Fitchburg State University

Department of Nursing

Undergraduate Program Evaluation Map

AY 2019-2020

Crosswalk Table: MA BORN Standards & The 2018 CCNE Key Elements

MA BORN Regulation	2018 CCNE Key Element(s)		MA BORN Regulation	2018 CCNE Key Element(s)
CMR 6.04 Standards for Nursing Education Program Approval			CMR 6.04 (continued)	
Mission & Governance			**Curriculum**	
1a	I-A, I-B, I-C		4a	III-A, III-B
1b	I-E		4b (Items 1-5)	III-B, III-F, III-G,III-H
1c	II-D			
1d	I-F			
1e	III-J, IV-A, IV-I, IV-J			
1f	Notification letters to MA BORN are on file in DON office			
1g	Policy to be written & on file in DON office			
1h	I-H; UG Student Handbooks, Website		**Resources**	
			5a	II-E, II-F
Faculty Qualifications			5b	II-E
2a (Items 1-4)	II-D		5c	II-C
2b (Items 1, 3,4 & 5)	II-E & II- F		5d	II-A
2c (Items 1-4)	II-E & II-F; On file in DON office		5e	II-A, II-B
			5f	On file in DON office
Students				
3a1	Policy to be written & on file in DON office			
3a2	I-E, I-I, I-G			
3a3	I-E, III-J, IV-I, IV-J		*CMR 6.05 Procedure for Establishment and Continuing Operation of Nursing Education Program*	
3b	III-H, III-I, III-J		3b.	Annual reports to MA BORN are on file in DON office

UNDERGRADUATE NURSING PROGRAM

STANDARD I

PROGRAM QUALITY: MISSION AND GOVERNANCE

Key Elements A-I

SUPPORTING DOCUMENTATION FOR STANDARD I

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Mission, goals, and expected program outcomes.

2. Copies of all professional nursing standards and guidelines used by the program. CCNE requires the following professional nursing standards and guidelines:

•**Baccalaureate degree programs**: *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008).

•**All programs**: Any additional relevant professional nursing standards and guidelines used by the program.

4. Identification of the program's community of interest.

5. Appointment, promotion, and, when applicable, tenure, policies or other documents defining faculty expectations related to teaching, scholarship, service, practice, or other areas.

6. Major institutional and nursing unit reports and records for the past three years, such as strategic planning documents and annual reports.

7. Reports submitted to and official correspondence received from applicable accrediting and regulatory agencies since the last accreditation review of the nursing program.

8. Catalogs, student handbooks, faculty handbooks, personnel manuals, or equivalent information, including (among other things) academic calendar, recruitment and admission policies, grading policies, and degree/post-graduate APRN certificate program completion requirements.

9. Program advertising and promotional materials directed at prospective students.

10. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to program mission and governance.

11. Organizational charts for the parent institution and the nursing unit.

12. Program policies related to formal complaints.

	Review Cycle
Key Element I-A <mark>This Key Element is Now Divided into Separate Key Elements (I-A and IB)</mark> **The mission, goals, and expected program outcomes are:** 　　• **congruent with those of the parent institution; and** 　　• **reviewed periodically and revised as appropriate.** **DON Benchmark/Measure/CCNE Elaboration** Scheduled reviews will identify: 1. The program's mission, goals, and expected program outcomes are written and accessible to current and prospective students, faculty, and other constituents. 2. Program outcomes include student outcomes, faculty outcomes, and other outcomes identified by the program. The mission may relate to all nursing programs offered by the nursing unit, or specific programs may have separate missions. 3. Program goals are clearly differentiated by level when multiple degree/certificate programs exist (This applies to Grad Program only) 4. Expected program outcomes may be expressed as competencies, objectives, benchmarks, or other terminology congruent with institutional and program norms. 5. There is a defined process for periodic review and revision of program mission, goals, and expected program outcomes that has been implemented, as appropriate. **Report Format:** Write a narrative note that includes: -The current FSU/DON Mission & Vision Matrix -The Program's Terminal, Level and Course Outcomes -A Table of Alignment for Program Outcomes with Mission & Vision Statements -The plan for periodic review of program mission, goals, and expected program outcomes -Any revisions that have been made to the program mission, goals, and expected program outcomes since the last review of this Key element	Every four years +/or when substantive changes are made. **Responsible Committee/Person** UG Curriculum Committee **Resources** -The current FSU Mission &Vision Statements -The current DON Mission & Vision Statements -The current FSU/DON Mission & Vision Matrix -Expected Program Outcomes -Expected Course /Level Outcomes -Faculty Outcomes from *The Agreement Between the Massachusetts Board of Higher Education and the Massachusetts Teacher Association/NEA Massachusetts State College Association* (henceforth called *The Agreement*)

Key Element I-B <mark>This Key Element was Formerly Part of Key Element IA</mark> **The mission, goals and expected program outcomes are consistent with relevant professional nursing standards and guidelines for the preparation of nursing professionals**: **DON Benchmark/Measure/CCNE Elaboration** Scheduled reviews will find evidence that the program's mission, vision, and program outcomes are consistent with the following professional nursing standards and guidelines: -*The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN), 2008]* -The *ANA Nursing Scope and Standards of Nursing Practice* (2015) -*MA BORN/Nurse Practice Acts* **Report Format** Write a narrative note that includes: -An updated table/matrix that identifies linkages between DON program's mission, vision and expected student outcomes -An updated congruency table of the Program's Outcomes and 1.) The *Essentials of Baccalaureate Education for Professional Nursing Practice,* 2.) The ANA *Nursing Scope and Standards of Nursing Practice* (2015); and 3.) The MA BORN/Nurse Practice Act	**Review Cycle:** Every 4 years +/or when substantive changes are made **Responsible Committee/Person:** UG Curriculum Committee **Resources** -The current FSU/DON Mission & Vision Matrix -*The Essentials of Baccalaureate Education for Professional Nursing Practice [American Association of Colleges of Nursing (AACN),* 2008] -*ANA Nursing Scope and Standards of Nursing Practice* (2015) - *MA BORN/Nurse Practice Act* -Respective Tables/Matrices located in the I Drive/ Program Eval /AY XXXX/Tools Folder

Key Element I-C	Review Cycle
The mission, goals, and expected program outcomes reflect the needs and expectations of the community of interest.	Every 4 years (Even Years/Spring) +/ or when substantive changes are made.
DON Benchmark/Measure/CCNE Elaboration Scheduled reviews will find: 1. The community of interest is defined by the nursing unit. 2. The needs and expectations of the community of interest are considered in the periodic review of the mission, goals, and expected program outcomes.	**Responsible Committee** UG Curriculum Committee **Resources** -From the I Drive/ Program Eval/ AY XXXX/Tools folder: -The current DON Mission & Vision & Program/Terminal Outcomes Table -The DON's current definition of Community(ies) of Interest
Report Format Write a narrative note that includes: -The current DON definitions of our Community(ies) of Interest (COI). -Examples of how and when the needs of our Community(ies) of Interest are identified. -Examples of how and when the needs of our Community(ies) of Interest are addressed.	-Student Input: Course and Clinical Surveys; UGCC Minutes; Sim Surveys -Faculty Input: Faculty Survey -Minutes from Advisory Committee Meetings -DON Chair Reports (e.g. MACN updates, Advisor Board for the LPN-RN BS in Nursing Program) -Any grants that meet Community of Interest needs

