|  |
| --- |
| **College of Health and Human Services**  **School of Nursing/Graduate Program** |
| **Student Outcomes Assessment Plan (SOAP)** |
| Mission Statement |
| The mission of the School of Nursing at California State University, Fresno is to offer theory-based nursing education to undergraduate and graduate nursing students. The School prepares nurses with clinical decision-making skills based on EBP. Additionally, the School seeks to establish an academic foundation for Advanced Practice Nursing and Doctoral preparation. As life-long learners, graduates are prepared for delivering Holistic health care to diverse populations across Health Care settings.  Approved by Faculty Council: 4/20/18 |

|  |
| --- |
| Program Goals and Student Learning Outcomes |
|  |
| **Program Goals**   1. Implement concepts of collaboration, consultancy, teaching, leadership, and research in advanced nursing practice. 2. Function as a licensed practitioner providing culturally-appropriate and client-centered healthcare services including health promotion, disease prevention, health protection, disease management, and palliative and end-of-life care. 3. Demonstrate critical thinking, effective oral and written communication, information literacy, and proficiency with patient-care and communication technologies to enhance care and assure quality improvement. 4. Exemplify ethics, and engagement to promote equity and social justice to facilitate the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders. |
| **Student Learning Outcomes**. Graduates will be able to:  1. Integrate scientific findings from nursing, biopsychosocial fields, genetics, public   health, quality improvement, and organizational sciences for the continual improvement   of nursing care across diverse settings. (Essential1. Background for Practice from   Sciences and Humanities)  2. Demonstrate leadership skills that emphasize ethical and critical decision   making, effective working relationships, and a systems-perspective.(Essential II**.** Organizational and Systems Leadership)  3. Demonstrate knowledge of the methods, tools, performance measures, and   standards related to quality **(**Essential III**.** Quality Improvement & Safety) |
| 4 .Apply research to outcomes within the practice setting. (Essential IV.Translating and   Integrating Scholarship into Practice) |
| 5. Use patient-care and communication technologies to deliver, enhance, integrate, and   coordinate care. (Essential V. Informatics & Healthcare Technologies)  6. Intervene at the system level through the policy development process and employ   advocacy strategies to influence health and health care. (Essential VI**.** Health Policy and   Advocacy) |
| 7**.** Communicate, collaborate, and consult with other health professionals to manage   and coordinate care. (Essential VII.Inter-professional Collaboration for Improving Patient   and Population Health Outcomes) |
| 8. Apply and integrate broad, organizational, client-centered, and culturally appropriate   concepts in the planning, delivery, management, and evaluation of evidence-based   clinical prevention and population care and services to individuals, families, and  aggregates. **(**Essential VIII**.** Clinical Prevention and Population Health for Improving   Health) |
| 9. Demonstrate understanding of nursing and relevant sciences and integrate this   knowledge into practice. (Essential IX**.** Master’s-Level Nursing Practice) |

|  |  |  |
| --- | --- | --- |
| **Alignment of Student Learning Outcomes & Program Goals** | | |
| **Program Goals** | **Student Learning Outcomes** | |
| 1. Implement concepts of collaboration, consultancy, teaching, leadership, and research in advanced nursing practice | 2.Demonstrate leadership skills that emphasize ethical and critical decision-making, effective working relationships, and a systems-perspective. (Essential II. Organizational and Systems Leadership)  4 .Apply research to outcomes within the practice setting. (Essential IV. Translating and Integrating Scholarship into Practice) | |
| 1. Function as a licensed practitioner providing culturally-appropriate and client-centered healthcare services including health promotion, disease prevention, health protection, disease management, and palliative and end-of-life care | | 1.Integrate scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings. (Essential 1. Background for Practice from Sciences and Humanities)  7. Communicate, collaborate, and consult with other health professionals to manage and coordinate care. (Essential VII. Inter-professional Collaboration for Improving Patient and Population Health Outcomes)  8. Apply and integrate broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates. (Essential VIII. Clinical Prevention and Population Health for Improving Health)  9. Demonstrate understanding of nursing and relevant sciences and integrate this knowledge into practice. (Essential IX. Master’s-Level Nursing Practice). |
| 1. Demonstrate critical thinking, effective oral and written communication, information literacy, and proficiency with patient-care and communication technologies to enhance care and assure quality improvement. | | 3. Demonstrate knowledge of the methods, tools, performance measures, and standards related to quality (Essential III. Quality Improvement & Safety)  5. Use patient-care and communication technologies to deliver, enhance, integrate, and coordinate care. (Essential V. Informatics & Healthcare Technologies) |
| 4. Exemplify ethics and engagement to   promote equity and social justice to   facilitate the development of health   care systems that address the needs   of culturally diverse populations,   providers, and other stakeholders | | 6. Intervene at the system level through the policy development process and employ advocacy strategies to influence health and health care. (Essential VI. Health Policy and Advocacy) |

