ANNUAL ASSESSMENT REPORT

AUGUST 1, 2010

SCHOOL OF NURSING

UNIVERSITY OF ARKANSAS AT MONTICELLO

GUIDING QUESTIONS

1. **List the student learning outcomes (goals) for your unit. Include the specific website address where the learning outcomes can be accessed.**

   A. **The faculty in the School of Nursing (SON) prepares nurse generalists at the technical (AASN) and professional (BSN) entry to practice levels. Examples of student learning goals/outcomes are included here and are also found at the DON website: http://www.uamont.edu/Nursing/pdf/BSNMission.pdf**

A student who graduates from the Bachelor of Science Degree in Nursing Program in the SON should be able to:

CURRICULUM STRANDS	GOALS/OUTCOMES
Critical Thinking	1. Formulate judgments using a problem solving process that is goal directed, ethical, and based on standards of professional nursing practice.
Research	2. Reflect critical thinking to critique and apply research findings in nursing practice.
Nursing Process	3. Use the nursing process to provide therapeutic nursing interventions which promote, maintain, and restore the health of culturally and ethnically diverse individuals, families, and/or communities throughout the lifespan.
Leadership	4. Apply leadership and management skills to provide cost effective quality health care, implement and support change, and serve as a client advocate in a variety of settings.
Communication	5. Communicate and collaborate with members of the health care team and consumers to provide and improve delivery of health care.
Teaching/Learning	6. Educate individuals, families, and communities using teaching/learning principles which promote, maintain, and restore health.

B. Examples of learning goals/outcomes for the AASN program include the following, also found at the following SON web site:
http://www.uamont.edu/Nursing/pdf/AASNMission.pdf

A student who graduates from the AASN degree program in the School of Nursing should be able to:

CURRICULUM STRANDS	OUTCOMES
Critical Thinking	1. Formulate judgments using a problem solving process that is goal directed, ethical, and based on standards of professional nursing practice.
Nursing Process	2. Use the nursing process to provide therapeutic nursing interventions which promote, maintain, and restore the health of culturally and ethnically diverse individuals, families, and/or communities throughout the lifespan.
Management	3. Apply management skills to provide cost-effective quality health care, support change, and serve as a client advocate.
Communication	4. Communicate and collaborate with members of the health care team and consumers to provide and improve delivery of health care.
Teaching/Learning	5. Educate individuals, families, and families in communities using teaching/learning principles which promote, maintain, and restore health.

Indicate the accrediting agencies for the School of Nursing and the term of the accreditation:

The AASN and the BSN programs are approved by the Arkansas State Board of Nursing (ASBN). Both programs were granted full approval on May 15, 2008. Approval extends for 5 years. ASBN regulations for approval of a registered nurse program can be found at:

http://www.arsbn.arkansas.gov/lawsRules/Documents/RR_Chapter6.pdf

The National League for Nursing Accrediting Commission (NLNAC) announced the continued accreditation of the BSN Program July, 2010 extending from 2010 to 2018. Eight years is the maximum number of years given by the NLNAC to a school of nursing program. NLNAC links to guidelines and standards for accreditation can be found at
http://acenursing.org/accreditation-manual/

The Associate of Applied Science in Nursing (AASN) program is applying for candidacy for the initial NLNAC Accreditation January 2013.

The NLNAC standards include:

1. **Mission and Administrative Capacity**
There are clear and publicly stated mission, philosophy and purpose statements appropriate to postsecondary or higher education in nursing. This standard addresses consistency of DON policies and procedures as compared with other units on campus, faculty/student participation in governance, partnerships with communities and contracted facilities. credentials of nursing administration and budgetary support for the program.
2. **Faculty and Staff**
There are qualified and credentialed faculty, appropriate to accomplish the nursing education unit purposes and strengthen its educational effectiveness. Faculty development and evaluation are addressed in this area
3. **Students**
Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible and transparent, non-discriminatory, and consistently applied; differences are justified by the nursing education unit purposes. Technology and student rights are addressed.
4. **Curriculum**
The curriculum is designed to accomplish its educational and related purposes.
5. **Resources**
Resources are sufficient to accomplish the nursing education unit purposes.
6. **Outcomes:**
There is a systematic plan for evaluation including assessment of student academic achievement.

2.   Demonstrate how your unit's specific student learning outcomes (goals) are linked to the mission of UAM. Please use your enumerated list from Question 1 to complete the section to the right.

    The overall mission of the School of Nursing is to strive for excellence in the preparation of technical (Associate of Applied Science in Nursing Degree - AASN) and professional (Bachelor of Science in Nursing Degree - BSN) nurse generalists. This mission is accomplished through the achievement of course objectives leading to the learning outcomes indicated in the right column below:

	UAM MISSION STATEMENT	Unit Learning Outcomes
1	The mission the University of Arkansas at	BSN Unit Goals 1 and 2
2	Monticello shares with all universities is the commitment	
3	to search for truth, understanding through scholastic	AASN Unit Goals 1
4	endeavor.	
5	The University seeks to enhance and share	BSN Unit Goals 1, 2, 3, and 5
6	knowledge, to preserve and promote the intellectual	AASN Unit Goals 1, 3 and 5
7	content of society, and to educate people for critical	
8	thought.	
9	The University provides learning experiences that	BSN Unit Goals 1, 2, 3, 4, 5, and
10	enable students to synthesize knowledge, communicate	6
11	effectively, use knowledge and technology with	AASN Unit Goals 1, 2, 3, 4, and
12	intelligence and responsibility, and act creatively within	5
13	their own and other cultures.	
14	The University strives for excellence in all its	
15	endeavors. Educational opportunities encompass the	BSN Unit Goals 1, 2, 3, 5 and 6
16	liberal arts, basic and applied sciences, selected	
17	professions, and vocational/ technical preparation. These	AASN Unit Goals 1, 2, 4, and 5
18	opportunities are founded in a strong program of general	
19	education and are fulfilled through contemporary	
20	disciplinary curricula, certification programs, and	
21	vocational/technical education or workforce training. The	
22	University assures opportunities in higher education for	
23	both traditional and non-traditional students and strives to	
24	provide an environment that fosters individual	
25	achievement and personal development.	