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	Review Cycle
Key Element I-D <mark>This Key Element was Formerly Key Element IC</mark> **The nursing unit's expectations for faculty are written and communicated to the faculty and are congruent with institutional expectations.** **DON Benchmark/Measure/CCNE Elaboration** Scheduled reviews will find evidence that: 1. Expectations for faculty are congruent with those of the parent institution. 2. The nursing unit's expectation for faculty, whether in teaching, scholarship, service, practice or other areas, may vary for different groups of faculty (full-time, part-time, adjunct, tenured, non-tenured, or other are written and communicated to the nursing faculty)	Every 2 years (Even Years/Spring) +/or when substantive changes are made
	Responsible Committee/Person DON Chair
Report Format Write a narrative note that identifies: -Institutional expectations of faculty -Expected Departmental of Nursing faculty outcomes -Process of communication of outcomes and expectations to faculty -Areas of congruency between faculty outcomes and institutional expectations.	**Resources:** -Agreement between the Board of Higher Education (BHE) and the MA/NEA/MSCA

Key Element I-E	Review Cycle
<mark>This Key Element was Formerly Key Element ID</mark>	Even Years (Fall)

Key Element I-E <mark>This Key Element was Formerly Key Element ID</mark>

Faculty and students participate in program governance.

DON Benchmark/Measure/CCNE Elaboration

Scheduled reviews will find:

1. The roles of the faculty and students in the governance of the program, including those involved in distance education, are clearly defined and promote participation.

2. Departmental meeting minutes and departmental committee meeting minutes will find at least one student attends each regularly scheduled Undergraduate Curriculum Committee Meeting.

3. Nursing faculty are involved in the development, review, and revision of academic program policies.

Report Format
Write a narrative note +/- tables that:
-Identifies each departmental committee.
-Identifies committee members as faculty, support staff, students and chair.
-Review departmental/faculty meeting minutes to identify/quantify participation in program governance by faculty.
-Review departmental ad hoc committee meeting minutes/reports to identify/quantify participation by faculty.
-Review departmental committee meeting minutes to identify/quantify participation students.

Review Cycle
Even Years (Fall)

Responsible Committee/Person
Bylaws Committee

Resources:

-Current DON Bylaws document

-Minutes from Department/Faculty Meetings

-Minutes from Department of Nursing Committee Meetings

-Minutes/reports from Departmental Ad Hoc Committee Meetings

Key Element I– F	Review Cycle
Academic policies of the parent institution and the nursing program are congruent and support achievement of the mission, goals, and expected program outcomes. These policies are: **-fair and equitable;** **-published and accessible; and** **-reviewed and revised as necessary to foster program improvement.**	Annually (Fall)
	Responsible Committee Student Policies Committee
DON Benchmark/Measure/CCNE Elaboration Scheduled reviews will find: 1. Academic policies include, but are not limited to, those related to student recruitment, admission, retention, and progression. 2. Policies are written and communicated to relevant constituencies. 3. Policies are implemented consistently. 4. Differences between the nursing program policies and those of the parent institution are identified and support achievement of the program's mission, goals, and expected outcomes. 5. A defined process exists by which policies are regularly reviewed; policy review occurs, and revisions are made as needed.	
	Potential Resources: -University Catalog: Admission Policies
Report Format Write a narrative note that: -Identifies how DON academic policies align and differ with corresponding academic policies of the University -Identifies how the DON policies are implemented and communicated to our constituencies. -Identifies evidence that UG Student Handbook Policies are reviewed annually -Identifies some examples of revisions made during the report period (if applicable).	- DON Student Handbooks: Academic Policies -Minutes from Student Policies Committee Meetings Minutes from Department/Faculty Meetings

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Key Element I-G Formerly Key Element IV-G
 	
The program defines and reviews formal complaints according to established policies.
 	
DON Benchmark/Measure (Captures the CCNE Elaboration)
 	
   1. The program defines what constitutes a formal complaint and maintains a record of formal complaints received (the program's definition of formal complaints includes, at a minimum, student complaints).
   2. The program's definition of formal complaints and the procedures for filing a complaint are communicated to relevant constituencies.
	Review Cycle
	Annually (Fall)
	
	Responsible Committee/Person
	Student Policies Committee

Report Format Create a narrative note that: -Identifies our definition of formal complaints -Identifies the department's established policy for review of formal complaints -Identifies where the formal complaint policy can be found -Provides evidence that this policy is reviewed regularly -Provides evidence that this policy is utilized when applicable	**Resources** -University Catalog -FSU Handbook -The two UG DON Student Handbooks -DON UG Program Formal complaint log -Student Policies Meeting Minutes

	Review Cycle
Key Element I-H	Annually (Spring)
Documents and publications are accurate. A process is used to notify constituents about changes in documents and publications.	
DON Benchmark/Measure (Captures the CCNE Elaboration)	**Responsible Committee/Person**
	Admissions Committee
1. References to the program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificated completion requirements, tuition, and fees are accurate.	
2. Information regarding licensure and/or certification examinations for which graduates will be eligible is accurate.	
3. If a program chooses to publically disclose its CCNE accreditation status, the program uses either of the following statements:	
▪ "The baccalaureate degree program in nursing at Fitchburg State University is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org)." OR	
▪ "The baccalaureate degree program in nursing at Fitchburg State University is accredited by the Commission on Collegiate Nursing Education, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791."	**Potential Resources** -The *Table of Accuracy for Documents & Publications* (located in the I Drive/ Program Eval /AY XXX/Tools Folder)
Report Format Write a narrative note that includes: -Evidence that the required CCNE Accreditation phrasing is used by our program -Evidence that the required CCNE Accreditation phrasing is used by our program -An updated *Table of Accuracy for Documents & Publications* for the prior AY. Ensure this Table includes the following: program's offerings, outcomes, accreditation/approval status, academic calendar, recruitment and admission policies, grading policies, degree/certificated completion requirements, tuition, and fees and information regarding licensure examinations. Identify date of hardcopy resources and date of review for any electronic resources (e.g. website) in *Table of Accuracy for Documents & Publications*	-FSU Catalog -The two DON UG Student Handbooks -FSU DON website

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Key Element I-I <mark>This Key Element is a MA BORN Component of our Program Evaluation</mark> <mark>It was Formerly Key Element I-G</mark> **A published policy exists for nondiscriminatory criteria for admission, course exemptions, advanced placement, transfer, educational mobility, withdrawal, readmission, graduation, student rights, and grievances exist and are published.** **All applicants and students are aware of the BORN Good Moral Character regulations**	**Review Cycle** Annually (Fall) **Responsible Committee/Person** Admissions
DON Benchmark/Measure: Scheduled reviews will identify: -The presence of published nondiscriminatory policies. -A signed BORN *Good Moral Character* document in every student file that is audited	
Report Format 1. Create a data table +/or narrative analysis that identifies existing and published nondiscriminatory policies and provides examples of evidence this evidence of nondiscriminatory criteria for: Admission Course exemptions Advanced placement Transfer Educational mobility Withdrawal Readmission Graduation Student rights Grievances 2. Create a Yes/No checklist for the presence of a signed *MA BORN Good Moral Character* regulations document in student nurse files. Randomly select 40 student nurse files and review these files for the presence of the signed *MA BORN Good Moral Characte*r document.	**Resources:** -University Catalog -DON Student Handbooks -Admissions Committee Meeting Minutes -MA BORN Regulations -Random Selection of 40 Student Nurse Files

<u>UNDERGRADUATE NURSING PROGRAM</u>

STANDARD II

PROGRAM QUALITY: INSTITUTIONAL COMMITMENT AND RESOURCES

Key Elements A-G

SUPPORTING DOCUMENTATION FOR STANDARD II

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Nursing unit/department budget for the current and previous two fiscal years.

