CHHS

Nursing-Baccalaureate

Student Outcomes Assessment Plan (SOAP)

I. Mission Statement

BACCALAREATE PROGRAM

The Department of Nursing offers an undergraduate program which leads to a Bachelor of Science in Nursing, a Post-baccalaureate School Nurse Services Credential program, and a master's program for clinical specialists/nurse educators and nurse practitioners in selected areas of practice.

The baccalaureate program provides the learner with a broad based knowledge from the arts, natural sciences, social sciences, and humanities to develop a foundation for nursing practice. The generalist education of the baccalaureate program serves as the foundation for graduate education in nursing.

MISSION STATEMENT: DEPARTMENT OF NURSING

The Department of Nursing was formed in 1957. The department now consists of both an undergraduate and graduate nursing program.

The mission of the Department of Nursing is to offer quality nursing education to undergraduate and graduate nursing students that prepares nurses with clinical decision making skills based on theory and research. As lifelong learners graduates are prepared to deliver health care for a diverse population. Graduates will lead, supervise, delegate, manage, and evaluate care outcomes, as well as demonstrate the ability to ace as consumer advocates in promoting wellness and facilitating change. The department seeks to establish an academic foundation for advanced practice nursing and future doctoral preparation.

The Department of Nursing's philosophy is consistent with the mission of both the university and college. It is an expression of the commitment to excellence in professional education in meeting the health needs of the community. The University's special commitment to the San Joaquin Valley is to prepare students for industries and professions serving the community. To achieve the mission, California State University, Fresno supports applied research and public service programs as a means to enhance faculty development and instruction, especially those which contribute to the intellectual, social, cultural, and economic vitality of the San Joaquin Valley and California.

The faculty believes that a person is a unique being in constant interaction with environmental stressors: intrapersonal, interpersonal, and extra-personal in nature. Response to these stressors is influenced by the interaction of the individual's physiological, psychological, sociocultural, and developmental variables. It is also believed that individuals have the right to make decisions that affect their lifestyle and well-being. The environment encompasses internal and external forces including societal, technological, cultural, and other multidimensional influences.

Health and illness are viewed as continuing processes along a wellness-illness continuum, in which the individual attempts to achieve a sustainable balance between needs and available resources. Nursing responds to the reciprocal interaction between the person and the environment to facilitate a state of dynamic equilibrium or change in the level of health at any point along the wellness-illness continuum. Nursing is directed toward reducing stress factors that influence or could influence the attainment of an optimum level of wellness by an individual, family, or community.

This goal is achieved through the nursing process, a systematic, problem-solving technique used for implementing independent, interdependent, and dependent nursing actions. This process consists of assessing the person's actual and/or potential health problems, constructing a diagnostic statement, formulating goals and objectives with expected outcomes, implementing therapeutic interventions, and evaluating the effectiveness of these interventions/preventions. The philosophy of the department is actualized through application of the Neuman Systems Model. Nursing is advancing into a new era of expanding roles, responsibilities and functions in primary, secondary, and tertiary preventions. Faculty are responsible for the preparation of professional nurses who can assume current nursing roles and adapt to future health needs and evolving health care requirements. Thus, professional nursing education requires a flexible curriculum that emphasizes a total person approach and is based on evolving nursing theory and knowledge from the sciences and other related disciplines.

The faculty believes that learning is a process that influences and promotes change in behavior. Learning is viewed as a life-long process involving the continuing development of personal, intellectual, and professional growth. Learning is facilitated by professional role modeling and an educational environment conducive to the exchange of ideas, critical thinking, decision-making, creativity, experimentation, and innovation.

Inherent in the teaching/learning process is the reciprocal responsibility of faculty and students in influencing the process of learning outcomes. In this relationship, the faculty serves as role models and valuable resources in facilitating the advancement of nursing practice through leadership, research, and scientific inquiry. The faculty recognize the unique diversity of the Central Valley including cultural and ethnic backgrounds, language, beliefs, values, learning styles, and support systems. This diversity is viewed as an asset that is incorporated into curriculum development, implementation, and evaluation. The learner is expected to exhibit self-direction, and a sense of responsibility and accountability in mastery of knowledge and skills consistent with professional practice.

