

**Annual Departmental Plan Report**  
**Draft 5/20/2018**

**Program Information**

Program/Department: Nursing  
 Department Chair: Nancy Duphily  
 Department Assessment Committee Contact: Akwasi Duah/Terry Finn

*Please be as detailed as possible in your responses. We will use this information to fulfill our NEASC requirements and this report will help with your next Program Review or aid with your external accreditation. This file is to be kept in the department and an electronic file is due to the Director of Assessment by **May 31** each academic year.*

**Program Learning Outcomes (PLOs) (Educational Objectives)**

**I. List all PLOs and the timeline for assessment.**

| <b>PLO #</b> | <b>PLO – Stated in assessable terms.</b>   | <b>Timing of assessment (annual, semester, bi-annual, etc.)</b> | <b>When was the last assessment of the PLO completed?</b> |
|--------------|--|---|---|
| 1.           | Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care | annual  | 2017  |
| 2.           | Incorporate basic organizational and systems leadership to provide quality care and patient safety               | annual  | 2017  |
| 3.           | Incorporate evidence based practice in the management of client care   | annual  | 2017  |
| 4.           | Analyze information using information technology to improve patient outcomes                                     | annual  | 2017  |
| 5.           | Examine the impact of health care policy, finance, and regulatory environments on nursing practice               | annual  | 2017  |
| 6.           | Integrate principles of communication in professional practice   | annual  | 2017  |
| 7.           | Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care      | annual  | 2017  |
| 8.           | Integrate professional standards of moral, ethical and legal conduct into nursing practice                       | annual  | 2017  |

**II. 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.

| PLO # | Assessment description (exam, observation, national standardized exam, oral presentation with rubric, etc.)      | When assessment was administered in student program (internship, 4 <sup>th</sup> year, 1 <sup>st</sup> 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 results: How was the “loop closed”?  |
|-------|--|--|--|--|--|
| 1.    | Synthesize knowledge from the liberal arts, sciences, and nursing as a foundation for safe, client-centered care | HESIs (case studies, sample tests, practice questions), clinical experiences/evaluations, exams/quizzes, NCLEX, oral presentations, nursing care plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course, lab/simulation experiences, writing assignments | At the end of each semester  | All  | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved |
| 2.    | Incorporate basic organizational and systems leadership to provide quality care and patient safety               | HESIs(case studies, sample tests, practice questions), clinical experiences/evaluations, exams/quizzes,NCLEX,oral presentations, nursing care plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course,  | At the end of each semester  | All  | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved |

|    |   |   |                             |     |  |
|----|---|---|-----------------------------|-----|--|
|    |   | lab/simulation experiences, writing assignments   |                             |     |  |
| 3  | Incorporate evidence based practice including current research and critical thinking in the management of client care | HESIs (case studies, sample tests, practice questions), clinical experiences/ evaluations, exams/quizzes, case studies, NCLEX, oral presentations, nursing care plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course, lab/simulation experiences, writing assignments | At the end of each semester | All | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved |
| 4. | 1. Analyze information using information technology to improve patient outcomes                                       | HESIs (case studies, sample tests, practice questions), clinical experiences/evaluations, exams/quizzes, case studies, NCLEX, oral presentations, nursing care plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course, lab/simulation experiences, writing assignments  | At the end of each semester | All | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved |
| 5. | Examine the impact of health care policy, finance, and regulatory environments on nursing practice                    | HESIs (case studies, sample tests, practice questions), clinical experiences/evaluations, exams/quizzes, case studies, NCLEX, oral presentations, nursing care  | At the end of each semester | All | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and   |

|    |   |  |                             |     |  |
|----|---|--|-----------------------------|-----|--|
|    |   | plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course, lab/simulation experiences, writing assignments  |                             |     | the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved  |
| 6. | Integrate principles of communication in professional practice  | HESI (case studies, sample tests, sample questions), clinical experiences/evaluations, exams/quizzes, NCLEX, oral presentations, nursing care plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course, writing assignments  | At the end of each semester | All | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved |
| 7. | Synthesize knowledge of health promotion and disease/injury prevention in designing population focused care | HESIs (case studies, sample tests, sample questions), clinical experiences/evaluations, exams/quizzes, case studies, NCLEX, oral presentations, nursing care plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course, lab/simulation experiences, writing assignments | At the end of each semester | All | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved |
| 8. | Integrate professional standards of moral, ethical and legal conduct into nursing practice                  | HESIs (case studies, sample tests, sample questions), clinical experiences/evaluations,  | At the end of each semester | All | Annual Program Evaluation Workshops (May22,23,24 2018) took place. Here, a   |