2. Current curricula vitae of the chief nurse administrator and faculty.

3. Summary (e.g., list, narrative, table) of name, title, educational degrees with area of specialization, certification, relevant work experience, and teaching responsibilities of each faculty member and administrative officer associated with the nursing unit.

4. Schedule of courses for the current academic year and faculty assigned to those courses.

5. Policies regarding faculty workload.

6. Current collective bargaining agreement, if applicable.

7. Policies and/or procedures regarding preceptor qualifications and evaluation. Documentation of preceptor qualifications and evaluation.

8. Policies and/or procedures that support professional development (e.g., release time, workload, education, funding).

9. Documents that reflect decision-making (e.g., minutes, memoranda, reports) related to institutional commitment and resources.

Key Element II-A: <mark>This Key Element is Now Divided in II-A & IIB</mark>	Review Cycle
Fiscal resources are sufficient to enable the program to fulfill its mission, goals and expected outcomes. Adequacy of fiscal resources is reviewed periodically, and resources are modified as needed.	Annually (Spring)
	Responsible Committee/Person
	DON-Chair
DON Benchmark/Measure/CCNE Elaboration	& Laboratory/SIM Coordinator
Scheduled reviews will find:	
-The budget enables achievement of the program's mission, goals, and expected outcomes.	
-The budget supports the development, implementation, and evaluation of the program.	
-Compensation of nursing unit personnel supports recruitment and retention of faculty and staff.	**Resources**
-A defined process is used for regular review of the adequacy of the program's fiscal resources.	-DON Chair reports
-Review of fiscal resources occurs, and modifications are made as appropriate.	-Lab/Sim Coordinator reports
	-DON Budget
Report Format	-DON Extraordinary Budget
Write a narrative note with data tables (as applicable) that includes:	Request
-Process and timeline for submitting DON budget request	-Additional funding sources (e.g.
-DON Operating Budget (Fiscal Year) and what is covered in the budget	donations, grants)
-Evidence of University support (e.g. Test Gen, faculty travel funds, etc.)	
-Program Needs, Requests, Status of Request for the prior AY	
-Faculty Development & General Technology Resources	
-Lab/Simulation Needs, Requests, Status of Request for the prior AY	

	Review Cycle
Key Element II-B: <mark>This Key Element was Formerly Part of Key Element II-A</mark> **Physical resources and clinical sites enable the program to fulfill its mission, goals, and expected outcomes. Adequacy of physical resources and clinical sites is reviewed periodically, and resources are modified as needed.** **DON Benchmark/Measure/CCNE Elaboration** Scheduled reviews will find: - Physical space and facilities (faculty and staff work space, classrooms, meeting areas) are sufficient and configured in ways that enable the program to achieve its mission, goals and expected outcomes - Equipment and supplies (computing, laboratory, and teaching-learning materials) are sufficient to achieve the program's mission, goals, and expected outcomes. -Clinical sites are sufficient, appropriate, and available to achieve the program's mission, goals, and expected outcomes. -A defined process is used to determine currency, availability, accessibility and adequacy of resources (clinical simulation, laboratory, computing, supplies, and clinical sites), and modifications are made as appropriate. **Report Format** Write a narrative note (with data tables as applicable) that identifies: -Evidence that physical space, equipment and supplies, and clinical sites are sufficient and appropriate to achieve the program's mission, goals, and expected outcomes. -Evidence that a process is used to determine currency, availability, accessibility and adequacy of resources and modifications are made when needed.	Annually (Spring) **Responsible Committee** DON-Chair Laboratory/SIM coordinator **Resources** DON Chair reports Lab coordinator reports Clinical labs & equipment & Lab/SIM coordinator Space availability: classroom, lab, faculty offices & Nursing Suite

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Key Element II-C: <mark>This Key Element was Formerly Key Element II-B</mark>	Review Cycle
Academic support services are sufficient to meet program and student needs and are evaluated on a regular basis.	Annually (Fall)
DON Benchmark /Measure/CCNE Elaboration	**Responsible Committee/Person**
Scheduled reviews will find:	Admissions Committee
- Sufficient resources exist to meet student and program needs	
- Evidence that the FSU Academic support services are evaluated on a regular basis to meet program and student needs, and modifications are made as appropriate	**Resources**
	-Library resources
Report Format	-Data re: Open Lab sessions
Write a narrative note (with data tables as applicable) that identifies:	-Academic Support Center
-Available student support services and programs (academic, personal, EHP, Research Support, Disability Services, Embedded Librarian, Open Lab, Remediation Process, Advising etc.)	(tutoring services, disability services)
-Tutor Center needs vs. requests met	-Expanded Horizons program
-Strategies to build the FSU Peer Tutor Pool	Remediation program
-Available faculty support services	-IT services/Help Desk
	-Advisor: Student ratios
	-Student survey (every 4 years)
	-Faculty surveys (every 4 years)

Key Element II-D: <mark>This Key Element was Formerly Key Element II-C</mark>	Review Cycle
The chief nurse administrator of the unit: • **is a registered nurse** • **holds a graduate degree in nursing** • **holds a doctoral degree if the nursing unit offers a graduate program in nursing** • **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.** **DON Benchmark/Measure/CCNE Elaboration** Scheduled reviews will find: - documentation of election, appointment, and reappointment of the DON Chairperson indicates that he/she effectively facilitates the accomplishment of the program's mission, goals, and expected program outcomes - review of the DON Chair's CV and faculty data sheet will indicate that he/she is qualified to accomplish the mission, goals, and expected program outcomes - contractual agreement will indicate that he/she is vested with administrative comparable to that of chief administrators of similar units in the institution - he or she consults with faculty and other communities of interest to make decisions to accomplish the mission, goals, and expected program outcomes. The chief nurse administrator is an effective leader of the nursing unit. **Report Format:** Write a narrative note (with data tables as applicable) that identifies the above measures.	When appointment occurs **Responsible Committee/Person** DON Chair & Program Evaluation Committee **Resources** -FSU job description /Requirements for DON/Chairperson position - CV of the DON Chairperson -Departmental/Faculty Meetings Minutes (Documentation of election, appointment, and reappointment process) -MA BORN Regs -MSC/MTS/NEA Agreement