As scholars, nurses, and citizens, faculty accept the responsibility for the development of the profession and improvement of health care through continuing practice, study, and research. The faculty believes that well developed leadership abilities are essential in professional practice. Nurses need to seek improved ways of service to clients through research and effective dissemination of knowledge.

The faculty is committed to an educational process that prepares undergraduate nurses for entry level positions in nursing. Consistent with the concept of career mobility, opportunities are provided for returning RNs to articulate with the program at appropriate academic levels. The generalist education of the baccalaureate program serves as a foundation for graduate education in nursing.

II. Goals and Student Learning Outcomes

The student outcome assessment plan for the Department of Nursing at California State University Fresno (Baccalaureate) has been developed to measure student outcomes as a part of curriculum and program evaluation. The faculty of the Department of Nursing as a whole identified specific student outcomes, developed level outcomes, and have agreed upon performance indicators that will be used to measure outcome achievement. The culminating undergraduate nursing program outcomes are Communication, Critical Thinking, Clinical Judgment, and Collaboration (4C's). Below find the definitions.

Upon completion of the undergraduate program of study in the Department of Nursing the student will be evaluated on the following four outcomes.

COMMUNICATION: Communication is defined as a complex, ongoing, interactive process of exchanging information and forms the basis for building relationships. Communication includes listening, verbal and non-verbal behaviors, written skills, and the use of emerging technologies.

CRITICAL THINKING: Critical thinking is defined as a discriminating process that underlies decision making. Critical thinking includes questioning, analysis, synthesis, interpretation, inference, inductive and deductive reasoning, intuition, application, and creativity.

CLINICAL JUDGMENT: Clinical judgment is the interaction of knowledge, skills, and attitudes and underlies the nurse's ability to adapt care for diverse populations in varied health care environments. Clinical judgment involved critical reasoning, integration of evidence based practice, and the implementation of holistic, value based patient centered care.

COLLABORATION: Collaboration is defined as the active engagement in local, regional, and global health care and forms the basis for interdisciplinary practice. Collaboration supports a climate of diverse opinions and incorporates delegation, negotiation, coordination, and service learning.

The Baccalaureate programs outcomes and performance indicators are listed by goal:

COMMUNICATION

COMMUNICATION								
GOAL	OUTCOME	INDICATORS						
Goal 1: Use written, oral, and emerging methods of technology to communicate effectively with all members of the healthcare team, including the patient and patient support network.	Outcome 1: Write well organized, integrated nursing care plans. Outcome 2: Develop and present well organized professional presentations. Outcome 3: Write well organized professional papers utilizing APA format. Outcome 4: Demonstrate effective communication when interacting with patients, families, groups, and other health care providers. Outcome 5: Articulate the role of the professional nurse.	* 90% of students will receive an excellent or above average rating on all applicable communication measures evaluated on "Clinical Evaluation Tools." * At least an average rating of "adequate" on all applicable items on the "Employer Survey" * At least an average rating or higher on all communication items on the "Simulated Clinical Evaluation" * 80% of all students will be report confidence in the use of hand held patient care technology on the "Exit survey"						
Goal 2: Integrate clinical data from all relevant sources of technology to inform the delivery of care.	Outcome 1: Use emerging technology such as PDA, computers, and the internet to support patient care and professional growth. Outcome 2: Evaluate the credibility of sources of information Outcome 3: Use data from all relevant sources to inform the delivery of care. Outcome 4: Utilize researchderived knowledge and findings in the investigation and evaluation of nursing phenomena for the improvement of nursing practice Outcome 5: Protect patient privacy and confidentiality of patient records and other privileged communications	* 80% of students will report confidence in the use of hand held and other applicable technology used in the delivery of patient care on the "Exit survey". *80% of respondents will report confidence in the use of patient care technologies on the "Employer Survey"						
Goal 3: Advocate for social justice, including commitment to the health of vulnerable populations and the elimination of health	Outcome 1: Recognize the impact of attitudes, values, and expectations on the care of the very young, frail older adult and vulnerable populations.	* 90% of students will report participation in service learning activities with vulnerable populations on the "Exit survey"						

