**Annual Departmental Report**

***Amended for 2020-2021 Academic Year to Accommodate and Reflect Adjustments due to Pandemic***

*There are amended instructions throughout this document to reflect the special circumstances of this academic year (AY20-21) that you will find red. As an institution and as departments we have learned that we can use our creativity to deliver learning even in the most difficult of circumstances.*

**Program Information**

Program/Department:

Department Chair:

Department Assessment Committee Contact:

*This document is to be kept in the department and an electronic file is due to the AVP of Institutional Research & Planning by June 1, 2021.*

1. **Departmental Special Section for AY2021**

Department Lessons Learned and Accomplishments

In thinking through the academic year, report on how the department adapted to changes brought on by the pandemic. Reflect on actions that surprised you, on lessons learned that will help in the future, and major accomplishments.

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| The most significant change brought on by the pandemic for the DON included the drastic overhaul to clinical learning. Ten of the 14 major designation courses in the program have a clinical component that are regulated by our accrediting agency and the MABORN. The program lost over 60% of clinical learning hand on opportunities for each level in the program. Two courses, NURS 4400 and NURS 4750 lost all their clinical placements due to school closures and the inability to participate with visiting nurses and working in community organizations. Although we were provided with some leniency on how to meet clinical objectives, the program needed to make sure any alternative clinical learning experiences (ACLEs) meet the definition of clinical learning. Starting at the onset of the pandemic, the faculty worked quickly and redesigned clinical experiences not once, but three times over the course of the pandemic. Faculty incorporated a variety of ACLEs including the use of virtual simulation, unfolding case studies, and hands on simulation scenarios with small student groups. While all of these experiences have been known to the faculty, and we had begun to implement some prior to the pandemic, the need to move quickly pushed our momentum into overdrive. Over the past three semesters, faculty continued to refine the process, create rotating schedules, and work more closely with smaller numbers of students more frequently. All courses created ACLE maps to demonstrate how the each experience met course and clinical outcomes, AACN Essentials, and concepts covered within each experience. These maps will assist in guiding curriculum development moving forward. Lessons Learned: The students and the faculty thoroughly enjoyed the small group learning environment. Working with 3 students at a time provided for intensive interactions between students and faculty that allowed for improved learning. The question this creates moving forward is how do we continue to provide these opportunities and if so, how much time do we actually need to demonstrate competence.Development of a Sim CenterThe program was notified in August we would experience significant reductions to the number of students allowed in the clinical setting. Only 1/3 of the students normally allowed to do clinical on a unit would be able to do clinical on a unit. This created a major problem as to how to effectively provide clinical experiences for all junior level students. With the assistance of the University, a Sim Center was created, a Sim tech was allocated and we hired a Sim Educator. By mid-October, we were able to begin rotating junior students through simulation experiences. Simulation scenarios were specialty based and developed by course faculty in conjunction with the sim educator. Based on initial reports: a total of 109 scenarios were conducted providing 458 student learning opportunities. The Sim Center has been a much needed site to advance nursing education for our program. The center will be heavily used by all levels. As we move forward, we are redefining roles, expectations and effective strategies to streamline all sim center processes.Face to Face classroom learningAs a program, faculty felt it was extremely important for most of the nursing classes be held face to face. Students were more interactive when in the classroom than on the computer. The quality of small group work was lost online. Faculty also noted a significant reduction in class participation over time. |

1. **Program Learning Outcomes (PLOs) (Educational Objectives)**
2. **List of PLOs and the timeline for assessment.**