	Review Cycle
Key Element II-E: <mark>This Key Element was Formerly Key Element II-D</mark>	Annually (Fall)
Faculty are:	
• **sufficient in number to accomplish the mission, goals, and expected program outcomes**	
• **academically prepared for the areas in which they teach; and**	**Responsible Committee/Person** DON Chair
DON Benchmark/Measure/CCNE Elaboration	
Scheduled reviews will find:	
1. The faculty (full-time, part-time, adjunct, tenured, non-tenured, or other) are sufficient in number and qualifications to achieve the mission, goals, and expected program outcomes.	
2. The program defines faculty workloads; the full-time equivalency (FTE) of faculty involved in each program is clearly delineated	**Resources**
3. Faculty-to-student ratios provide adequate supervision and evaluation and meet or exceed the requirements of regulatory agencies and professional nursing standards and guidelines	-Faculty to Student Clinical Ratio MASS BORN
4. Faculty are academically prepared for the areas in which they teach. Academic preparation of faculty includes degree specialization, specialty coursework, or other preparation sufficient to address the major concepts included in courses they teach. Faculty teaching in the nursing program have a graduate degree.	-Clinical Data Sheets will indicate no greater than a 10:1 student to faculty ratio for any clinical group
5. The program provides a justification for the use of any faculty who do not have a graduate degree.	
6. Faculty who are nurses hold current RN licensure	
7. Faculty teaching in clinical/practicum courses are experienced in the clinical area of the course and maintain clinical expertise. Clinical expertise may be maintained through clinical practice or other avenues.	-Faculty CVs
Report Format	-Annual Faculty Data Sheets (AFDS)
Write a narrative note (with data tables as applicable) that identifies evidence for each of the above.	

Key Element II-F: ==This Key Element was Formerly Key Element II-E==	Review Cycle
Preceptors (mentors, guides, coaches), if used by the program as an extension of faculty, are academically and experientially qualified for their role.	Annually (Fall)
	Responsible Committee/Person
DON Benchmark/Measure/CCNE Elaboration	DON Chair
Scheduled reviews will find:	
1. The roles and performance expectations for preceptors with respect to teaching, supervision, and student evaluation are:	
• clearly defined and communicated to preceptors	**Resources**
• congruent with the mission, goals, and expected student outcomes	-MA BORN Preceptor Guidelines for Clinical Education
• congruent with relevant professional nursing standards and guidelines	
• reviewed periodically and revised as appropriate	
2. Preceptors have the expertise to support student achievement of expected outcomes.	-Preceptor Orientation Packet (Preceptor Qualifications document; Guidelines for Preceptors; Suggested Time Line for Student Performance)
Report Format	
Write a narrative note with data tables that identifies evidence for each of the above.	
-Identify the MA BORN Regs for using Preceptors	-Role of Preceptor /Faculty/Student Table
-Update *Table of Preceptors*	
-Update the *Role of Preceptor/Faculty/Student Table*	
-Compile & Analyze data from the NURS 4800 *Preceptor and Learning Experiences Evaluation Tool* (S- 4)	-Data from NURS 4800 *Preceptor and Learning Experiences Evaluation Tool* (S- 4)

DON UG PEM Accepted 10/21/2019

Key Element II-G:		**Review Cycle** Even Years (Fall)
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.		**Responsible Committee/Person** DON Chair
DON Benchmark/Measure/CCNE Elaboration 1. Institutional support is available to promote faculty outcomes congruent with defined expectations of the faculty role (full-time, part-time, adjunct, tenured, non-tenured, or other) and in support of the mission, goals, and expected faculty outcomes. 2. Faculty have opportunities for ongoing development in teaching 3. If scholarship is an expected faculty outcome, the institution provides resources to support faculty scholarship 4. If service is an expected faculty outcome, the institution provides resources to support faculty service 5. If practice is an expected faculty outcome, the institution provides resources to support faculty practice 6. Institutional support ensures that currency in clinical practice is maintained for faculty in roles that require it **Report Format** Write a narrative note with data tables that identifies evidence for each of the above. Include a Table of Continuing Scholarship Funds Identify examples of University and DON support of faculty scholarship, teaching effectiveness, and service		**Resources** -The BHE & MSCA Agreement -Faculty handbook -Department budget -Approved faculty/continuing scholarship request forms -Annual Faculty Data Sheets (AFDS) -Faculty Center for Teaching & Learning (CTL) -Faculty survey of support service utilization

<u>UNDERGRADUATE NURSING PROGRAM</u>

STANDARD III

PROGRAM QUALITY:

CURRICULUM AND TEACHING LEARNING PRACTICES

Key Elements A-J

SUPPORTING DOCUMENTATION FOR STANDARD III

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence that faculty participate in the development, implementation, and revision of curricula.
2. Course syllabi for all courses included in the curricula.
3. Examples of course content and/or assignments reflecting incorporation of professional nursing standards and guidelines in the curriculum.
4. This item is not applicable to Undergraduate Baccalaureate Nursing
5. This item is not applicable to Undergraduate Baccalaureate Nursing
6. The program of study/curricular plan for each track/program under review.
7. Examples of student work reflecting student learning outcomes (both didactic and clinical).
8. Examples of clinical practice experiences that prepare students for interprofessional collaborative practice.
9. Evidence of direct care clinical experiences for all programs/tracks preparing students for a direct care role (including, but not limited to, post-licensure baccalaureate).
10. Current affiliation agreements with institutions at which student instruction occurs.
11. Examples of student performance evaluations (didactic and clinical), including evaluation tools (e.g. exams, quizzes, projects, presentations).
12. Documentation that faculty are responsible for grading all courses and clinical experiences.
13. Examples of tools for curriculum assessment (e.g., end-of-course and faculty evaluations, student and faculty evaluations of clinical experiences).
14. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis of student and/or faculty evaluations to support ongoing improvement of curriculum and teaching-learning practices.

DON UG PEM Accepted 10/21/2019

	Review Cycle
Key Element III A	Even Years/ Spring
The curriculum is developed, implemented, and revised to reflect clear statements of expected students outcomes that:	+/or with substantive changes
• **are congruent with the program's mission and goals;**	
• **are congruent with the roles for which the program is preparing its graduates; and**	
• **consider the needs of the program-identified community of interest.**	**Responsible Committee/Person**
	UG Curriculum Committee
DON Benchmarks/Measures/CCNE Elaboration	
Scheduled curriculum reviews will find evidence that:	
1. Expected student outcomes are congruent with the program's mission and vision	
2. Curricular objectives (e.g., course, unit, and/or level objectives or competencies) provide clear statements of expected learning that relate to student outcomes.	**Resources**
	-The current *DON Mission & Vision Statements & Terminal Outcomes Table* located in the I Drive/ Program Eval /AY XXXX/Tools Folder
3. Expected outcomes relate to the roles for which students are being prepared.	
Report Format	- *FSU DON UG Program Outcomes (TOs)/ Level Outcomes/ Course Outcomes Table* located in the I Drive/ Program Eval /AY XXXX/Tools Folder
Write a narrative note that includes:	
-An updated (as applicable) *FSU DON UG Program Outcomes (Terminal Outcomes)/ Level Outcomes/ Course Outcomes Table*	
-A description of how the UG Curriculum and the Program Outcomes are congruent with the roles for which the DON is preparing its graduates	- Any products from the DON End-of-Year Workshop(s)
	- Minutes from UG Curriculum Committee Meetings regarding any curricular revisions
-Examples of curriculum revisions over the respective review period (include rationale and process for curriculum revisions	
-If there have been no changes since the last report indicate this is the case on the full report.	-Minutes from DON meetings regarding any curricular revisions

Key Element III B	Review Cycle
Curricula are developed, implemented, and revised to reflect relevant professional nursing standards and guidelines that 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).	Every 4 Years (Even/Spring) +/or with Substantive Change

DON Benchmark/Measures/CCNE Elaboration

Scheduled reviews will find the BS in Nursing Program incorporates *The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008) throughout the UG programs of study.