disparities		
'	Outcome 2: Participate in service learning activities that serve vulnerable populations. Outcome 3: Apply knowledge of social and cultural factors to the care of diverse populations. Outcome 4: Promote active participation of the client in the health care process through mutual goal setting. Outcome 5: Integrate pertinent social and cultural factors in planning care for individuals, families, and communities.	* At least 60% of the hospital and community sites will offer student experience with underserved vulnerable populations.
Goal 4: Promote the image of nursing by modeling the values and articulating the knowledge, skills and attitudes of the nursing profession.	Outcome 1: Demonstrate the professional nursing role when working with individual, families, and communities. Outcome 2: Actively participate in NSNA. Outcome 3: Assume accountability for personal and professional behavior.	* 90% of students will receive an excellent or above average rating on all applicable professional behavior items on the "Clinical Evaluation Tool" * At least an average of "adequate" on all items related to professional demeanor and role on the "Employer Survey" * At least 80% of the students will report confidence in their preparation for the professional role "Exit survey"
Goal 5: Demonstrate the professional standards of moral, ethical and legal conduct.	Outcome 1: Act to prevent unsafe, illegal, or unethical care practices Outcome 2: Identify personal and professional risks that impact professional choices and behaviors. Outcome 3: Demonstrate responsibility and accountability for nursing practice within the scope of the law, standards of practice, and ethical principles.	* 100% of students will demonstrate professional standards of care on all applicable items on the <i>Clinical Evaluation Tool</i> " * At least an average of "adequate" on all applicable items related to professional ethics on the " <i>Employer Survey</i> "
Goal 6: Use effective communication techniques, including conflict resolution, to produce positive professional working relationships.	Outcome 1: Maintain a classroom and clinical environment that is supportive of student learning. Outcome 2: Work cooperatively in groups to accomplish patient care goals.	*90% of students will receive an excellent or above average rating on all applicable interprofessional and extraprofessional communication items on the Student "Clinical Evaluation Tool"

	Outcome 3: Communicate with clients within multiple health care environments to ensure safe and effective patient care.	* At least an average rating or higher on all applicable items measuring group communication skills on the "Simulated Clinical Evaluations" * At least an average of "adequate" on all applicable items measuring competence in professional working relationship on the "Employer Survey" * 90% of student will receive a
		Level 2 or above on the "Final Preceptor Evaluation in N 150
Goal 7: Formulate strategies to enhance the nursing advocacy role in promotion of health and provision of care.	Outcome 1: Act as a patient advocate in varied clinical environments. Outcome 2: Recognize the importance of accessing interprofessional and intraprofessional resources to advocate for patients in clinical environments.	* 90 % of students will participate in patient advocacy activities as measured by items on the "Clinical Evaluation Tool"

CRITICAL THINKING

GOAL	OUTCOME	INDICATORS
Goal 8: Use skills of inquiry, analysis, and information literacy to address practice issues.	Outcome 1: Integrate theories and concepts from liberal education to nursing practice. Outcome 2: Demonstrate effective use of the nursing process when solving patient care problems in a variety of clinical environments Outcome 3: Apply evidenced base research in the solution of patient care problems for individuals, families, and population groups.	*90% of students will receive an excellent or above average on all items applicable to critical thinking and clinical judgment on the "Clinical Evaluation Tool" *90% of students will reach excellent or above average scores on all items applicable to critical thinking and clinical judgment on "Simulated Clinical Evaluation" *100% of students will reach Level Two* on all "ATI RN Mastery Exams" and if not will remediate appropriately (*As defined by ATI) *90% of all candidates will pass the "National Council Licensing Exam (NCLEX-RN) (the first attempt