|  |
| --- |
| Curriculum Map (Matrix of Courses X Learning Outcomes) |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Course | SLO 1 | SLO 2 | SLO 3 | SLO 4 | SLO 5 | SLO 6 | SLO 7 | SLO 8 | SLO 9 | | NURS 210 |  | I | I | I | I |  |  | I | I | | NURS 212 |  |  | I | I | I |  |  | I | I | | NURS 221 |  |  | I |  | I |  |  |  |  | | NURS 225 | I | I |  |  | I | I | I | I | I | | NURS 211 {244} | I | I | E | I | I | I | I | E | E | | NURS 223 | I | I | E |  | I | I | I | E | E | | NURS 264 (262) {243} | E | R | E | E | E | E | E | E | R | | NURS 265 (263) {245} | E | E | R | E | E | E | E | E | R | | NURS 215 | E | E |  | E | E | E | E | E | R | | NURS 266 (268) {246} | R | E |  | R | R | R | R | R | R | | NURS 267 (269) {247} | R | R | R | R | R | R | R | R | R | | NURS 277 (279) {248} | R | R |  | R | R | R | R | R | R | | NURS 278 (280) {249} | R | R | R | R | R | R | R | R | R | | NURS 298/299 | M | M | M | M | M | M | M | M | M | | | |

| **I = Introduced** | **R = Reinforced** | **E=Emphasized** | **M=Mastered** |
| --- | --- | --- | --- |

|  |
| --- |
| Assessment Methods |
| * 1. **Direct Measures:** |
| * + 1. Midterm and final examinations |
| * + 1. Objective Structured Clinical Examination |
| * + 1. Systematic Literature Review |
| * + 1. Final site visit |
| * + 1. Final Preceptor Evaluation |
| * + 1. Passage of National Certifying Examination |
| * + 1. E-logs patient tracking system |
| * + 1. Culminating Experience |
| * 1. **Indirect Measures:** |
| * + 1. Exit Evaluation |
| * + 1. Alumni Evaluation |
| * + 1. Employer Survey |