Responsible Committee/Person
UG Curriculum Committee

Report Format

Write a narrative note with updated tables that clearly indicates where and how content, knowledge, and skills required by *The Essentials* are incorporated into the curriculum.

Table # 1: Align each *Essential* with DON UG Terminal Outcomes

The Essentials	The DON UG Terminal Outcomes

Table # 2: Provide some <u>updated</u> examples for each level

Example of an AACN Essential	A DON UG Terminal Outcome	A Level Outcome & Examples of how course aligns with LO/TO/the identified *Essentials*

Resources

-*The Essentials of Baccalaureate Education for Professional Nursing Practice* (AACN, 2008)

-*The Essentials & DON UG Terminal Outcomes Table* located in the I Drive/ Program Eval /AY XXXX/Tools Folder

- Any products from the DON End-of-Year Workshop(s)

- Minutes from UG Curriculum Committee Meetings regarding any curricular revisions

-Minutes from DON meetings regarding any curricular revision

Key Element III C Not Applicable for UG Program. Master's 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).	**Review Cycle** N/A **Responsible Committee/Person** N/A

Key Element III D Not Applicable for UG Program. DNP 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).	**Review Cycle** N/A **Responsible Committee/Person** N/A

Key Element III E Not Applicable for UG Program Post-graduate APRN certificate program 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). Post-graduate APRN certificate programs that prepare nurse practitioners incorporate *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016).	**Review Cycle** N/A **Responsible Committee/Person** N/A

Key Element III F ==This Key Element was Formerly Key Element III-C== **The curriculum is logically structured to achieve expected student outcomes.** **Baccalaureate curricula build on a foundation of the arts, sciences, and humanities.** **DON Benchmark/Measures/CCNE Elaboration** The 4-year plan of studies for each of the UG Tracks will reflect a logical progression of courses in the humanities, arts, sciences, and the core nursing courses. **Report Format** Write a narrative note (with data tables as applicable) that identifies/describes - The logical progression (and rationale for this progression) of courses in the humanities, arts, sciences, and the core nursing courses - How knowledge from courses in the art, sciences, and humanities is incorporated into nursing practice - Examples of any DON collaboration with cognate department(s) or University-wide committees re: the required LA & S courses.	**Review Cycle** Odd years / Spring **Responsible Committee/Person** UG Curriculum Committee **Resources** -UG Nursing Plan of Studies Worksheet for each track -Minutes from UG Curriculum Committee Meetings regarding structuring of curriculum (as applicable) -Minutes from Department / Faculty Meetings regarding structuring of curriculum (as applicable) -Minutes from University-wide committees regarding structuring of curriculum (as applicable)

DON UG PEM Accepted 10/21/2019

Key Element III G <mark>This Key Element was Formerly Key Elements III-D & III-F</mark>	**Review Cycle**
Teaching-learning practices:	Every 4 years
• support the achievement of expected student outcomes;	
• consider the needs and expectations of the identified community of interest; and	
• expose students to individuals with diverse life experiences, perspectives, and backgrounds.	**Responsible Committee/Person**
	DON Chair & UG Curriculum
DON Benchmark/Measures/CCNE Elaboration	Committee
Scheduled reviews will find evidence that:	
1. Internal and external Communities of Interest (COI) are solicited for input regarding the program's curriculum and teaching-learning experiences.	
2. Teaching-learning practices (e.g., simulation, lecture, flipped classroom, case studies) in all environments (e.g., virtual, classroom, clinical experiences, distance education, laboratory) support the achievement of expected student outcomes identified in course, unit, and/or level objectives.	**Resources**
	-Level Meeting Minutes
	-Level Coordinator Meeting Minutes
3. Teaching-learning practices are appropriate to the student population (e.g., adult learners, second language students), consider the needs of the program-identified community of interest, and broaden student perspectives	-UG CC Meeting Minutes
	-Lab Manuals (NURS 2300 & 2700)
Report Format	-Simulation Scenarios/Plans for each Level
Write a narrative note with updated data tables per Level that:	
Describes our student population	-Identify DON surveys that solicit input from our COI regarding the program's curriculum and teaching-learning experiences.
Identifies teaching/learning practices and environments utilized at the Sophomore through Senior levels.	
Table #1:	-NURS Course Syllabi

Semester/Level/ Course	Didactic Component (as applicable)	Formal Lab/Instructional Lab Component (as applicable)	Simulation Component (as applicable)	Clinical Component (as applicable)

Identifies how these teaching learning practices promote our expected student outcomes (Course and Level Outcomes

Key Element III H <mark>This Key Element was Formerly Part of Key Element III-E</mark>	**Review Cycle**
	Every Even Years (Spring)

Key Element   III H   <mark>This Key Element was Formerly Part of Key Element III-E</mark>

 The curriculum includes planned clinical practice experiences that:

• **enable students to integrate new knowledge and demonstrate attainment of program outcomes;**
• **foster interprofessional collaborative practice; and**
• **are evaluated by faculty.**

DON Benchmark/Measures/CCNE Elaboration
To prepare students for a practice profession, each track in each degree affords students the opportunity to develop professional competencies and to integrate new knowledge in practice settings aligned to the educational preparation.
Scheduled reviews will find evidence that clinical practice experiences for all tracks

- include opportunities for interprofessional collaboration.
- provided for students in all programs, including those with distance education offerings.
- align with student and program outcomes.
- are planned, implemented, and evaluated to ensure students are competent to function as members of interprofessional teams at the level for which they are being prepared.

Report Format
Write a narrative note with updated data tables as applicable that:
-Describes clinical practice experiences across the UG curriculum for each Track
-Identifies placement of the clinical experiences in the UG Curriculum in the for each Track
-Identifies alignment of clinical experiences with UG Program Outcomes
-Identifies the DON process for evaluation of UG clinical experiences by faculty

Tables:
-Update the *Sophomore, Junior and Senior Level Clinical Experiences Tables* for each UG Track
-Update the *Clinical Experiences Alignment with UG Program Outcomes Table* (Course/Level/ TO)

Review Cycle
Every Even Years (Spring)

Responsible Committee/Person
UG Curriculum Committee

Resources
-Prior Key Element IIIE Reports/Tables

-UG Course Syllabi (all Tracks)

-Level Meeting Minutes regarding clinical experiences

-Level Coordinator Meeting Minutes regarding clinical experiences

-UG Curriculum Meeting Minutes regarding clinical experiences

-DON Meeting Minutes regarding clinical experiences

- Any products from the DON End-of- Year Workshop(s) regarding clinical experiences-Faculty Eval of Clinical Site Tool & Data

Key Element   III I   <mark>This Key Element was Formerly Key Element III-G</mark>

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

DON Benchmark/Measures/CCNE Elaboration
The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs
A. Scheduled reviews NURS course syllabi will find:
1. All syllabi include current course outcomes
2. All syllabi include clearly defined evaluation criteria for didactic component of course
3. All syllabi of courses with clinical components clearly identify the requirement of a passing grade in the clinical component is required in order to pass the course.
4. All clinical evaluation tools include course outcomes
5. Review of a random selection of 40 student files (10 from each level) will show that all files contain completed & signed clinical evaluation tools.