Goal 9: Participate in the collection, documentation, and dissemination of research.	Outcome 1: Critically evaluate the role of and need for both theoretical and practice based research in the field of nursing. Outcome 2: Utilize evidenced based research to support patient care intervention and quality improvement. Outcome 3: Written work will demonstrate synthesis of recent evidenced base research. Outcome 4: The student will participate in one research conference.	*90% of students will receive an excellent or above average on all items applicable to the application of evidenced based research in nursing care planning of the "Clinical Evaluation Tool" *80% of students will receive an excellent or above average scores on all items applicable to the application of evidenced based practice in "Simulated Clinical Exam" *80% percent of students will respond with at least an adequate or higher rating on all items related to evidence based practice application on the "Exit Survey".
Goal 10: Engage in reflection about one's own beliefs and values related to professional practice	Outcome 1: Explore their own beliefs and values. Outcome 2: Recognize how their own personal values can impact their individual ability to provide nursing care. Outcome 3: Acquire lifelong learning skills to support excellence in nursing practice.	*90% percent of students will respond with at least an adequate or higher rating on all items related to their ability to value ethical and professional applications of practice on the "Exit Survey".

CLINICAL JUDGMENT

GOAL	OUTCOME	INDICATORS
Goal 11: Integrate best evidence, clinical judgment, inter-professional perspectives, and patient preferences in planning care.	Outcome 1: Implement holistic, patient centered care that reflects an understanding of pathophysiology, pharmacology, medical management, and nursing management across the health illness continuum Outcome 2: Implement evidenced based nursing interventions as appropriate for managing the acute and chronic care of patients. Outcome 3: Demonstrate clinical judgment and accountability for patient outcomes when delegating to and supervising other members of the healthcare team	*90% of students will receive excellent or above average on all items related to clinical judgment on the "Clinical Evaluation Tool" *80% of students participating in clinical simulated exams will receive excellent or above average on all items related to clinical judgment and collaboration on the ""Simulated Clinical Evaluation" *90% of students will receive a predictive score of 90% on the "RN Comprehensive Exam" in

	Outcome 4: Implement the nursing process to achieve optimal health care outcomes for individuals, families, and communities	*90% of students will pass the "NCLEX-RN Exam" on the first attempt.				
Goal 12: Demonstrate the application of psychomotor skills for the efficient, safe, and compassionate delivery of care.	Outcome 1: Demonstrate safe application of psychomotor skills in all clinical environments. Outcome 2: Use evidenced based research to apply psychomotor skills in a variety of health care settings. Outcome 3: Recognize atypical presentation of disease in the geriatric client. Outcome 4: Adapt nursing care for the older adult applying significant physiological, psychological, and sociocultural factors that can impact nursing care outcomes	*90% of all students will receive an excellent or above average on all items from the "Clinical Evaluation Tool" *90% of students will receive an excellent or above average on all items related to psychomotor skills on the "Simulated Clinical Evaluation"				
Goal 13: Recognize and manage common multifactorial geriatric syndromes	Outcome 1: Recognize atypical presentation of disease in the geriatric client. Outcome 2: Adapt nursing care for the older adult applying significant physiological, psychological, and sociocultural factors that can impact nursing care outcomes.	*90% of students will receive an excellent or above average on all items on the "Clinical Evaluation Tools" related to care of the older adult *90% of student will integrate principles of geriatric syndromes in all items related in the "Simulated Clinical Evaluation"				

COLLABORATION

GOAL	OUTCOME	INDICATORS
Goal 14: Articulate the nursing perspective concerning healthcare delivery issues to decision makers within health care organizations and other policy arenas.	Outcome 1: Articulate the role of the professional nurse to other members of the health care team, policy makers, and health care organizations. Outcome 2: Participate in interprofessional groups within selected clinical environments. Outcome 3: Participate in beginning health policy discussions with members of the health care team. Outcome 4: Collaborate with other health care professionals	*90% of students will report confidence in their ability to articulate the nursing perspective on the "Exit survey" *80% of respondents to the "Employer Survey" will report involvement in professional advocacy within healthcare organizations, policy arenas, or professional organization.