3. **Provide specific evidence of the ways that your unit communicates student learning outcomes to prospective and current students (Examples: website, catalog, syllabi, brochures).**

   A. SON web site:
      http://www.uamont.edu/Nursing/Default.htm

   B. All AASN and BSN course syllabi and student handbooks are emailed to students 1 week prior to the start of classes. The student handbook is emailed with the first course syllabi to new students. Updates to the handbook are announced during classes and signatures obtained to acknowledge receipt of the changes. Nursing students are instructed to ensure their UAM email account is current and accessible and to report any problems receiving these documents. Copies of course syllabi can be obtained from the Dean of the School of Nursing. Copies of the most current course syllabi are electronically filed at the Office of Academic Affairs.

   C. UAM College Catalogues 2007-2009 and 2009–2011 communicate learning outcomes that can be found in hard copy starting on pages 105 and 132 respectively and are available the UAM website http://www.uamont.edu/catalog/2009-11Catalog.pdf

Students are directed to either location and instructed to focus on the appropriate catalogue. New student advisees are offered the 2009-2011 catalogs on CD.

D. Brochures and postcards are available at the School of Nursing Administrative offices in 110 Sorrells Hall and are distributed to nurses at clinical sites, through the UAM Office of Admissions during registration and recruitment events and upon request.

4. Provide specific evidence of how your unit assesses whether students have achieved your unit's student learning outcomes. (Examples: pre/post tests, post tests, capstone courses, surveys, graduation rates, etc.) Address historical patterns or trends.

The School of Nursing has operated under a Program Evaluation Plan (PEP) for over 2 decades (Appendix A). It is reviewed yearly to ensure currency with the Standards of the NLNAC and the National Council of State Boards of Nursing National Council Licensure Examination for Registered Nurses (NCSBN NCLEX-RN) test plan. Data gathered reflects the objectives of the plan and are evaluated by faculty on a regular schedule (Appendix B). All objectives were designed to determine mastery of course objectives, instruction methods, and excellence/appropriateness of clinical learning sites, etc. Consideration for change is made when the PEP scores are not met.

The current PEP has 12 areas of focus: 1) Governance; 2) Faculty Qualifications; 3) Service; 4) Curriculum; 5) Critical Thinking; 6) Therapeutic Nursing Interventions; 7) Clinical Agencies; 8) Resources; 9) NCLEX-RN; 10) Graduation Rates and Student Progression; 11) Program Satisfaction; and 12) Patterns of Employment. Each component is addressed with an Operational Definition, Expected Level of Achievement (ELA), Place Where Documentation is Found, Person Responsible, Time/Frequency of the Assessment, Assessment Method, Report of Data Collection and Analysis and finally, an Action section for Program Development, Maintenance of Revision including both Summative and Formative plan of action to address areas requiring attention.

A complete PEP document is available in Appendix A. It is current through 2009. It is not updated according the Monthly review plan until August 2010. Trends can be determined under the collection and analysis portion of the report.Snapshots of PEP components that answer this question are below and include: **Curriculum, Critical Thinking, Therapeutic Nursing Interventions and Graduation Rates and students progression.**

PROGRAM EVALUATION PLAN
Curriculum
(Standard 4)

Operational Definition: 1." Curriculum "is the progress of learning that is measured by the consistency of the mission, philosophy, and organizing framework from which course objectives and learning activities flow in a logical progression over length of the program.

Expected Level of Achievement:: 1. 100% faculty agree that the curriculum is consistent with the mission, philosophy, and organizing framework and flows in a logical progression.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Nursing Faculty Handbook Course Syllabi Curriculum Committee Meeting Minutes (CCM) Course Evaluations	Curriculum Committee	December & May	**Method:** Review all curriculum documents for consistency. Review consistency of course evaluation. Discussion and analysis of program outcomes. **Rationale:** Analysis will establish the consistency of the curriculum with the mission of the University and the mission, philosophy, organizing, framework, and program outcomes of the Division of Nursing.	December 2009 Pending August 2009 December 2008 100% met August 15, 2008 December 2007 100% met May 2007 100% met	**Summative** 05/12/09 Course syllabi, format, consistency assignments & grading reviewed. No changes. Will place syllabi and handbook on line. 04/20/09 Grading methodology changed beginning Summer I, 2009 04/20/09 CET for Concepts I & II approved. 2/16/09 Recommended changes in CET. 03/01/08 Review of assessment tools with recommendations for change CET. 03/01/08 Review of clinical sites & selection criteria. 04/01/08 HESI test will be proctored with nursing faculty. 03/11/08 EBPS guidelines adopted. 12/02/07 Course syllabi, format, consistency, assignment & grading. Evaluation of clinical sites & student/faculty ratios 11/09/07 Discussed PEP. 10/24/07 OAR change in delivery of surveys. 10/24/07 Changes in curriculum. (See CC minutes). 09/16/07 OAR – changes related to critical thinking measure. 08/16/07 Review of mission, philosophy. 02/12/07 Clinical site selection evaluated & discussed course evaluations moving to an online format. 01/22/07 Care Plan Grading Rubric