|  |  |  |  |  |   |
|--|--|--|--|--|---|
|  |  | exams/quizzes, case studies, NCLEX, oral presentations, nursing care plans, scholarly papers, discussion boards, med calc exam, Don Anderson NCLEX preparatory course, lab/simulation experiences, writing assignments |  |  | review of the CCNE standards I-IV, each who specific Key Elements, incorporates a review of this outcome; the DON has engaged the services of Merri Incitti and the Department of Assessment and Institutional Review to assist us with reviewing HESIs to identify gaps and areas to be improved |
|--|--|--|--|--|---|

**III. 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”?

| <b>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)</b> | <b>Who interprets the evidence? What is the process? (e.g. annually by the curriculum committee)</b> | <b>What changes have been made as a result of using the data/evidence? (close the loop)</b> |
|---|--|---|
| TK 20 results(now titled Surveys (S1-S7))   | DON Chair, Curriculum Committee  | Curricular examination/proposal for changes/improvements                                    |
| SIR II results  | DON Chair, Curriculum Committee  | Curricular examination/proposal for changes/improvements                                    |
| Licensure Examination (NCLEX)   | DON Faculty and Chair  | Curricular examination/ proposal for changes/improvements                                   |
| HESI score results  | DON Faculty and Chair  | Curricular examination /proposal for changes/improvements; tutoring                         |
| C 4 results (clinical /lab evaluations)   | DON Chair  | Impacts DON decision to re-use clinical site /clinical faculty each semester                |
| Student Evaluation of Simulation survey   | Laboratory and Simulation Coordinator; DON Faculty and Chair   | Examination of simulation process/proposal for curricular changes/improvements              |
| Senior Exit survey  | DON Chair, Curriculum Committee and Faculty  | Curricular examination/proposal for changes/improvements                                    |

|                                    |                              |   |
|------------------------------------|------------------------------|---|
| Evaluation of clinical site survey | Curriculum and PEC Committee | Impacts DON decision to continue to use clinical sites and clinical faculty each semester |
| Evaluation of preceptor survey     | Curriculum and PEC Committee | Impacts DON decision continue to employ preceptor   |
|                                    |                              |   |

**Assessment Plan for Program/Department**

- I. **Insert the program or department Assessment Plan**
- II. 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.
- III. If you do not have a plan, would you like help in developing one?  
 Yes

**University Data**

**I. SSC Data**

Indicate **at least one** Student Success Performance Measure that the department/program has identified for planned change or improvement.  
 Freshman retention, bottleneck courses, graduation rates, at risk student retention etc.

a. What was the focus this year?

| Student Success Measure (data point from SSC) | Implemented Intervention   | Update on Implemented Intervention (i.e. change in target, satisfied with outcome, not satisfied, will continue or not) |
|---|--|---|
| Retention                                     | Intrusive Advising; Identifying specific advisors for different nursing tracks | In progress   |
| Remediation                                   | Intrusive Advising; Identifying specific advisors for different nursing tracks | In progress   |

b. What will your focus be for the upcoming year?\*

| Student Success Measure | Rationale for selection | Planned or Implemented Intervention | Current score/ | This measure was selected because of last Program |
|-------------------------|-------------------------|-------------------------------------|----------------|---|
|                         |                         |                                     |                |   |

| (data point from SSC) |  |   | Target Score | Review or Accreditation (yes/no) |
|-----------------------|--|---|--------------|----------------------------------|
| Retention             | Improve student retention rates in the DON through the establishment of clear expectations of students | <p>Intrusive Advising; Targeting specific advisors for different nursing tracks</p> <p>NURPS</p> <p>-NURPs (Freshman nursing students) must successfully complete all prerequisite courses by the end of the spring semester of the first year to be guaranteed a seat in sophomore nursing courses.</p> <p>From the Department of Nursing Student Handbook: "To be in good standing in the major, nursing students must achieve a MINIMUM GRADE OF 2.5 OR BETTER IN EACH NURS COURSE. A student may either fail one nursing course once or withdraw from one nursing course once throughout the entire nursing program... Failure to comply will result in dismissal from the program... Failure to achieve a grade of 2.5 or better when the course is repeated will result in dismissal from the major. Any subsequent grade of less than 2.5 in any other nursing course will result in dismissal from the major..."</p> <p>HESIs: Implementation and Evaluation</p> <p>-after each course associated with a clinical component</p> <p>-identify high risk nursing students by tracking any HESI score lower than 850</p> |              |                                  |
| Remediation           | Improve student retention rates in the DON through the establishment of clear expectations of students | <p>Remediation: The Department of Nursing Academic Policies require that all nursing majors successfully complete all nursing courses with a grade of 2.5. Students who do not achieve this benchmark are required to complete 30 hours of study at the Peer Tutor Center, reviewing content related to the course failed. Students must also contact Christine Coffin, Director of the Peer Tutor and Placement Center, during the first week of classes to schedule tutoring sessions. Concurrent with repeating the failed course, students are required to complete 15 hours in the clinical skills lab, reviewing physical assessment and foundational/med.surg. skills acquired. The purpose of this is to keep skills current. Students need to contact the Nursing Lab/Simulation Coordinator, at the start of the spring semester to schedule clinical skills sessions. Attendance is monitored to ensure completion of this requirement. Failure to adhere to the policies</p>  |              |                                  |