	and patients to provide spiritually and culturally appropriate patient care. Outcome 5: Advocate for high quality and safe patient care as a member of the interprofessional team. Outcome 6: Demonstrate teambuilding and collaborative strategies when working with inter-professional teams.	
Goal 15: Apply leadership concepts, skills, and decision making in the provision of high quality nursing care, and the coordination of the health care team.	Outcome 1: Demonstrate leadership skills when working with individuals, student groups, and other members of the health care team. Outcome 2: Value the knowledge and methods of a variety of health care disciplines to improve care to individuals, families, and communities.	*90% of students on the "Exit survey" will report effective leadership experiences within the program *80% of respondents on the "Employer Survey" will report leadership roles since graduation

III. Curriculum Map (Matrix of Courses X Learning Outcomes) I= Introduced R= Reinforced M= Mastery									У						
COURSES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
NURS 10	Ι	I	I	I	I	ı	I	1	I	ı	I	I	1	I	I
NURS 10A	Ι	I		I	I	ı		1		ı	I	I		I	
NURS 10L	Ι	I	I	I	I	I	I	I	I	I	I	I	I	I	I
NURS 111	Ι	I		I			I	I		I	I	I	I		
NURS 112	I	I		I	I			I		I	I		I		
NURS 110	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
NURS110a	R	R		R	R	R	R	R		R	R	R		R	
NURS110L	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
NURS124	R	R		R	R			R	R		R		R	R	
NURS121	R	R	R	R	R	R	R	R	R	R			R	R	R

			ı				1	I	1	1	I	I			1
NURS121L	R	R	R	R	R	R	R	R	R	R	R	R		R	R
NURS123	R	R	R	R	R	R	R	R	R	R		R	R	R	R
NURS123L	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
NURS 131	R	R	R	R	R	R	R	R	R	R	R	R		R	R
NURS131L	R	R	R	R	R	R	R	R	R	R	R	R		R	R
NURS 132	R	R	R	R	R	R	R	R	R	R	R	R			R
NURS132L	R	R	R	R	R	R	R	R	R	R	R	R		R	R
NURS 145	R	R					R	R			R				
NURS 140	R			R	R		R						R	R	R
NURS140L	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
NURS 141	R	R	R	R	R		R	R		R	R	R	R	R	R
NURS141L	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
NURS 142		R	R				R	R			R				
NURS 150	R	R	R	R	R	R		R			R			R	R
NURS150L	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
NURS151	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
	•	•	•	•	•	•	•	•	•	•	•	•	•	•	

IV. Assessment Methods

A. Direct Measures (at least three)

1. STUDENT CLINICAL EVALUATIONS: DIRECT MEASURE

Students are evaluated in all clinical courses and the four main outcomes (4 C's) are addressed in each evaluation tool. Students and faculty evaluate all clinical courses and a committee reviews both student and faculty evaluation for needed curricular change. The department utilizes a standard student evaluation form that links outcomes with ratings. The department also utilizes a standard faculty evaluation form called; Course Evaluation Summary Action Plan (CESAP). This form links the actual content of courses, course objectives, program outcomes, and student ratings. Within the form analyzes is done to see if needed adjustments are required. The forms are given the Baccalaureate Evaluations Coordinator upon completion.

2. ATI TESTING: DIRECT MEASURE

ATI is a formative testing program that evaluates student acquisition of knowledge, competence in clinical intervention, and ability to be successful in national standardized testing. Students are required to take proctored assessments in the following RN Content Mastery areas: fundamentals, pharmacology, mental health nursing, maternal and child nursing, care of the child and family, and medical surgical nursing. The department requires each student to reach level two in the mastery testing. The formative nature of the program allows for remediation at the end of each semester.