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| **Program Learning Outcomes** | **Expected Timing of Assessment (annual, semester, bi-annual, etc.)** | **When was the last assessment of the PLO completed?** |
| 1. Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care
 | annual | Spring Semester 2021 |
| 1. Incorporate basic organizational and systems leadership to provide quality care and patient safety
 | annual | Spring Semester 2021 |
| 1. Incorporate evidence based practice in the management of client care
 | annual | Spring Semester 2021 |
| 1. Analyze information using information technology to improve patient outcomes
 | annual | Spring Semester 2021 |
| 1. Examine the impact of health care policy, finance, and regulatory environments on nursing practice
 | annual | Spring Semester 2021 |
| 1. Integrate principles of communication in professional practice
 | annual | Spring Semester 2021 |
| 1. Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care
 | annual | Spring Semester 2021 |
| 1. Integrate professional standards of moral, ethical and legal conduct into nursing practice
 | annual | Spring Semester 2021 |

1. **PLO Assessment** (Please report on the PLOs assessed and/or reviewed this year. Programs should be assessing at least one each year.)

Using the table below, list and briefly describe the **direct method(s)** used to collect information assessing whether students are learning the core sets of knowledge (K), skills (S) and attitudes (A) identified as essential.

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| **PLO#** | **Assessment Description (exam, observation, national standardized exam, oral presentation with rubric, etc.)** | **When assessment****was administered** **in student program (internship, 4th year,1st year, etc.)** | **To which students were assessments administered****(All, only a sample, etc.)** | **What is the target** **set for the PLO?****(criteria for success?** | **Reflection on the** **result:****How was the** **“loop closed”?** |
| 1. Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care
 | Exams/quizzesNursing care plansScholarly papers with rubricsOral presentations with rubricHESI case studiesHESI examsclinical evaluations Med/calc exams with increasing complexity per semester starting spring sophomore level, lab/simulation experiences,NCLEX | Students are evaluatedat the end of each semester.End of program evaluation – following successful completion NURS4800 – students sit for the Exit HESI Exam | All (sophomore, junior and senior nursing students) | Student success with progression in the nursing program:GPA- 2.5 for each NURS courseExit HESI score ≥ 850Success on the NCLEX examination; | 1.Continue to work with the math department on the blackboard site for med/calc practice2. Sophomore remediation policy revised spring 20203. Changes to detailed content outlines for all med/surg courses based on 2018/19 content review. The review identified areas of redundancy, allowing for new material to be added.4. Examination of Clinical evaluation tools (2018-2020) Pilot of a new format for NURS4750 during Spring20205. Collaboration with Assessment Coordinator to review of all surveys (2018-present).6. Review of NCLEX test Report to identify content areas needing increased pedagogical experiences.Increased focus was identified for safety, prioritization and delegation, and respiratory. Simulation experience were provided to cover the content |
| 1. Incorporate basic organizational and systems leadership to provide quality care and patient safety
 | See above | See above | See above | See above | See above |
| 1. Incorporate evidence based practice including current research and critical thinking in the management of client care
 | See above | See above | See above | See above | See above |
| 1. Analyze information using information technology to improve patient outcomes
 | See above | See above | See above | See above | See above |
| 1. Examine the impact of health care policy, finance, and regulatory environments on nursing practice
 | See above | See above | See above | See above | See above |
| 1. Integrate principles of communication in professional practice
 | See above | See above | See above | See above | See above |
| 1. Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care
 | See above | See above | See above | See above | See above |
| 1. Integrate professional standards of moral, ethical and legal conduct into nursing practice
 | See above | See above | See above | See above | See above |

 If applicable, use the space below to report on PLO assessment impacted by the move to remote learning.

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**Summary of Findings:** Briefly summarize the results of the PLO assessments reported in Section II above combined with other relevant evidence gathered and show how these are being reviewed/discussed. How are you “closing the loop”?

Please reflect on changes that the department has had to engage in given changes to teaching modality and especially capstone experiences.