|   |   |   |  |  |
|---|---|---|--|--|
|   |   | outlined above will remove the opportunity to remediate, and the student will no longer be considered a nursing major.  |  |  |
| Communication: consistency, transparency and congruency | To clarify and maintain clear guidelines among faculty and students | Clinical instructor handbook developed;<br>Weekly clinical report submissions to level coordinators;<br>Intrusive advising;<br>Level coordinator meetings monthly<br>Advising improvements: intrusive advising, recommendations for student orientation sessions during the summer<br>End of year, three-day nursing department workshops |  |  |
| Data analysis and Improvement plans                     |   | Nursing student survey data outcomes analysis   |  |  |

\*Note: Programs may wish to monitor or review the same data point over multiple years.

**II. Trend Data**

Indicate **at least one** Department Performance Measure that the program/department identified for change or improvement. Number of graduates, number of majors, credit production, substitutions etc.

a. What was the focus this year?

| <b>Department Performance Measure (data point from Trend Data)</b>   | <b>Implemented Intervention</b>   | <b>Update on Implemented Intervention (i.e. change in target, satisfied with outcome, not satisfied, will continue or not)</b>  |
|--|---|---|
| Improved communication, consistency and congruency in delivery of the curriculum among students, staff and faculty in all nursing tracks | Intrusive advising; focus groups; Boot Camps; Skills Labs; Identification of specific advisors for the various nursing tracks; improvement in frequency and caliber of orientation sessions | With the redesign and expected growth in student numbers of the RN and LPN to BS tracks, we have reached out to Administration and created Strategic proposals to meet the needs of this population for designated coordinators for these program; outcomes currently not met |
| Bringing Simulation Education up to current standards  | Strategic Proposal created requesting technical aide to assist the clinical laboratory coordinator, as well as a  | The DON has created Strategic proposals to meet the needs of the generic nursing students and the LPN   |



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|  |   |  |
|--|---|--|
|  | redesign of the space and upgrading equipment to meet the needs of the nursing students utilizing this methodology. | to BS student population for designated assistance, space and upgrading of equipment for the program; outcomes currently not met |
|--|---|--|

b. What will be the focus next year?\*

| <b>Department Performance Measure (data point from Trend Data)</b> | <b>Rationale for selection</b>   | <b>Planned or Implemented Intervention</b> | <b>Current score/ Target Score</b> | <b>This measure was selected because of last Program Review or Accreditation (yes/no)</b> |
|--|--|--|------------------------------------|---|
| Continuation of the above requests                                 | Needs of the department to deliver current quality education to our students | Continue to submit Strategic Proposals     |                                    |   |
|  |  |  |                                    |   |

\*Note: Programs may wish to monitor or review the same data point over multiple years.

**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)*

**I. Programs that fall under Program Review:**

- i. Date of most recent Review:
- ii. 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.

| Specific area where improvement is needed | Evidence to support the recommended change | Person(s) responsible for implementing the change | Timeline for implementation | Resources needed | Assessment Plan | Progress Made this Year |
|---|--|---|-----------------------------|------------------|-----------------|-------------------------|
|   |  |   |                             |                  |                 |                         |
|   |  |   |                             |                  |                 |                         |
|   |  |   |                             |                  |                 |                         |