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PROGRAM EVALUATION PLAN
Curriculum
(Standard 4 - Actions Continued)

Operational Definition: "Curriculum" is the progress of learning that is measured by the consistency of the mission, philosophy, and organizing framework from which course objectives and learning activities flow in a logical progression over length of the program.
Expected Level of Achievement: 100% faculty agree that the curriculum is consistent with the mission, philosophy, and organizing framework and flows in a logical progression.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
					Formative The name "Evidence Based Practice Summaries" (EBPS) was adopted to better reflect current terminology. The Clinical Evaluation Tool was found to be subjective. Student strengths and weaknesses were not easily apparent to faculty or students. Evidence of progression was not easily determined using the old tool. Point values were determined, piloted, evaluated and adopted. The structure of the form was also modified and adopted. The process took 2 years. Evaluation of the tool is ongoing according to the PEP guidelines. Analysis of the predictive capabilities of the HESI E2 was performed in Fall 2007. Predictability is over 90% however, proctoring guidelines were examined and found to be weak. These were modified and implemented. Predictability will be analyzed again in Spring 2010. Delivery of online surveys remains problematic. Work is continuous until an acceptable delivery system is accomplished. The School of Computer Information Systems has been contacted (11/22/09) to assist us and remedy this situation.

PROGRAM EVALUATION PLAN
Critical Thinking
(Standard 4 - 4.5)

Operational Definition: " Critical thinking ability" is making judgments using a problem solving process that is goal directed, ethical, and based on standards of professional nursing practices as measured by (1) scores on NCP/Journal

(2) student rating of questions 60-64 as either agree or strongly agree on Senior Survey.

Expected Level of Achievement (ELA): 1. 80% of each class achieve an average of > 74% on the NCP/Journal
2. 80% of students agree or strongly agree with questions 60-64 on the Senior Survey.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis *Including actual level Of achievement*	Actions *for program Development, Maintenance, or Revision*
Outcome Assessment Report (OAR) Curriculum Minutes (CCM) Concepts Principles	Outcome Evaluator Division Chair Course Coordinator	May Senior Survey (SS) December	Method: 1. 80% graded >74% on NCP/Journal 2. Analysis of senior survey (SS) data, items 60-64 by item and aggregate	September 2009 1.Met -100% 2. Senior Survey – 86% 60: Critical thinking and problem solving – 90% 61: Apply research findings – 94% 62: Creativity – 67% 63: Prepared to make judgments – 91% 64: Provide safe, cost effective care – 91% September 2008 Met - 100% Senior Survey – 100% 60: Critical thinking and problem solving – 100% 61: Apply research findings - 100% 62: Creativity - 100% 63: Prepared to make judgments - 100% 64: Provide safe, cost effective care - 100% September 2007 Met - 100% Senior Survey – 95% 60: Critical thinking and problem solving – 96% 61: Apply research findings – 93% 62: Creativity – 89% 63: Prepared to make judgments – 100 % 64: Provide safe, cost effective care – 96%	Summative 01/20/09 Review of course syllabi, format, consistency, assignments & grading 12/11/08 Evaluation of evaluation tools. 01/22/08 OAR 09/16/07 Changes R/T CT HESI & program satisfaction 05/07/07 Outcome changes R/T PEP & Surveys Formative: All courses have revised teaching/learning strategies and classroom activities to increase student creativity. Utilize the HESI E2. Continue with current analysis.

PROGRAM EVALUATION PLAN
Therapeutic Nursing Interventions
(Standard 4)

Operational Definition: "Therapeutic nursing interventions" is/refers to actions which promote, maintain and/or restore health as measured by (1) Students achievement of 74% on one clinical journal per Concepts course and NURS 4504 Leadership and Management in Professional Nursing and (2) 900 on the HESI as a prediction of passing the NCLEX-RN Exam.

Expected Level of Achievement (ELA): 1. 80% of the students will achieve ≥ 74% on 1 NCP clinical journal for concept courses and NURS 4504 Leadership and Management Professional Nursing course
2. 100% of NURS 452V – Concepts of Nursing Care IV students will score ≥ 900 on the HESI first write.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Outcome Assessment Report (OAR) Course Coordinator Grade Book HESI Exit Exam	**Outcome Evaluator**	May December	Method: Analysis of HESI Exam scores for seniors on first write Analyze data individually and aggregate by tool. Rationale: The ability to perform therapeutic nursing intervention is an essential skill of nursing. Analysis of data will establish actual level of achievement compared to expected level of achievement. It will provide data suggesting areas for improvement in curriculum or tools.	November 2009 HESI E2 Scores May 2009 HESI E2 Scores: ELA unmet. 54% of students scored ≥ 900 on exit exam on first write. April 2009 ELA met. 100% of Leadership & Management students scored ≥ 74% on clinical journals January 2009 ELA met 100% of Concepts III & Concepts I. Achieved ≥ 74% on clinical journals. May 2008 HESI Scores: ELA unmet. 38% of students scored ≥ 900 on exit exam on first write.. April 2008 ELA met. 100% of Leadership & Management students scored ≥ 74% on clinical journals.	November 2009 May 2009 Faculty discussed remediation for students who fail HESI more than once. HESI E2 testing date modified to occur following final exam. See Curriculum meetings May 2009 100% of those making ≤ 899 on first write, scored ≥ 900% on HESI E2 by August 2009. April 2009 ELA met. No action taken. January 2009 ELA met. No Action Taken. May 2008 Remediation and retesting occurred until all 21 students passed HESI E2 with the required 900. 100% of those making ≤ 899 on first write, scored ≥ 900% on HESI E2 by August 2008. April 2008 ELA met. No action taken.