3. RN COMPREHENSIVE EXAMINATION: DIRECT MEASURE

The RN ATI Comprehensive Exam is an exam that predicts successful completion of the National Council Licensing Exam (NCLEX-RN) required for registered nurse practice in the United States. The exam is administered to all students at the beginning and at the completion of the sixth semester. Students are required to remediate following the first proctored assessment. Currently the department has a benchmark of 90% on the RN Comprehensive assessment. Students are encouraged by the program to reach a 90% predictive value of passing the NCLEX on the ATI RN Comprehensive Examination; however at this time we have no progression deterrents in place to prevent the students to achieve this level prior to graduation. Students are counseled on further preparation needed for the NCLEX also during this time period.

4. SIMULATED CLINICAL EVALUATIONS: DIRECT MEASURE

The department currently has hired a new simulation coordinator and has developed simulated clinical testing to provide student evaluation of clinical and cognitive skills in a controlled environment. Each of the included student outcomes i.e. collaboration, communication, critical thinking, and clinical judgment will be evaluated using standardized criteria. Students will be required to remediate deficiencies during the debriefing sessions as needed.

5. NCLEX RESULTS: DIRECT MEASURE

The NCLEX is a nationally standardized test developed and administered by the National Council of State Boards of Nursing that is required for practice as a registered nurse. The percent of students passing is summed for each semester. Students who are unsuccessful on the examination are encouraged to seek remediation suggestions from the baccalaureate committee.

B. Indirect Measures

1. EXIT SURVEY: INDIRECT MEASURE

Each baccalaureate student is asked to fill out an exit survey at the end of the sixth and final semester of the program. Those items related to student outcomes are averaged and tracked across semesters. The results are presented to the faculty for consideration and identification of needed curricular change.

2. EMPLOYER SURVEY: INDIRECT MEASURE

The Employer survey is electronically mailed every three years. The results of items related to the identified student outcomes are averaged and presented to the faculty for consideration and evaluation of student outcome mastery and curricular review.

3. BACCALAUREATE ADVISORY COUNCIL: INDIRECT MEASURE

The chair of the department of nursing sits on the Academic Partnership Committee which is composed of both faculty from other programs and clinical partners. Input from the committee is shared with all faculty members at the monthly faculty meeting with opportunity for consideration of needed actions.

4. ALUMNI SURVEY: INDIRECT MEASURE

This is a new measure for the Baccalaureate program. It will first be administered in spring 2014. The survey will be mailed electronically every three years. The electronic addresses will be obtained at graduation via the exit survey.

V. Student Learning Outcomes X Assessment Methods Matrix

Please see linkage in this document pages 4-9.

VI. Timeline for Implementation of Assessment Methods and Summary Evaluations

Direct Measures

1. STUDENT CLINICAL EVALUATIONS: DIRECT MEASURE (each semester)

Students are evaluated in all clinical courses each semester and the four main outcomes are addressed in each evaluation tool. A random selection of at least 10 clinical evaluation tools per clinical course each semester, are pulled for evaluation by the undergraduate evaluations coordinator.

2. ATI TESTING: DIRECT MEASURE (each semester)

Students are required to take proctored assessments in the following RN Mastery areas: fundamentals, pharmacology, mental health nursing, maternal and child nursing, care of the child and family, and medical surgical nursing. The department requires each student to reach level two in the mastery testing. The formative nature of the program allows for remediation at the end of each semester. The department has a formal sequencing and ATI policy that is included in each core

courses syllabus.

3. RN COMPREHENSIVE EXAMINATION: DIRECT MEASURE (all students 6th semester)

The RN ATI Comprehensive Exam is an exam that predicts successful completion of the National Council Licensing Exam (NCLEX-RN) required for registered nurse practice in the United States. The assessment is administered to all students at the beginning and at the completion of the sixth semester. Students are required to remediate following the first proctored assessment. Students are encouraged by the program to reach a 90% predictive value of passing the NCLEX on the ATI RN Comprehensive Examination. Students are counseled on further preparation needed for the NCLEX also during this time period.