- iii. 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

**II. Programs with external Accreditation:**

- i. Accreditor: CCNE
- ii. Date of last review: October 2015
- iii. Date of next review and type of review: October 2026
- iv. List key performance indicators:

| <p>List key issues for continuing accreditation identified in accreditation action letter or report.</p>   | <p>Key performance indicators as required by agency or selected by program (licensure, board or bar pass rates; employment rates, etc.)(If required.)</p>   | <p>Update on fulfilling the action letter/report or on meeting the key performance indicators.</p>  |
|--|---|---|
| <p><b>1.Standard III Program Quality: Curriculum and Teaching - Learning Practices</b><br/> <b>Key Element III H:</b> Curriculum and teaching-learning practices are evaluated at regularly scheduled intervals to foster ongoing improvement.</p> | <p>1. The department uses course surveys, clinical site surveys, and the senior exit survey to collect data about the curriculum and teaching learning practices. In addition, individual faculty receive results of their SIR II and C 4 evaluations, which identify student evaluation of their teaching-learning practices and overall effectiveness. Faculty are then able to make changes to their practice as warranted. The self-study described changes made to all tracks of the program based on benchmarks below 80% in several course evaluations related to the outcome related to ethics.</p> | <p>1.In response to the Visitors’ report, the program made the following changes:<br/>                     The frequency of review of this Key Element in our Program Evaluation Map (PEM) was changed from every two years to every year during the fall semester. This will allow the curriculum committee to report on data collected the previous academic year.). In addition, benchmarks and the review plan for III H were revised.<br/>                     The UG Curriculum Committee has approved the Faculty Evaluation of Clinical Site Tool and the tool has been deployed<br/>                     The department has formed a Sim Team. One of the first tasks of that committee was to review the Simulation Evaluation Tool. The PEM was revised to reflect the use of all surveys, including the Simulation Evaluation Tool in evaluating this key element.</p> <p>The department addressed the issue of data analysis. The department has done all data aggregation internally, and it has become difficult to rely on faculty members to add this task to their other workload. As the FSU DON site visit was occurring (October 2015), the university announced the formation of a Department of Institutional Planning and Research. After the site visit, the IRB Department head reached out to offer assistance in data aggregation and analysis. A meeting was held to discuss data aggregation for all nursing surveys.</p> |

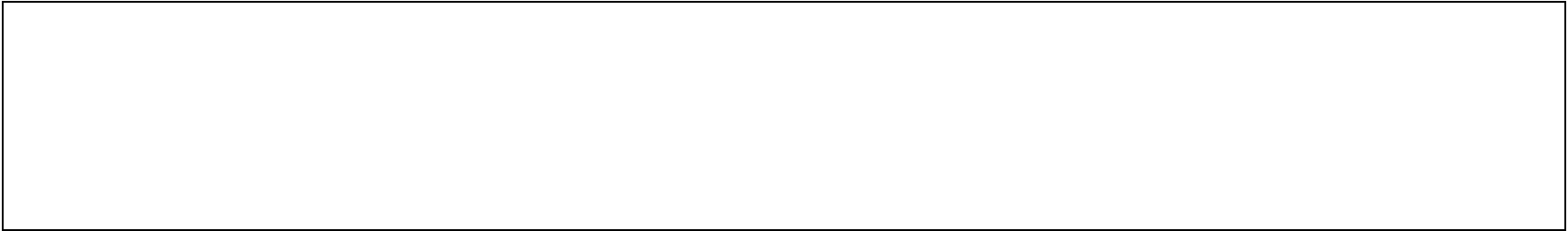
|  |  |   |
|--|--|---|
| <p><b>2. Standard IV Program Effectiveness: Assessment and Achievement of Program Outcomes</b><br/> <b>Key Element IV B.</b> Program completion rates demonstrate program effectiveness.</p> <p><b>3.</b> Key Element IV-H: Data analysis is used to foster ongoing program improvement.</p> | <p>2. The undergraduate program tracks completion rates for the RN to BS track separately from the generic and LPN tracks, because the populations are very different.</p> <p>3. The Program Evaluation Committee (PEC) revised the Program Evaluation Map. A decision was approved to create one PEM for the undergraduate program, and one for the graduate program. Although the form used for minutes in the department has not changed, the department is now recording more information in the discussion column to provide more context to motions.</p> | <p>Course and clinical evaluation data for the past two years in the future will be aggregated by student outcome. The results were received and reviewed by the UG Curriculum Committee and reported to faculty.</p> <p>2. The DON is now combining data from all three tracks to reflect baccalaureate program completion rates.</p> <p>3. Standard IV has been completely revised, and specific benchmarks for each program outcome have been identified. The committee redesigned the Program Evaluation Report Worksheet, and added two more tools. The Program Evaluation Post-Workshop Tracking Table prompts an action plan for those elements not meeting the benchmark, with follow-up and final evaluation. The Program Evaluation Tools- Timeline and Responsibility Table developed represents 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. Coupled with the assistance of the Department of Institutional Research and Planning, the aggregation of data will allow timely data evaluation and action if needed.</p> |
|--|--|---|