PROGRAM EVALUATION PLAN
Therapeutic Nursing Interventions
(Standard 4)

Operational Definition: "Therapeutic nursing interventions" refers to actions which promote, maintain and/or restore health as measured by (1) Students achievement of 74% on one clinical journal per Concepts course and NURS 4504 Leadership and Management in Professional Nursing and (2) 900 on the HESI as a prediction of passing the NCLEX-RN Exam.

Expected Level of Achievement (ELA): 1. 80% of the students will achieve ≥ 74% on 1 NCP clinical journal for concept courses and; NURS 4504 Leadership and Management Professional Nursing Course
2. 100% of NURS 4504: Leadership and Management Professional Nursing course and NURS 452V: Concepts of Nursing Care IV students will score ≥ 900 on the HESI first write.

PROCESS				IMPLEMENTATION	
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
				November 2007	Evaluation criteria changed from Clinical Journal and HESI test to the use of scores on the student Final Self Evaluation and the scores on the Exit Exam (HESI)
				September 2007 HESI E2 Scores ELA unmet 57% of students scored ≥ 900% on HESI E2 first write.	September 2007 HESI E2 Scores No action taken. Remediation and retesting occurred. 100% of those making≤ 899 on first write, scored ≥ 900% on HESI E2 by August 2007.
				January 2007 ELA met 100% on Concepts III students ≥ 74% on clinical journal.	January 2007 ELA met – no action taken
					Formative: In May 2009, several students took issue with the catalog wording of acceptable score on HESI E2 required to graduate from the program. UAM Administration imposed 850 pass score for those who did not score over 900 the first 2 attempts. Students were contacted, advised to continue to try to achieve the 900 score and allowed to graduate from the program. New wording was crafted, approved by legal counsel and approved by the Curriculum and Standards Committee. New wording appears in new student handbook and online version of UAM Catalog. New remediation opportunities were developed and piloted. Sylvia Rayfield Company was hired to present faculty development for assist with test question development in Fall 2009. A HESI E2 review course will be available for all students during the full 2 years they are enrolled in Concepts Courses. The course consists of 1200 retired questions. Faculty agreed it was necessary to teach students how to think through test questions more effectively.

PROGRAM EVALUATION PLAN
Graduation Rates & Student Progression
(Standard 6.5.2)

Operational Definition:" Graduation rates:" and" student progression" are the percentage of students who are admitted to and graduate from the Division of Nursing and are measured by the date of admission to the program compared to the date of graduation from the program

Expected Level of Achievement (ELA): 80% of students admitted to upper division nursing will graduate within two years of admission.

PROCESS				IMPLEMENTATION	
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Outcome Assessment Reports (OAR) Student Files	Curriculum Committee Outcome Evaluator	December May Full data collected in December and reported in January Spring data collected in May and reported in May	Method: Gather information from student files and course coordinator related to student progression. Students are tracked from admission to graduates and percentages are calculated. Rationale: Graduation rates and student progression data provides information utilized to plan the use of clinical agency slots, classroom resources and faculty needs prior to the next semester. Data will assist with the development of recruitment strategies of the nursing program.	August 2009: Not Met August, 2008: Not Met August 2007: Not Met	Summative August 2009 OAR reports 61% August, 2008 OAR reports 52% August 2007 OAR reports 72% August 15, 2008 Outcome assessment report to Curriculum Committee. Formative Continue current annual analysis. Careful review of the OAR reveals that most students do not finish with their original cohort due to personal situations than failure.

5. **Provide evidence of the measures of student performance that your unit collects and analyzes regularly (Examples: retention rates/pass rate for classes, teacher made tests, research papers, recitals, field experiences, etc.). Give specific examples of how analyses of student performance have been used to improve unit decisions.**

The ultimate measure of student performance for the SON programs is the pass rate for the NCLEX RN. Our current trend over the past 5 years is a 93% pass rate for the BSN program and a 90% pass rate for the AASN program. Refer to PEP component NCLEX-RN (Appendix A).

ARKANSAS STATE BOARD OF NURSING
BACCALAUREATE and AASN DEGREE REGISTERED NURSING PROGRAMS
Number Taking - Number Passing - Percent Passing
Licensure Exam Results 2006 – 2010 (first quarter)

COLLEGE / UNIVERSITY	2006**			2007**			2008**			2009**			2010			*total*
University of Arkansas at Monticello BSN	29	29	**100**	36	34	**94.4**	25	20	**80**	25	24	**96**	17	16	**96**	*93%*
University of Arkansas at Monticello AASN	13	12	**92.3**	11	10	**90.9**	6	6	**100**	3	3	**100**	9	9	**100**	*95.2%*

The AASN program was on hold from 2006-2007. The 100% reflect graduates from 2006 who took the NCLEX RN after June 30.

RETENTION RATES for the past 5 years:

Year	BSN	AASN
2010	69.44%	70%
2009	61%	44%
2008	49%	0*
2007	64%	46.6%
2006	60%	NA

*The LPN-RN program was on hold for one year.

All of the PEP snapshots answering question 4 apply here as well. The NCLEX RN and Service PEP are present trends as well.