|  |
| --- |
| Student Learning Outcomes X Assessment Methods Matrix |
| |  |  | | --- | --- | | SLO | Measure | | 1. Integrate scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings. (Essential1. Background for Practice from Sciences and Humanities) | Midterm and Final Examinations  Written Clinical Case Study Assignment  Objective Standardized Clinical Encounters  National Certifying Examination  Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience | | 2. Demonstrate leadership skills that emphasize ethical and critical decision- making, effective working relationships, and a systems-perspective.(Essential II**.** Organizational and Systems Leadership) | Written Clinical Case Study Assignment  Objective Standardized Clinical Encounters  National Certifying Examination  Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience | | 3. Demonstrate knowledge of the methods, tools, performance measures, and standards related to quality **(**Essential III**.** Quality Improvement & Safety) | Written Clinical Case Study Assignment  National Certifying Examination  Culminating Experience | | 4. Apply research to outcomes within the practice setting. (Essential IV.Translating and Integrating Scholarship into Practice) | Written Clinical Case Study Assignment  Objective Standardized Clinical Encounters  Systematic Literature Review  National Certifying Examination  Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience | | 5. Use patient-care and communication technologies to deliver, enhance, integrate, and coordinate care. (Essential V. Informatics & Healthcare Technologies) | Written Clinical Case Study Assignment  Objective Standardized Clinical Encounters  Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience | | 6. Intervene at the system level through the policy development process and employ advocacy strategies to influence health and health care. (Essential VI**.** Health Policy and Advocacy) | Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience | | 7. Communicate, collaborate, and consult with other health professionals to manage and coordinate care. (Essential VII.Inter-professional Collaboration for Improving Patient and Population Health Outcomes) | Written Clinical Case Study Assignment  Objective Standardized Clinical Encounters  Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience  E-logs patient tracking system | | 8. Apply and integrate broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates. **(**Essential VIII**.** Clinical Prevention and Population Health for Improving Health) | Written Clinical Case Study Assignment  Objective Standardized Clinical Encounters  National Certifying Examination  Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience  E-logs patient tracking system | | 9. Demonstrate understanding of nursing and relevant sciences and integrate this knowledge into practice. (Essential IX**.** Master’s-Level Nursing Practice) | Midterm and Final Examinations  Written Clinical Case Study Assignment  Objective Standardized Clinical Encounters  National Certifying Examination  Final Practicum Evaluation  Final Preceptor Evaluation of Student  Culminating Experience  E-logs patient tracking system | |

|  |  |
| --- | --- |
| **DIRECT MEASURES OF STUDENT LEARNING** | |
| **Assessment** | **Benchmark** |
| 1. Midterm and Final Examinations | 90% of students attain grade of 80%or better |
| 2. Written Clinical Case Study Assignment  (A write-up of an actual clinical encounter of a case involving a designated system, including Subjective, Objective, Assessment, Plan, and differential diagnoses with rationale. Graded by rubric.) | 90% of students receive grade of ≥80% |
| 3. Objective Standardized Clinical Encounters (OSCE)   1. OSCE are a form of performance-based testing used to measure students’ **clinical competence**. Students are observed and evaluated as they interact with **standardized** patients. Graded by rubric… | 90% of students receive a grade of ≥80% |
| 4. National Certifying Examination  https://d.adroll.com/cm/aol/out?advertisable=Q2AV3BL3SNDKDFMMVGUKEThttps://d.adroll.com/cm/index/out?advertisable=Q2AV3BL3SNDKDFMMVGUKEThttps://d.adroll.com/cm/n/out?advertisable=Q2AV3BL3SNDKDFMMVGUKET | 90% of students to pass national certifying exam on first attempt |
| 5. Final Practicum Evaluation  Students are observed in their clinical sites by a clinical faculty member as they obtain histories, perform physical examinations, assess, and treat patients. A chart review is performed, and faculty meets with the preceptor and records their input. Grading by rubric. | 90% of students to demonstrate advanced, above average, or appropriate performance |
| 6. Final Preceptor Evaluation of Student | 80% of students rated as consistently or often meeting criteria |
| 7. Elogs patient tracking system  ELogs is allows Interns and Residents to use personal computers, smartphones, and tablets (iPod / iPad / Android) to log patient encounters, reading and educational requirements, hours worked and service evaluations. eLogs provides Housestaff and Administrators access to real-time, web-based reports | 100% of students will have at least 612 clinical hours with at the minimum 40 hours of experience in both pediatrics and women’s health. |
| 8. Culminating experience | 100% of students shall complete a thesis or project demonstrating comprehensive knowledge of an advanced practice issue. |
| **INDIRECT MEASURES OF STUDENT LEARNING** | |
| **Assessment** | **Benchmark** |
| 9. Exit evaluation  The exit evaluation is conducted at the end of each academic year and distributed electronically to new graduates to assess the extent to which they believe the program met the stated program goals. In addition, the survey provides information regarding current employment and whether completion of the MSN program changed that employment. The survey is distributed, collected, and tabulated by the Central California Center for Nursing Excellence (Center). Resulted are reviewed by the Chair, Graduate Coordinator, and Graduate Committee and change made as indicated. Any changes instituted are reevaluated the following year by the Chair, Graduate Coordinator, and Graduate Committee. | 80% of responses will fall in the neutral to strongly agree range for each item |
| 10. Alumni Evaluation  The alumni survey is distributed electronically to all students one year post graduation. The survey collects data relevant to the graduate’s employer and job responsibilities, as well as evaluative information relative to the MSN program. The survey is distributed, collected, and tabulated by the Center staff. Results are reviewed by the Chair, Graduate Coordinator, and Graduate Committee. Changes are made as indicated and reviewed annually for effectiveness. | 90% of responses will fall in the neutral to strongly agree range for each item |
| 11. Employer Survey  The employer survey is distributed at the end of each academic year. The survey collects data from employers of MSN program graduates to assess degree to which the program prepared the graduates to be advanced practice clinicians and leaders. The survey is distributed, collected and tabulated by the Center staff. Results are reviewed by the Chair, the Graduate Coordinator, and Graduate Committee. Changes are made as indicated and reviewed annually for effectiveness. | 90% of graduates rated as consistently or often meeting each items |