B. In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes.

Report Format
Write a narrative note with several updated data tables that provide evidence of the above benchmarks.
Ensure all three UG Tracks are included in this report.
Update the Data Tables from the most recent reviews of this Key Element | **Review Cycle**
Annually

Responsible Committee/Person
Student Policies Committee

Resources
-Prior Key Element III-G Data Tables

- Course Syllabi: Outcomes, Academic Policies & Evaluation Methods for didactic, Skills Lab; Clinical components

- Student files

- Clinical Evaluation Tools

- Clinical Skills Checklist

- Assignment Rubrics (as applicable)

- Disability/Special Needs Accommodations as applicable (i.e. Testing Accommodations)

- DON UG Handbooks |

Key Element III J <mark>This Key Element was Formerly Key Element III-H</mark> **The curriculum and teaching-learning practices are evaluated at regularly scheduled intervals, and evaluation data are used to foster ongoing improvement.** **DON Benchmark/Measures/CCNE Elaboration** Scheduled reviews will identify: 1. the tools used to evaluate the program's curriculum and teaching and learning practices 2. the schedule of frequency evaluations 3. the process for evaluation 4. evidence that data are used to improve curriculum and teaching-learning practices **Report Format:** Write a narrative note that identifies each of the above. Update the *DON UG Evaluation Tools Table* Provide examples of when and how the evaluation data were used to foster ongoing program improvement	**Review Cycle** Annually / Fall **Responsible Committee/Person** UG Curriculum Committee **Resources:** The *DON UG Evaluation Tools Table* -End- of- Semester Course Evaluations (Survey S-1) -Clinical / Lab Evaluation Tool (Survey S-2a & S2b) -Simulation Evaluation Tool (Survey S-3) -NURS 4800 Student Eval of Practicum Experiences (Survey S-4) -Sr. Exit Survey (Survey S-5) -Faculty Evaluation of Clinical Site Tool (Survey F-1) -Notations about evaluative data from: • UG Curriculum meeting minutes • Department meeting minutes • Level meeting minutes • Level Coordinator meeting minutes • DON End-of- Year Workshop(s) regarding clinical experiences

STANDARD IV

PROGRAM EFFECTIVENESS: ASSESSMENT AND ACHIEVEMENT OF PROGRAM OUTCOMES

KEY ELEMENTS: A- J

SUPPORTING DOCUMENTATION FOR STANDARD IV

The supporting documentation listed below is included in the self-study document or provided for review on site. CCNE recognizes that reasonable alternatives exist when providing documentation to address the key elements.

1. Evidence of a systematic, written, comprehensive process to determine program effectiveness (e.g. evaluation or assessment plan).

2. Examples of periodic review of the systematic process (e.g., meeting minutes, supplemental documents).

3. Summary of aggregate student outcomes with comparison of actual levels of aggregate student achievement to expected levels of aggregate student achievement. Aggregate student outcome data (applicable only to programs with completers), including:

  • Completion rates for each degree and post-graduate APRN certificate program

  • NCLEX-RN® pass rates for each campus/site and track

  • Certification pass rates for each degree/certificate program for each APRN role, population focus, and/or specialty for which the program prepares graduates

  • Certification pass rates for each degree program by roles/areas other than APRN roles for which the program prepares graduates; and

  • Employment rates for each degree/certificate program.

4. Summary of aggregate faculty outcomes for the past three years with comparison of actual levels of aggregate faculty achievement to expected aggregate faculty achievement.

5. Summary of aggregate program-identified outcomes for the past three years with comparison of actual levels of aggregate achievement in relation to expected levels of achievement.

6. Documents (e.g., minutes, memoranda, reports) that demonstrate data analysis, explanations of variances between actual and expected outcomes, and use of the analysis for ongoing program improvement.

	Review Cycle
Key Element IV-A	Every 2 years (Spring)
A systematic process is used to determine program effectiveness.	& when needed.
DON Benchmark (Captures the CCNE Elaboration)	
Scheduled reviews will find the program uses a systematic process to obtain relevant data to determine program effectiveness. A systematic process exists to evaluate the effectiveness of the UG Nursing Program.	**Responsible Committee/Person**
The process:	Program Evaluation Committee
• is written, is ongoing, and exists to determine achievement of program outcomes;	
• is comprehensive (i.e., includes completion, licensure, certification, and employment rates, as required by the U.S. Department of Education; faculty outcomes; and other program outcomes);	
• identifies which quantitative and/or qualitative data are collected to assess achievement of the program outcomes;	
• includes timelines for data collection, review of expected and actual outcomes, and analysis; and	**Resources**
• is periodically reviewed and revised as appropriate.	The written plan for program evaluation
	DON/Faculty Meeting Minutes
Report Format:	PEC Meeting Minutes
Write a narrative note that describes the process by which the DON determines program effectiveness	PEC Annual Report
	Program Evaluation I Drive folder
	Program Evaluation Binders
	The FSU DIRP

Key Element IV-B	**Review Cycle**
Program completion rates demonstrate program effectiveness.	Annually- Spring
DON Benchmark/ CCNE Elaboration	
The baccalaureate program demonstrates achievement of required program outcomes regarding completion in any one of the following ways:	**Responsible Committee**
• the completion rate for the most recent calendar year (January 1 through December 31) is 70% or higher; OR	Program Evaluation Committee & UG Chair
• the completion rate is 70% or higher over the three most recent calendar years; OR	
• the completion rate is 70% or higher for the most recent calendar year when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education; OR	**Resources** Data Table(s) on Program Completion Rates
• the completion rate is 70% or higher over the three most recent calendar years when excluding students who have identified factors such as family obligations, relocation, financial barriers, and decisions to change major or to transfer to another institution of higher education	DON Chair source documents with data
The program identifies the cohort(s), specifies the entry point, and defines the time period to completion, each of which may vary by track; however, the program provides the completion rate for the overall degree/certificate program. The program describes the formula it uses to calculate the completion rate. The program identifies the factors used and the number of students excluded if some students are excluded from the calculation.	Data from Banner
Report Format:	
Write a narrative note that identifies information in the preceding paragraph.	
NOTE: The FSU UG program measures a 5- year completion rate for all tracks excluding students who have changed majors, those who have transferred to another institution, and those who have identified family obligations, relocation or financial barriers	
Update Program Completion Data Tables for each UG Track	
NOTE: If this benchmark is not met, proceed to Key Element IV- F	