PROGRAM EVALUATION PLAN
NCLEX-RN
(Standard 6.5.1)

Performance Operational Definition:" NCLEX-RN Performance" will be measured by graduating students passing the NCLEX-RN examination on the first write.

Expected Level of Achievement (ELA): 100% of graduating students will pass the NCLEX-RN on the first write.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
NCLEX-RN Program Report Outcome Assessment Report (OAR) Curriculum Committee Meeting Minutes (CCM) Annual Assessment Report AASN, Generic BSN Programs	Division Chair Outcome Evaluator	Annually in September	Method: Report and document the NCLEX RN pass rates from the NCSBN through the ASBN. Rationale:	2009: Unmet 96 % pass rate 2008: Unmet 80% 2007: Unmet 94.9% [2006: MET!!! 100% pass rate]	Summative August OAR and CCM includes results every year. July: Summary reports are received annually at this time from NCSBN and ASBN Formative The average pass rate of the past 3 years following the 100% pass rate is 90.3%. This is well above national average. The faculty is considering changing the ELA to ≥90% of students passing the NCLEX RN on the first write". We will also add the UAM Annual Assessment Report to the list of documentation where this is reported on campus. We will begin tracking our students per class, not just NCLEX RN results because we don't believe this to be the most accurate reflection of our student performance. EX: Only 1 graduate of the class of 2008 did not pass NCLEX RN on their first write so that year's pass rate is really 95%. The 80% results when data is contaminated by a person from another cohort who has delayed taking the exam, sits it and fails. We will track our student progress per year, report it both ways and modify the ELA.

PROGRAM EVALUATION PLAN
Service
(Standard I - 1.4 & Standard 2)

Operational Definition " Service "is an activity performed for the well being of others and is measured by (1) student participation in the Arkansas Nursing Student Association (ANSA) and (2) FTE faculty participation in service activities.

Expected Level of Achievement: 1. 75% of students enrolled in upper division nursing will be members of ANSA.
2. 100% of faculty will participate in at least one service activity related to clinical practice, political activism, or serving on a committee board per academic year.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Faculty Vitae FPDT SNA Membership Faculty Association Minutes (FAM)	Division Chair SNA Advisor	September SNA December Faculty	Method: STUDENT: Percentages of upper division nursing students will be determined by reviewing a list of ANSA membership numbers obtained from the SNA officers. Rationale: Membership is reflected in these lists. Students pay dues to the National Student Nursing Association which includes membership in the state organization (ANSA) and the local chapter of the Student Nursing Association (SNA). FACULTY: Method: Percentages will be determined by summarizing the service activities found on the curricular vitae submitted by Fall deadlines.	Fall Term: STUDENT: 2009: MET 100% of current upper division nursing students were member. 2008: MET 100% were members of the NSNA (see explanation 2008 & 2009 next column) 2007:MET 100% were on student membership roster. Spring Term: 2008: 100% FACULTY Fall Term: 100% showed proof of service.	Summative STUDENT: 2009 116% of student membership numbers were found on the National Student Nursing Association list. Therefore Some graduates' memberships extended beyond graduation accounting for the extra 16% in membership. 2008: A lower percentage of upper division nursing students were on the list because they missed the September deadline to join the organization. This became evident when voting for delegates and our chapter qualified for 2-3 delegates fewer than usual. By spring 2008, all students were members on the NSNA roster. 2007: All upper division nursing students were listed. FACULTY: All faculty met the ELA. Formative: STUDENT: In order to prevent missing the September deadline for membership, the student handbook was modified to include contact information for dues payment to NSNA. A date was also included in the student handbook. FACULTY: There will be no changes to this process or the ELA for faculty.

A.   Course examinations are written to measure mastery of course learning objectives at specified cognitive levels as indicated in course syllabi. ≥74% is considered passing.
Scantron Par Scoring is used by some faculty to determine reliability/validity factors for examinations, especially newly constructed exam questions. Par scoring allows faculty to determine the effectiveness of the distracters. This measure is implemented for improvement of specific examination items or to eliminate them when considering future examination items to be used.
Non Par Scoring Scantron results are also utilized to determine the quality of test items. If greater than half the class misses a particular item, it is reviewed. The entire item is reviewed for wording and quality through faculty review and accuracy of distracters is evaluated simultaneously.

B.   Oral presentations are assigned and graded by rubric to determine mastery of measurable learning objectives.

C.   Clinical assignments such as nursing care plans, interpersonal process recordings, journals, and abstracts that measure mastery of specific learning objectives as specified in course syllabi.

D.   National Council Licensure Examination for Registered Nurses (NCLEX-RN) results are purchased to identify program strengths and weaknesses in specific NCSBN test plan areas. Results are presented to the faculty in Faculty Association and/or Curriculum Committee meetings annually to determine strengths and weaknesses in the existing curriculum. Faculty with poor NCLEX RN performance scores in their areas of expertise are encouraged to examine existing teaching strategies and seek new ones to strengthen future performance. The NLN Achievement Examinations and the HESI Exit Examination (HESI E²) results are evaluated in a similar manner. In Fall 2009, a sample of examinations were analyzed by the Sylvia Rayfield Company for quality, accuracy and compliance with the newly revised NCLEX RN test plan by The National Council of State Boards of Nursing (NCSBN). Revisions were made to increase the level of difficulty of the questions to that of anaylsis. Most knowledge based questions were rewritten and the number of test items reduced to between 75 and 100 questions per exam.