|  | formulate the summary and analysis supports the summary.   | additional evidence to formulate the summary and analysis somewhat supports summary.  | summary or analysis of the data doesn't seem to support summary.  | assessment data is evident.              |       |
|--|--|---|---|--|-------|
| Assessment Plan for Program/Department   |  |   |   |  |       |
| Criterion  | Highly Developed (3)   | Developed (2)   | Emerging (1)  | Initial (0)                              | Score |
| <i>Department or Program Assessment Plan</i>   | Assessment Plan provided. Has clearly stated process with reasonable expectations.   | Assessment Plan provided. Has somewhat clear process and/or somewhat reasonable expectations.   | Assessment Plan provided, the process is not clear and/or the expectations are not reasonable.                          | No Assessment Plan provided.             |       |
| <i>Activities and Adjustments to/Deviation from the Department/Program Assessment Plan</i> | Decision to change or not change the assessment plan are clearly stated and decision(s) are appropriate based on the reported results.                             | Decision to change or not change the assessment plan are described in general terms and may be appropriate based on the reported results.                                   | Decision to change or not change the assessment plan are vague and lack clarity.  | No changes are discussed.                |       |
| University Data  |  |   |   |  |       |
| Criterion  | Highly Developed (3)   | Developed (2)   | Emerging (1)  | Initial (0)                              | Score |
| <i>SSC Data for Current Review Period</i>  | Intervention undertaken by program/department for at least one SSC data point. Clearly documented results.   | Intervention undertaken by program/department for at least one SSC data point. Plan not fully implemented.  | Planned intervention by program/department for at least one SSC data point. No plan implemented.                        | No SSC data analyzed and/or reported on. |       |
| <i>SSC Data for Upcoming Review Period</i>   | At least one component of the SSC data selected to assess, rationale provided, targets set and intervention seems to be appropriate based on information provided. | At least one component of the SSC selected to assessed, some of the rationale provided, targets set and intervention seems to be appropriate based on information provided. | SSC data discussed and some or part of the assessment, targets or interventions are emerging but not fully appropriate. | No SSC data analyzed and/or reported on. |       |

| <i>Trend Data for Current Review Period</i>   | Intervention undertaken by program/department for at least one Trend data point. Clearly documented results.   | Intervention undertaken by program/department for at least one Trend data point. Plan not fully implemented.  | Planned intervention by program/department for at least one Trend data point. No plan implemented.                        | No Trend data analyzed and/or reported on.  |              |
|---|--|---|---|---|--------------|
| <i>Trend Data for Upcoming Review Period</i>  | At least one component of the Trend data selected to assess, rationale provided, targets set and intervention seems to be appropriate based on information provided. | At least one component of the Trend selected to assessed, some of the rationale provided, targets set and intervention seems to be appropriate based on information provided. | Trend data discussed and some or part of the assessment, targets or interventions are emerging but not fully appropriate. | No Trend data analyzed and/or reported on.  |              |
| <b>Action Plane or External Accreditation Action Letter/Report</b>  |  |   |   |   |              |
| <b>Criterion</b>  | <b>Highly Developed (3)</b>  | <b>Developed (2)</b>  | <b>Emerging (1)</b>   | <b>Initial (0)</b>  | <b>Score</b> |
| <b><i>Only for those under Program Review</i></b><br><i>Annual Reflection on Program Review</i>                               | Full Action Plan provided with definitive on-going progress clearly stated.  | Full Action Plan provided with some discussion of on-going progress plans stated.   | Full Action Plan provided with vague ideas regarding on-going progress plans stated.                                      | Action Plan is either not provided or there no progress or plans stated for progress discussed.                             |              |
| <b><i>Only for those under External Accreditation</i></b><br><i>Annual Reflection on Report/Letter from accrediting body.</i> | Key issues and performance standards provided with definitive on-going progress clearly stated.  | Key issues and performance standards provided with some discussion of on-going progress stated.   | Key issues and performance standards provided with vague ideas regarding on-going progress plans stated.                  | Key issues and/or performance standards are either not provided or there has been no progress or plans stated for progress. |              |
| Comments:   |  |   |   |   |              |

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**NOTE: This rubric is NOT an evaluation of the program/department. It is simply a tool for UARC to use as an aid in reviewing and providing constructive feedback to each program.**