4. SIMULATED CLINICAL EVALUATIONS: DIRECT MEASURE (all clinical courses each semester)

The department currently has hired a new simulation coordinator and has developed simulated clinical testing to provide student evaluation of clinical and cognitive skills in a controlled environment. Each of the included student outcomes i.e. collaboration, communication, critical thinking, and clinical judgment will be evaluated using standardized criteria. Students will be required to remediate deficiencies that are identified – remediation takes place in the debriefing sessions following each simulation experience.

5. NCLEX RESULTS: DIRECT MEASURE (each cohort upon taking the examination)

The NCLEX is a nationally standardized test developed and administered by the National Council of State Boards of Nursing that is required for practice as a registered nurse. The percent of students passing is summed for each semester by the Board of Registered Nurses (BRN) and released for public knowledge. Students who are unsuccessful on the examination are encouraged to seek remediation suggestions from the baccalaureate committee.

Indirect Measures

1. EXIT INTERVIEW: INDIRECT MEASURE (all students 6th semester)

Each baccalaureate student is asked to fill out an exit survey at the end of the sixth and final semester of the program. Those items related to student outcomes are averaged and tracked across semesters. The results are presented to the faculty for consideration and identification of needed curricular change.

2. EMPLOYER SURVEY: INDIRECT MEASURE (every 3 years)

The Employer survey is mailed every three years. The results of items related to the identified student outcomes are averaged and presented to the faculty for consideration and evaluation of student outcome mastery and curricular review.

3. BACCALAUREATE ADVISORY COUNCIL: INDIRECT MEASURE (on-going)

The chair of the department of nursing sits on the Academic Partnership Committee which is composed of both faculty from other programs and clinical partners. Input from the committee is shared with all faculty members at the monthly faculty meeting with opportunity for consideration of needed actions.

4.ALUMNI SURVEY: INDIRECT MEASRUE (every 3 years)

This is a new indicator for the Baccalaureate program and will first be assessed spring 2014.

Measure	Year 1	Year 2	Year 3	Year 4	Year 5
	2009-10	2010-11	2011-12	2012-13	2013-14
Clinical Evaluations	X	X	X	X	X
Final Preceptor Evaluation of	X	X	X	X	X
150L					
Exit survey	X	X	X	X	X
Employer Survey		X			X
ATI RN Mastery Results	X	X	X	X	X
RN Comprehensive Exam Results	X	X	X	X	X
Advisory Committee	X	X	X	X	X
Simulated Clinical Evaluations	X	X	X	X	X
Alumni Survey					X

Measure	Year 6	Year 7	Year 8	Year 9	Year 10
	2014-15	2015-16	2016-17	2017-18	2018-19
Clinical Evaluations	X	X	X	X	X
Final Preceptor Evaluation of	X	X	X	X	X
150L					
Exit survey	X	X	X	X	X
Employer Survey			X		
ATI RN Mastery Results	X	X	X	X	X
RN Comprehensive Exam Results	X	X	X	X	X
Advisory Committee	X	X	X	X	X
Simulated Clinical Evaluations	X	X	X	X	X
Alumni Survey			X		

VII. Process for Closing the Loop

Annually (May) the Baccalaureate Assessment Coordinator will gather data and syntheses it for presentation to the Baccalaureate Curriculum Committee. Results of all assessment activities will be discussed. If the Spring meeting needs to be extended to Fall the extension will be made for the first meeting in August. The Baccalaureate Curriculum Committee is the umbrella committee of the evaluations coordinator. All baccalaureate faculty members are participants of both the curriculum and the evaluation assessment committees and they meet together on the second Friday of each month. The Baccalaureate Committee Chair and the Baccalaureate Assessment Coordinator work closely together to gather data for reporting to committee.