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| **Other than GPA, what data/evidence is used to determine that graduates have achieved the stated outcomes for the degree? (e.g., capstone course, portfolio review, licensure examination)** | **Who interprets the evidence?****What is the process?****(e.g. annually by the curriculum committee)****ANNUALLY to evaluate trends, by:** | **What changes have been made as a result of using the data/evidence?** |
| Student surveys of course/clinical outcomes | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Curricular examination/proposal for changes/improvements |
| SIR II results | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Curricular examination/proposal for changes/improvements |
| Licensure Examination (NCLEX) | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Curricular examination/ proposal for changes/improvements |
| HESI score results | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee | Curricular examination /proposal for changes/improvements; tutoring |
| C 4 results (clinical /lab evaluations) | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Impacts DON decision to re-use clinical site /clinical faculty each semester |
| Student Evaluation of Simulation survey | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Examination of simulation process/proposal for curricular changes/improvements |
| Senior Exit survey | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Curricular examination/proposal for changes/improvements |
| Evaluation of clinical site survey | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Impacts DON decision to continue to use clinical sites and clinical faculty each semester |
| Evaluation of preceptor survey | DON Chair ,Program Evaluation Committee (PEC) Curriculum Committee; results brought to faculty | Impacts DON decision continue to employ preceptor |

1. **Assessment Plan for Program/Department**
2. Insert the program or department Assessment Plan
3. Explain any changes in the assessment plan including new or revised PLOs, new assessments that the program/department plans to implement and new targets or goals set for student success.
4. If you do not have a plan, would you like help in developing one?

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

Yes

1. **Program Review Action Plan or External Accreditation Action Letter/Report**

*Annual Reflection/Follow-up on Action Plan from last Program Review or external accreditation (only complete the table that is appropriate for your program)*

* 1. **Programs that fall under Program Review:**
		1. Date of most recent Review: 2015
		2. Insert the Action Plan table from your last Program Review and give any progress towards completing the tasks or achieving targets set forth in the plan.

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| **Specific area where improvement is needed** | **Evidence to support the recommended change** | **Person(s)****responsible for****for implementing****the change** | **Timeline for implementation** | **Resources needed** | **Assessment****Plan** | **Progress** |
| **Standard III** Program Quality: Curriculum and Teaching - Learning Practices |  Key Element III H: Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement. | Faculty, PEC and Curriculum Committee; Curriculum is evaluated by faculty and other communities of interest as appropriate. | Within six months | Data from the evaluation of curriculum and teaching-learning practices are used to foster program improvement. | In response to the Visitors’ report, the program made the following changes:Survey results related to IIIH are reviewed annually. The DoN data assessment coordinator has worked with faculty on assessment and interpretation of student survey results. Results are discussed and documented in level meeting meetings.A review of sim surveys identified the need to develop consistent teaching methods across all courses. The committee developed guidelines for prebriefing and debriefing. Debriefing tools were implemented and surveys were put into an online format. | Faculty use data from faculty and student evaluation of teaching-learning practices to inform decisions that facilitate the achievement of student outcomes. |
| -Standard IV Program Effectiveness: Assessment and Achievement of Program Outcomes | Key Element IV B. Program completion rates demonstrate program effectiveness. | Faculty, PEC and Curriculum Committee; | Within six months | Completion rates for the most recent calendar year (70% or higher) | The completion rate for the most recent calendar year is 70% or higher.  | Continue to monitor |
| -Standard IV Program Effectiveness: Assessment and Achievement of Program OutcomesThe program uses outcome data for improvement. Data regarding completion, licensure, certification, and employment rates; other program outcomes; and formal complaints are used as indicated to foster program improvement. | Key Element IV-H: Data analysis is used to foster ongoing program improvement. | Faculty, PEC and Curriculum Committee  | Within six months | Resources needed: DIRP, PEC | Action Plans are in place with follow-up for items within the Evaluation Tools which do not meet the benchmarks. Standard IV has been completely revised, with specific benchmarks for each program outcome identified. PEC revised the Program Evaluation Report Worksheet, and added two more tools: the Program Evaluation Post-Workshop Tracking Table to prompt an action plan for those elements not meeting the benchmark with follow-up and final evaluation. A Tracking Table for Evaluation Tool Items Not Meeting Benchmarks has also been developedThe Program Evaluation Tools- Timeline and Responsibility Table is a collaboration between the UG Curriculum Committee and the Program Evaluation Committee to share responsibility for administration of the selected tools and for evaluation of the results with follow-up.  | A new PEM was approved by the faculty at a fall faculty meeting. The new PEM has been used since spring 2020 semester, along with the aforementioned tracking tools.  |

1. If you do not have an action plan, would you like help in developing one based on your last program review and needs of the program?

