions.

Standard IV. Program Effectiveness: Assessment of Program Outcomes

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Graduation surveys 2. 5-year strategic plan outcome measures	Review of outcome measures & 5-year strategic plan	Every year	Baccalaureate & Graduate Councils, Associate Deans	Findings are congruent with CON mission & goals	Mission & goals are updated appropriately

Standard IV. Program Effectiveness: Assessment of Program Outcomes

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Faculty supervisor evaluations 2. Annual faculty self-reports 3. Annual department reports 4. Program mission & goals 5. CON annual report	1. Review of faculty evaluations 2. Comparison to faculty & department annual reports 3. Review of department reports	Every 2 years	Department Chairs, Associate Deans,	1. Faculty evaluations will be assessed for evidence of meeting department & CON program mission & goals. 2. Department reports will reflect aggregate faculty outcome data & CON goals.	1. Incongruences are identified & addressed with individual faculty & departments. 2. Faculty/program revisions as required.

Standard IV. Program Effectiveness: Assessment of Program Outcomes

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. CON Student Handbook 2. Admissions & Progression Committee special requests	1. Periodic review of CON complaint and appeal procedures 2. Review of formal complaints that are kept by the Assistant/Associate Deans	Every 2 years	Admissions & Progression Committee, Associate Deans, Dean	Data & findings are reviewed.	Weaknesses of CON appeal and complaint procedures are addressed.

Standard IV. Program Effectiveness: Assessment of Program Outcomes

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

Data	Assessment Method	Time Frame (as needed and at a minimum of)	Who is Responsible	Outcome of Assessment	Action Resulting from Assessment
1. Graduation rates 2. NCLEX pass rates 3. APRN certification rates 4. Program outcome data 5. Program changes 6. Graduation surveys	Outcome data is compared to expected outcomes for variance in: <ul style="list-style-type: none"> • student attrition • student NCLEX pass rates & APRN certification rates • educational programs & stakeholder expectations 	Every 2 years	Associate Deans	Analysis of data clearly states variances & direction for needed improvement.	Examine variances & make corrections, as needed, to improve both processes & outcomes.