Based on the outcomes of the assessment activities, recommendations for improvement by the committee will be made. Modifications will be completed by the appropriate member of the committee. Supervision of change completion will be supervised by both the Curriculum Committee Chair and the Baccalaureate Assessment Coordinator.

Annual assessment aspects of process and corresponding component of evaluation

Assessment of Curriculum:

- Yearly review and approval by Baccalaureate Committee
- Evaluation of course content effectiveness by students (student course evaluations)
- Course Evaluation Summary Action Plan (CESAP) (faculty evaluation of course)
- Evaluation and revision of course and course syllabus as needed by Baccalaureate Committee

Review of Student work: (Direct Measures)

- Student clinical evaluations
- ATI assessments
- RN comprehensive assessment
- Simulated Clinical evaluations
- NCLEX pass rates

Review of data: (Indirect Measure)

- Exit interview
- Advisory Council
- Employer Survey

Student Satisfaction:

- Administration of standardized departmental course evaluations
- Administration of standardized university instruction effectiveness (IDEA)

Faculty Satisfaction & Feedback:

- All participating Baccalaureate faculty are a part of the Baccalaureate Committee and discussion of progress and satisfaction will be an agenda item at those meetings.
- The CESAP forms will be used to assess faculty satisfaction with course, program, and will provide a written format for feedback to the Baccalaureate Committee.
- If it is determined that, upon completion of the CESAP that if there is not sufficient faculty satisfaction, or if sensitive issues emerge that cannot be covered in committee meetings, private meetings will be held with Baccalaureate Committee Chair and Department of Nursing Chair.

Please find below an example of an annual assessment plan:

- 1. Each semester students take clinical course they are evaluated upon completion.
- 2. Students are administered the appropriate Content Mastery ATI assessment
- 3. Students participate in clinical simulation experience each semester
- 4. Student evaluate instruction effectiveness (IDEA)
- 5. Students evaluate course (course evaluation)
- 6. Faculty evaluate course (CESAP)
- 7. Employer Survey (every 3 years)
- 8. Alumni Survey (every 3 years)
- 9. NCLEX results (provided approximately every 4-6 months cycle)
- 10. Final semester evaluation:
 - RN Comprehensive
 - Exit Survey

All data is collected analyzed and presented to Baccalaureate Committee by the evaluations coordinator at the last meeting in spring. Discussions are held and decisions are made to implement changes.

The first Baccalaureate Committee meeting in fall is used to complete any necessary discussions and readdress any areas of concerns. Implementations of any necessary changes will be (if possible) made at that time.

Each Baccalaureate Committee meeting has a standing item of assessment updates. Baccalaureate Committee meetings are the second Friday of the month. Depending on discussion and necessary modifications, items may be taken to Faculty Council that meets every third Friday of the month.

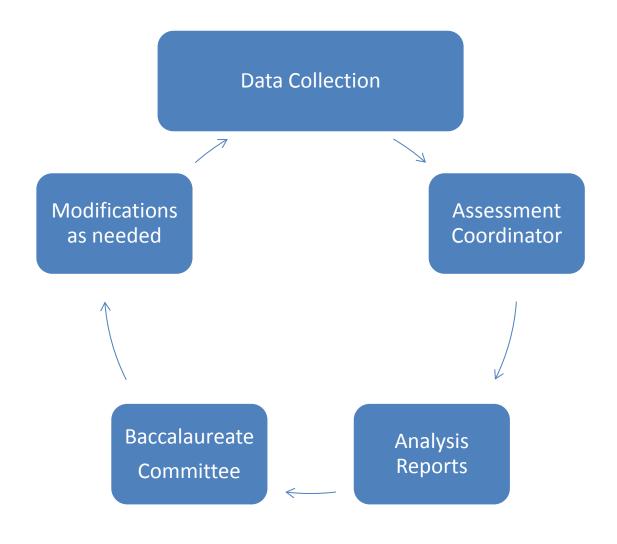


Figure 1
Graphic Representation of Assessment Process