Yes

[Grab your reader’s attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

* 1. **Programs with external Accreditation:**
		1. Professional, specialized, State, or programmatic accreditations currently held by the program/department.
		2. Date of most recent accreditation action by each listed agency.
		3. Date and nature of next review and type of review. 2021 CIPR will be submitted 6/1. See report as written.

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| **List key issues for continuing accreditation identified in accreditation action letter or report.** | **Key performance indicators as required by agency or selected by program (licensure, board or bar pass rates; employment rates, etc.)(If required.)** | **Update on fulfilling the action letter/report or on meeting the key performance indicators.** |
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1. **Departmental Strategic Initiatives**

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| **Accomplished Initiatives AY 20-21 Add more rows as needed** | **Corresponding Strategic Plan Goal & Strategy****Goal # followed by Strategy # ex: 1.3** | **Indicate if a Diversity, Equity and Inclusiveness (DEI) Goal** |
| **Holistic Admissions- ongoing**The committee reviewed a total of 39 applicants and agreed to admit 17 into the NURS program | Goal 5 – Establish FSU commitment to education justice and being a student ready campus. | **Equity goal**xxxx |
| **Development of an Academic Practice Partner relationship with Health Alliance Hospital-** ongoing- development of the partnership began Spring 2021. Continued work to develop the MOU and agenda will occur summer and fall 2021. | Goal 3 – Build innovative sustainable public-private partnerships that advance the University’s mission |  |
| **Creation of a Simulation Center** | Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy  |  |
| **Collaboration with Humanities to incorporate Medical Spanish into Health Assessment** ongoing- to course work to begin fall 2021 | Goal 1 – promote greater interdisciplinary teaching and develop innovative combinations across academic departments |  |
| **Development of Nurs FYE – ongoing- course to begin fall 2021 course work will incorporate a resiliency training model** | Goal 5 – Establish FSU commitment to education justice and being a student ready campus |  |

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| **Planned Initiatives for AY 2021-22 Add more rows as needed** | **Associated Strategic Plan Goal & Strategy****Goal # followed by Strategy # ex: 1.3** | **Indicate if a Diversity, Equity and Inclusiveness (DEI) Goal** |
| **Begin revision of the NURS curriculum to coincide with changes to AACN Essentials: Core Competencies for Professional Nursing Education-** a competency based curriculum | Not sure yet. |  |
| **Holistic Admissions-**  | Goal 5 – Establish FSU commitment to education justice and being a student ready campus. |  |
| **Development of an Academic Practice Partner relationship with Health Alliance Hospital-**  | Goal 3 – Build innovative sustainable public-private partnerships that advance the University’s mission |  |
| **Creation of a Simulation Center** | Goal 1 – Establish a learning environment in which academic and co-curricular program s work in synergy  |  |
| **Collaboration with Humanities to incorporate Medical Spanish into Health Assessment**  | Goal 1 – promote greater interdisciplinary teaching and develop innovative combinations across academic departments |  |
| **Development of Nurs FYE – ongoing- course to begin fall 2021 course work will incorporate a resiliency training model** | Goal 5 – Establish FSU commitment to education justice and being a student ready campus |  |

 **F. Departmental Reflection:**

*Take this section to reflect on--*

1. *Initiatives that you may be considering for 22-23 academic year that you did not already capture above.*
2. *Reflect on how the department adapted to the pandemic. Reflect on actions that surprised you and on lessons learned that will help in the future.*