6. **Provide specific evidence of how your unit utilizes information, <u>other than student performance</u>, to determine necessary unit decisions. Describe how your unit analyzes and selects a course of action. Attach documentation that supports your determination. (Examples: senior surveys, alumni surveys, professional meetings, minutes from faculty or committee meetings, etc.)**

     PEP items **Governance, Faculty Qualifications, Clinical Agency evaluations, Resources, Program Satisfaction and Patterns of Employment** are the other areas deemed essential for unit decision making. Please refer to Appendix A for these items. Narrative

describing the process is below. A portion of committee meeting minutes is available in Appendix E.

A.   Student evaluations of their overall experiences in the School of Nursing at the end of the program, at one year, and at five years.

Senior surveys answer questions regarding *personal information* consisting of demographic data, *student services* to determine the quality and effectiveness of SON advising, communication, *information technology services* specific to the SON i.e. the computer lab*, instructional facilities*, i.e. skills lab, classroom, and *non SON resources* used frequently, i.e. library. The *curriculum*, next on the survey, determines the student perspective on how well the curriculum reflects and teaches the nursing care utilizing the nursing process. (Appendix B)

B.   Student evaluations of courses, faculty, and clinical sites.

Course (level) meetings coincide with student rotations in the clinical settings throughout the semester. These are chaired by course coordinators and attended by all who teach in that course. The purpose is to address noted strengths and weaknesses of written work, clinical performance, course content presentations, and examinations, etc. to collectively evaluate mastery of course objectives.
Individual faculty review student evaluations of their perceived performance to determine needs for change or improvement. Course coordinators give reports of student evaluations in the Curriculum Committee meetings.

Additionally, faculty bring to the Curriculum Committee meetings teaching strategies which have and have not been helpful to determine if change is needed for improvement and how the change is to be made. Pilot studies have also been implemented to determine useful teaching strategies with reports given to the Curriculum Committee and documented in meeting minutes.

Survey results have prompted the SON to submit more proposals to University Curriculum and Standards Committee. All have been approved and accepted by the UAM Faculty Assembly.   Changes requiring approval of the Arkansas State Board of Nursing and/or the National League for Nursing Accrediting Commission are submitted to those agencies for consideration/approval as well.

The SON dean and faculty work collaboratively to develop the SON Strategic Plan. The nursing strategic plan can be accessed online at http://www.uamont.edu/pdf/UAM%20Strategic%20Plan.pdf

C.   Employer evaluations of our graduates as employees in their various fields of nursing at one and five years are distributed through the Human Resource Offices of our graduate's employing institutions. Responses are

discussed according to the monthly Evaluation Plan and changes considered at that time. Efforts are in place now to conduct these in an online format through the SON website.

D. Student representatives from each program attend SON Curriculum Committee meetings and are encouraged to participate and make their concerns known. Minutes are kept reflecting student participation. Names of the class representatives can be found in meeting minutes. (Appendix E)

7.   Based on your answers to Questions 5 and 6 regarding student learning outcomes, prioritize your unit's future course of action. Include plans for what will be done, by whom, to what extent, and how often.

The SON has a continuous evaluation plan and addresses urgent needs as they arise. Otherwise, program effectiveness is addressed using the monthly evaluation program for the **PEP** and the Strategic Plan. Methods and outcome measures used to determine the effectiveness of the SON programs are clearly stated (Appendix A). The last column, "Actions for Program Development, Maintenance or Revision" is the plan. It includes:

A. What will be done:
    a. Evaluate the survey results according to the monthly plan.
B. Who will do it:
    a. Each SON faculty member participates at Curriculum Committee meetings and is a member of the SON Faculty Association. Data is provided by faculty, particularly course coordinators. Students are also appointed to represent the BSN, RN to BSN, and AASN programs on the Curriculum Committee. They have a chance to voice needs and concerns as well.
C. Extent of outcome evaluations and action:
    a. See Appendix A
D. Frequency of actions:
    a. Appendix B outlines an annual month to month evaluation plan which is addressed during Curriculum Committee meetings and Faculty Association Committee meetings.
    b. The PEP outlines the broader plan.
E. Offering top quality programs in the SON are influenced by:
    a. Requirements of the University, its mission, and resources available.
    b. Requirements of the approval and accrediting agencies of the SON.
    c. Results of data gathered and analyzed throughout the year.
    d. Evaluation results providing the SON dean and faculty with data regarding student achievement.

F. Priority of the SON dean and faculty is to facilitate, motivate and evaluate student learning in the SON programs of study. Necessary improvements in each SON program are made on an ongoing basis. Prioritization of the SON's future course of action is determined by analyzing data obtained throughout the year as outlined by the PEP. Acceptable solutions are developed and piloted for effectiveness before final adoption by the SON.

G. Based upon the criteria explained in E and F, the following are current priorities.

The **STRATEGIC PLAN** outlines areas of focus as Enhancement of Resources, Enhancement of Academics, and Enhancement of Quality of Life. SON students, faculty/staff, alumni and the communities served are addressed within each focus.
A circular relationship exists as efforts to improve resources and academics positively affect quality of life and efforts to improve academics has a positive impact on the quality of life for all affected, etc.