|  |
| --- |
| 1. **Timeline for Implementation of Assessment Methods and Summary Evaluations** |
| All assessment methods will be implemented annually and any changes will be evaluated one year after implementation and as needed thereafter. |

|  |
| --- |
| Process for Closing the Loop |
| Results are analyzed annually by Graduate Nursing Committee and presented to the faculty for interpretation and recommendations.  The Graduate Coordinator receives a report of the certifying examination outcomes from the previous year. In the fall, decisions are made (if goals are not achieved) as to what strategies should be implemented to improve the outcomes. Strategies to support maintenance or improvement are implemented the next academic year.  Any student not meeting goals during the program will be remediated individually by didactic faculty or clinically in faculty practice.  In addition, a number of program evaluation measures have been implemented and are similarly reviewed. These include:   * + 1. Course evaluation by student     2. Peer review by tenure or tenure track faculty. (Confidential)     3. Student rating of instruction (IDEA)     4. Faculty Satisfaction/course evaluation (CESAP)     5. Student data  1. retention 2. progression 3. graduation rates   1. Course evaluation by students are completed for each course by the end of each semester of the program. Results are reviewed by the Graduate Committee and changes made as indicated. Effectiveness of any changes is reviewed annually.  2. Peer review of each instructor is completed for each course by the end of each semester of the program. These reviews are performed by a tenured faculty member. Results will be reviewed by Chair of the School of Nursing and by the Dean of the College of Health and Human Services and adjustments of faculty effectiveness will be made accordingly. Results of the peer review are compared with those of the prior year for the same course to evaluate effectiveness of any changes.  3. Student rating of instruction effectiveness (IDEA). Fresno State’s instruction effectiveness procedures are adhered to. Currently, during the second half of each course, students complete an instruction effectiveness survey. The results of these surveys are tabulated and provided to faculty to assess their effectiveness. Results are housed in the College of Health and Human Services Dean’s office in the corresponding faculty action files.  4. Faculty satisfaction and course evaluation are assessed following each course completion using the Course Evaluation Summary and Action Plan (CESAP). The form is completed by each faculty member and forwarded to the Graduate Coordinator, who shares the reports with the Chair and Graduate Committee. Suggestions for adjustments in courses is documented in meeting minutes and re-evaluated for effectiveness annually.  5. Data on student retention, progression, and graduation rates are collected by program staff and reviewed by the Graduate Coordinator and the Graduate Committee. |
|  |