Key Element IV-C **Licensure pass rates demonstrate program effectiveness.** **DON Benchmark/CCNE Elaboration** Scheduled reviews will find NCLEX-RN first-time taker pass rate is $\geq 90\%$ for each calendar year Programs with a pre-licensure track demonstrate achievement of required program outcomes regarding licensure. The program demonstrates that it meets the licensure pass rate of 80% in any one of the following ways: 1. the NCLEX-RN® pass rate for each campus/site and track is 80% or higher for first-time takers for the most recent calendar year (January 1 through December 31) OR 2. the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) for the most recent calendar year; OR 3. the pass rate for each campus/site and track is 80% or higher for all first-time takers over the three most recent calendar years; OR 4. the pass rate for each campus/site and track is 80% or higher for all takers (first-time and repeaters who pass) over the three most recent calendar years. For each campus/site and track, identify which of the above options was used to calculate the pass rate **Report Format:** Write a narrative note and update Licensure Pass Rates Data Table for the Generic and LPN-to-RN BS in Nursing Tracks **NOTE:** If this benchmark is not met, proceed to Key Element IV- F	**Review Cycle** Annually-Spring **Responsible Committee** UG Chair **Resources** NCLEX First time pass rate data from NSCBN

Key Element IV-D: Not Applicable for UG Program Certification pass rates demonstrate program effectiveness	**Review Cycle** Not Applicable **Responsible Committee** Not Applicable

Key Element IV-E   <mark>This Key Element was Formerly Key Element IV D</mark>
Employment rates demonstrate program effectiveness.
 	
DON Benchmark/CCNE Elaboration
The program demonstrates achievement of required outcomes regarding employment rates.
 	
    1.   Data are collected within 12 months of program completion. Specifically, employment data are collected at the time of program completion or at any time within 12 months of program completion.
 	
    2.   The employment rate is 70% or higher. However, if the employment rate is less than 70%, the employment rate is 70% or higher when <u>excluding graduates who have elected not to be employed</u>
 	
Report Format:
Write a narrative note
Consider creating an ongoing *Employment Rate Data Table*
 	
NOTE: If this benchmark is not met, proceed to Key Element IV- F
	Review Cycle
	Annually- Fall
	
	Responsible Committee
	Program Evaluation Committee
	
	Resources:
	-FSU Alumni Survey (Q1A&B; Q4)
	
	-Communication/ Correspondence between the DON (nursing faculty & staff) and its graduates
	
	-Employment data on Excel spreadsheets in the Alumni Folder in I-Drive (if unable to obtain data through the new FSU Alumni Survey)

Key Element IV- F <mark>This is a new Key Element</mark> **Data regarding completion, licensure, certification, and employment rates are used, as appropriate, to foster ongoing program improvement.** NOTE: This key element is applicable if one or more of the following key elements is applicable: Key Element IV-B (completion), Key Element IV-C (licensure), and Key Element IV-E (employment). **DON Benchmarks/ Capture the CCNE Elaboration** Scheduled reviews will find: 1. Discrepancies in actual and excepted benchmarks for Key Element IV-B and/or IV-C and/or IV-E are used to inform program improvements 2. Any modifications to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness 3. Evidence that faculty are engaged in this process **Report Format:** Write a narrative note that describes how the DON faculty address discrepancies in benchmarks for Key Element IV-B and/or IV-C and/or IV-E. Identify process for identifying program modification & implementation, and identify analysis of the effectiveness of modification(s)	**Review Cycle** When benchmarks for Key Element IV-B or Key Element IV-C or Key Element IV-E have not been met **Responsible Committee** UG Chair UGCC PEC **Resources:** Reports for Key Elements IV-B, IV-C, IV-E and their source documents

Key Element IV-G <mark>This Key Element was Formerly Key Element IV F</mark>
Aggregate faculty outcomes demonstrate program effectiveness
 	
DON Benchmarks/CCNE Elaboration
 	
The program demonstrates achievement of expected faculty outcomes. In order to demonstrate program effectiveness, outcomes are consistent with and contribute to achievement of the program's mission and goals and are congruent with institution and program expectations. Expected Faculty Outcomes:
    • are identified for the faculty as a group;
    • specify expected levels of achievement for the faculty as a group; and
    • reflect expectations of faculty in their roles.
Actual faculty outcomes are compared to expected levels of achievement. Actual faculty outcomes are presented in the aggregate. If expected faculty outcomes vary for different groups of faculty (full time, part-time, adjunct, tenured, non-tenured, or other), actual faculty outcomes may be presented separately for each different group of faculty.
 	
FSU Measures of Teaching Effectiveness:
The aggregate FSU DON mean SIR II 'Overall' score will meet or exceed the comparative mean national overall score each semester.
 	
FSU Measures for Continuing Scholarship
100 % of faculty licensure is in good standing.
100 % of faculty will acquire ≥ 15 CEUs every two years related to professional role(s).
≥ 80% of full time faculty will be involved in Professional Organizations
 	
FSU Measures for Academic Advising
≥ 80 % of respondents will indicate a response of 'very much so' on the two questions related to satisfaction with advising on the Student Surveys.
 	
FSU Measures for Service and Contributions to Growth and Development of the Discipline:
100% of full-time faculty participate in at least 2 intradepartmental committees.
≥90 % of faculty participate in service to the University (e.g. Open Houses and SOAR Programs; University-Wide Committees)
 	
Report Format:
Write a narrative note and update Data Tables from the prior year's report for this Key Element
NOTE: Address any missed benchmark in the next Key Element: IV- H
	Review Cycle
	Annually -Fall
	
	Responsible Committee
	Program Evaluation Committee &
	DON Chair (for SIR II & C-4 Data)
	
	Resources:
	-Annual Faculty Data Sheets (AFDS)
	
	-List of intradepartmental committees
	
	-List of University-wide committees with DON faculty involvement
	
	-Departmental Meeting minutes (e.g. attendance)
	
	-Departmental Committee Meeting Minutes
	
	-Aggregate SIR II scores (obtained through DON Chair)
	
	- Student Surveys

Key Element IV-H <mark>This is a New Key Element</mark> **Aggregate faculty outcome data are analyzed and used, as appropriate, to foster ongoing program improvement.**	**Review Cycle** Annually- Fall
DON Benchmark/ CCNE Elaboration Scheduled reviews will find: 1. Faculty outcome data are used to promote ongoing program improvement. 2. Discrepancies between actual and expected outcomes inform areas for improvement. 3. Changes to foster achievement of faculty outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness. 4. Faculty are engaged in the program improvement process.	**Responsible Committee** PEC UGCC UG DON Chair
Report Format: Pull forward data from Key Element IV-G and write a narrative note (with Tables if applicable) that identifies how faculty outcome data are used to promote program improvement, the extent of faculty involvement in any improvement process(es), and the process for analyzing effectiveness of any modifications.	**Resources:** Key Element IV- G Report and its source documents