RESOURCES:
1. Retention of students, our most precious resource, will be addressed in a 2 ways this year. These activities are based upon student evaluation feedback and expressed interests.
    a. The HESI Practice Plan Course is being written by an adjunct faculty to complete the requirements of her MSN coursework during Fall 2010. The purpose is to increase the test taking abilities and decrease test anxiety.
    b. The SON has induced 24 students into a newly established honor society. 26 more will be inducted on October 4, 2010 to meet the guidelines of 50 to establish a chapter of Sigma Theta Tau International, the nursing honor society. This will provide recognition and motivation for scholastic achievement.
    Both of these interventions will improve academics and quality of life.
2. Communicating the availability, application deadlines and excellence of programs will continue through media.
3. Efforts to expand financial resources for the SON will continue. A phone a thon targeting the SON Alumni is scheduled for August 2010. Money raised will provide financial assistance for programs, student/faculty/staff/facility recognition and scholarships.
4. Maximize resources for faculty, students and community development by
    • providing webinar capabilities in the nursing building;
    • expending budgeted resources to faculty to attend conferences to enhance areas of expertise;
    • becoming a learning resource for the entire nursing community in the ARK-LA-MISS.
5. Decrease monetary barriers for students by expanding the nursing fee structure. The first fees were assessed for clinical support this year. With this money the SON was able to purchase new equipment for the Nursing Skills and the Health Assessment courses.

ACADEMICS

1. Maintain academic quality by the National League for Nursing Accreditation Commission was achieved with full continued accreditation through 2018.
2. Begin first stage of developing the Simulation Laboratory by receiving the first clinical Simulation Man.
3. Provide seamless transition for PN graduates from the COT campuses into the LPN-RN program.
4. Finalize RN-BSN program details. This is a catalogue year. Curriculum and Standards proposals have been completed outlining the final degree plan. Recruitment for the program began when the Dean traveled to Pine Bluff AR in July 2010 to explain the program to interested RNs at the local hospital.
5. Improve academics through the SON Technology Plan through:
   - improved communications between students, graduates and facilities through electronic/online surveys email distribution lists, text messaging, support for faculty cell phone plans and storage of all vital SON documents on the SharePoint server;
   - acquiring new equipment for the simulation lab including 2 IV pumps, 1 vital sign machine and 1 Kangaroo pump with tubing; and
   - implementing a computer based practice charting system.
6. Improving safety in the academic and clinical setting through continuing Criminal Background Checks and implementing a Drug Screening policy and procedure. This also affects the quality of life for all connected with our programs.

QUALITY OF LIFE

1. Quality of life for the School of Nursing was greatly enhanced in December 2008 when renovation on Sorrells Hall was completed and the DON was relocated. The 2009-10 school year focused on settling into the building. The dedication is set for October 15, 2010. Renovation for the reception/secretary suite begins in August 2010.
2. Students are being encouraged to participate in an exercise course provided by the School of Education to decrease stress and improve overall health and well being. An electronic transmittal was sent to all students this summer.
3. Faculty are being encouraged to use areas of campus for community assessments.

8. Specifically describe how your unit is making student learning accessible, including, if applicable, alternative modes of instruction (CIV, WebCT, weekend, Early College High School, etc.). Address historical patterns and trends.

A. Presenting LPN-RN and LPN-BSN program options to each graduating class of PN students at their home campuses has increased awareness and made the process more seamless for these students. Evidence shows that last year the School of Nursing had 4 students from the COT campuses enrolled in LPN-RN coursework. This year, we have 17 students

B.   Two completion programs (LPN-RN and RN-BSN) and one articulation model (LPN-BSN) are available. Campus based coursework is limited to 1 day/week to accommodate work schedules. Courses in these completion programs, except the LPN-BSN articulation model, are presented in a hybrid approach - part online, part face-to-face. Discussion continues about providing weekend format for the RN-BSN Role Transition course during each semester to accommodate the new rolling admission for this population. Podcasting is on the horizon and online courses are always suggested to allow for completion of prerequisites and courses to complete residency requirements.

C.   Ten (10) new computers were installed in the SON computer lab this year. 7 new computers were purchased at the end of the year for faculty upgrades.

D.   Positive interpersonal communications offers encouragement and assistance to all current students and advisees which facilitates student learning. Faculty provide viable and realistic options to students according to their needs.

E.   Accurate advising and student registration is essential to timely admission into the programs of study. The COT nursing programs are now providing prerequisite information for advisees that may be unaware of the various career pathways available in nursing.

9. Specifically describe how your unit involves students directly in the assessment process.

A. Student representatives from each class and program of study are official members of the Curriculum Committee (Appendix E).

B. Students evaluate each course, faculty who team-teach the course, and clinical rotation sites. A place for individual comments is given for students to address concerns (Summary document available in Appendix D).

C. Students evaluate their program of study at completion (Sr. Survey) and in one and five years (Alumni Survey). This is addressed throughout the PEP (Appendix A).

D. Students assess their progress through the program through weekly consultations with clinical instructors following the experience and consultations following unsuccessful test grades. Graded work is returned in a timely manner, often with comments, and exams are reviewed with students immediately after grading. Remediation plans are devised jointly by the students, course coordinator, clinical instructors and finally, the Chair. Students are also allowed to review scoring results on standardized examinations (HESI E2 and NLN) to detect strengths and weaknesses. Students who fail HESI E2 more than twice must take another review course. Should they fail again, further analysis of their scores by the dean is performed followed by an appointment to discuss the results.

E. In response to student comments about the HESI E2, a HESI Practice Course is being incorporated in each Concepts of Nursing Care course beginning 2010.

F. Student complaints are initially addressed by course coordinators. If satisfaction is not obtained, the student is able to present the complaint to the SON dean for resolution. If the student is still not satisfied the complaint has been satisfactorily addressed, they are encouraged to follow the UAM grievance process as outlined in the UAM and SON Student Handbooks.