Key Element IV-I <mark>This Key Element was Formerly Key Element IV E</mark> **Program outcomes demonstrate program effectiveness.** **DON Benchmark:** The program demonstrates achievement of outcomes <u style="color:red">other than those</u> related to completion rates (Key Element IV-B), licensure pass rates (Key Element IV-C), certification pass rates (Key Element IV-D), employment rates (Key Element IV-E), and faculty (Key Element IV-G): - Program outcomes are defined by the program and incorporate expected levels of achievement. - The program describes how outcomes are measured. - Actual levels of achievement, when compared to expected levels of achievement, demonstrate that the program, overall, is achieving its outcomes. - Program outcomes are appropriate and relevant to the degree and certificate programs offered. **Scheduled Reviews Will Find:** 1. Aggregate student testing data show increased HESI scores in selected areas (e.g. AACN Curriculum Categories, QSEN) from Sophomore to Senior years 2. 80% or more of test takers will earn a score of ≥ 850 on the Exit HESI by the second Exit HESI exam (after the NCLEX Review Course) 3. Benchmarks are met or exceeded for the following surveys used to evaluate program effectiveness: <ol type="a"> - End of semester course evaluations: ≥ 80% of respondents indicate they agree or strongly agree that course outcomes were met - Sr. Exit Survey: ≥ 80% of respondents will indicate they agree or strongly agree Program Outcomes were met. - Sr. Exit Survey: ≥ 80% of respondents will indicate they agree or strongly agree to questions related to student satisfaction with the program (Q #'s 14, 15 and 16). **Report Format:** Narrative Notes (with Data Tables as applicable) that describe the baccalaureate program's tools & processes for measuring program outcomes. Identify actual vs. identified measures of program achievement	**Review Cycle** Annually- Fall **Responsible Committee** Program Evaluation Committee **Resources:** -HESI Data Binders (or Electronic HESI NextGen Data) Surveys: -Senior Exit Survey -FSU Alumni Survey -End-of-Semester NURS Course Evaluations (S-1) -Senior Exit Survey (S-5)

	Review Cycle

Key Element IV-J   <mark>**This Key Element was Formerly Key Element IV H**</mark>
 	
Program outcome data are used, as appropriate, to foster ongoing program improvement.
 	
DON Benchmark/CCNE Elaboration
Scheduled reviews will find:
 	
   a) Actual program outcomes are used to promote program improvement
   b) Discrepancies between actual and expected outcomes inform areas for improvement.
   c) Changes to the program to foster improvement and achievement of program outcomes, as appropriate, are deliberate, ongoing, and analyzed for effectiveness.
   d) Faculty are engaged in the program improvement process.
 	
Report Format::
Write a narrative note that pulls forward Key Element Benchmarks that were not met for any Key Element presented during the PEW AND any outstanding follow-up items. Discuss unmet benchmarks, document relevant discussing of variables, resources and plans for follow-up on any unmet benchmark
	Every Semester
	
	Responsible Committee
	Program Evaluation Committee UG Chair & UGCC
	
	Resources:
	-All Key Element Reports from last report period & their associated data
	-UG Post-PEW Tracking Tables
	-Minutes from Faculty Meetings Minutes form DON Faculty /Curriculum Workshops

Fitchburg State University
Department of Nursing

Undergraduate Nursing Program
Program Evaluation Activities Calendar

	Committee/Staff Responsible	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
Standard I: Mission & Governance													
I A	UG Curriculum	4 Years (+/or with substantive changes)		X								X	
I B Formerly Part of I-A	UG Curriculum	4 Years (+/ or with substantive changes)		X								X	
I C Formerly Part of I-B.b	UG Curriculum	4 Years (+/ or with substantive changes)		X								X	
I-D Formerly Part of I-C	UG Chair	2 Years (+/ or with substantive changes)		X				X				X	
I-E Formerly Part of I-D	By-Laws	Q Even Year			X				X				X
I-F	Student Policies	Annually	X		X		X		X		X		X
I-G Formerly Part of IV-G	Student Policies	Annually	X		X		X		X		X		X
I-H Formerly Part of I-E	Admissions	Annually		X		X		X		X		X	
I-I (BORN) Formerly Part of I-G	Admissions	Annually	X		X		X		X		X		X

*Report Moved to New Review Cycle
\# Interim Report Due
^ Report Not Submitted or Incomplete; Report Due at Next Workshop

Jan 20, 2020

	Committee/Staff Responsible	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
Standard II. Institutional Commitment & Resources													
II –A	UG Chair /Lab/Sim Coordinator	Annually		X		X		X		X		X	
II-B Formerly Part of II-A	UG Chair /Lab/Sim Coordinator	Annually		X		X		X		X		X	
II- C Formerly Part of II-B	Admissions	Annually	X		X		X		X		X		X
II- D Formerly Part of II-C	UG Chair & Program Eval Committee (PEC)	When Appointment Occurs		X									
II E Formerly Part of II-D	UG Chair	Annually	X		X		X		X		X		X
II F Formerly Part of II-E	UG Chair	Annually	X		X		X		X		X		X
IIG Formerly Part of II-F	UG Chair	Q Even Year			X				X				X

*Report Moved to New Review Cycle
\# Interim Report Due
^ Report Not Submitted or Incomplete; Report Due at Next Workshop   Jan 20, 2020

Fitchburg State University
Department of Nursing

Standard III: Curriculum & Teaching-Learning Practices	Committee/Staff Responsible	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
III A	UG Curriculum	Even Years (+/or with substantive changes)		X				X				X	
III B	UG Curriculum	4 years (+/or with substantive changes)						X					
III C	Not Applicable for UG Program												
III D	Not Applicable for UG Program												
III E	Not Applicable for UG Program												
III F Formerly Part of III-C	UG Curriculum	Odd Years				X				X			
III G Formerly Part of III-D & III-F	UG Chair / UG Curriculum	Every 4 Years (+/or with substantive changes)						X					
III H Formerly Part of III-E	UG Curriculum	Even Years		X				X				X	
III-I Formerly Part of III-G	Student Policies	Annually		X		X		X		X		X	
III-J Formerly Part of III-H	UG Curriculum	Annually	X		X			X	X		X		X

*Report Moved to New Review Cycle
Interim Report Due
^ Report Not Submitted or Incomplete; Report Due at Next Workshop   Jan 20, 2020

Fitchburg State University
Department of Nursing

	Committee/Staff Responsible	Frequency	FA 19	SP 20	FA 20	SP 21	FA 21	SP 22	FA 22	SP 23	FA 23	SP 24	FA 24
Standard IV: Assessment & Achievement of Program Outcomes													
IV A <u>Identify Process Only Here</u>	PEC	2 years		X				X				X	
IV B	PEC/ UG Chair	Annually		X		X		X		X		X	
IV C	UG Chair	Annually		X		X		X		X		X	
IV-D	Not Applicable for UG Program												
IV E Formerly Part of IV-D	PEC	Annually	X		X		X		X		X		X
IV F This is a new Key Element	UG Chair/ UGCC/ PEC	Fall: When Benchmarks for IVB,C, E are NOT met.	X		X		X		X		X		X
IV G Formerly Part of IV-F	PEC / UG Chair	Annually	X		X		X		X		X		X
IV-H This is a new Key Element	UG Chair/ UGCC/ PEC	Annually	X		X		X		X		X		X
IV –I Formerly Part of IV- E	PEC	Annually	X		X		X		X		X		X
IV –J Formerly Part of IV- H	PEC/ UG Chair/ UGCC	Twice Annually	X	X	X	X	X	X	X	X	X	X	X

*Report Moved to New Review Cycle
Interim Report Due
^ Report Not Submitted or Incomplete; Report Due at Next Workshop   Jan 20, 2020