10. Describe and provide evidence of the efforts your unit is making to retain students in your unit and/or at the University. (A statement indicating that "we are improving advising" is NOT evidence. Copies of letters sent to students, telephone logs, emails, documentation of advising sessions may be considered as evidence.)

    A. **SON HONOR SOCIETY** 24 students were inducted into this organization this year. It will become a chapter of Sigma Theta Tau International Nursing Honor Society after achieving membership of 50 and applying for charter in 2010. Over 180 students and graduates meeting honor society criteria were contacted. This will offer students and alumni a new avenue of involvement in the School. Interest in the organization is growing as more explanation is offered and member discussion grows.

    B. **STUDENT NURSING ASSOCIATION** A very active organization that provides many platforms for student involvement and leadership opportunities. Service to the community resulting in multiple awards at both state and national levels provides a deep sense of personal accomplishment and pride for the entire student body. The UAM Chapter was voted the "Chapter of Excellence" by the Arkansas Nursing Student Association this year.

    C. Documentation of advising based retention efforts are located in Appendix E.

Appendix A
Program Evaluation Plan

PROGRAM EVALUATION PLAN

University Governance Participation
(Standard I - 1.2)

Operational Definition: "University governance participation" is faculty and student participation in the governing activities of the School of Nursing and the University and is measured by the Faculty Position Description Tool (FPDT).

Expected Level of Achievement (ELA): 1. 100% of faculty will participate on a committee(s) within the School of Nursing per academic year.
2. 60% of the School of Nursing Committee's will have student representation.
3. 90% of faculty will participate on one or more university committee (s) per academic year.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Annual Report Review Faculty Association Meeting Minutes (FAM) DON Faculty Handbook University Assembly Annual Committee Members List	Chair	Annually in August	Method: Analysis of data from the FPDT. Review of faculty/university reports and university committee list and faculty association committee minutes. Rationale: All faculty are required to participate in activities which promote the effectiveness of operation and decision making of the university and the Division of Nursing. The method of analysis will provide data concerning participation by students and faculty in governance activities of the university and the Division of Nursing...	August 2009 1. 100% ELA met 2. 100% ELA met 3. 22% unmet* August/September 2008 1. 100% ELA met 2. 100% ELA met 3. 22% unmet* August/September 2007 1. 100% ELA met 2. 100% ELA met 3. 33% ELA unmet*	Summative: 1. All faculty members serve on committees within the Division of Nursing. 2. Student from the Junior and Senior class select representatives for the Curriculum, Admissions, and Teaching Resource Committees each year. 3. 2009 – 2/9 Faculty served on University Committees – Standard rotation of positions on committees. 2008 – 2/9 Faculty served on University Committees – Standard rotation of positions on committees. 2007 – 3/9 Faculty served on University Committees – Standard rotation of positions on committees. Formative: The DON is available and serves on all UAM assembly committees as the committee rotation for nursing representation occurs. *Nursing currently has seats on 2 UAM assembly committees and serve as appointed. In January 2010 the ELA will be revised to read: 100% of faculty will be available to participate on UAM assembly committee as the demand occurs.

PROGRAM EVALUATION PLAN

Faculty Qualifications
(Standard 2)

Operational Definition: "Faculty Qualifications" is FTE. The degree to which the faculty are academically and experientially qualified as measured by the Dean rating all areas as yes on the Faculty Position Description Tool (FPTD).

Expected Level of Achievement (ELA): 1. 85% of faculty will be credentialed at the Master's level.

2. 100% of faculty will receive annual evaluations as defined on the DON Faculty Handbook.
3. 100% of faculty will be rated good to excellent by 80% of the students on the UAM Student Evaluation of Teaching Tool.
4. 100% of faculty will be rated outstanding or meritorious by 2 faculty reviewers on the faculty peer evaluation form (non-tenured).
5. 100% of faculty will attend one or more professional conferences per academic year.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Faculty personnel files maintained by Dean and Provost for Academic Affairs Curriculum Vitae of faculty members SON Faculty Handbook	Dean University Plan	Time of appointment Annually per University policy.	Method: Descriptive statistics of faculty files including copies of license & certifications curriculum vitae utilizing FPDT with employment practices outlined in the UAM Faculty Handbook and SON Faculty Handbook. Rationale: A qualified faculty is essential to meet program needs.	Fall Term 2007, 2008, 2009: 100% of faculty members maintain RN licensure. Fall 2008-9: 37.5% maintain Advanced Practice Nurse licensure; Fall 2007: 25% maintain Advanced Practice Nurse Licensure. Copies of licenses and certifications are included in all personnel files. 1. 100% of full-time faculty members are credentialed at the Master's level or higher. 2. 100% of faculty members receive annual evaluations. 3. 100% of faculty members were rated good to excellent by 80% of students at the completion of the Spring & Summer 2009 terms. 4. 100% of faculty members were rated outstanding or meritorious by at least 2 faculty reviewers on the Faculty Peer Evaluation Form. 5. 100% of faculty members attended one or more professional conferences during the 2008-2009 academic years.	Summative: All faculty members are required to submit current copies of licenses and certifications each fall.

PROGRAM EVALUATION PLAN

Service
(Standard I - 1.4 & Standard 2)

Operational Definition " Service "is an activity performed for the well being of others and is measured by (1) student participation in the Arkansas Nursing Student Association (ANSA) and (2) FTE faculty participation in service activities.

Expected Level of Achievement: 1.   75% of students enrolled in upper division nursing will be members of ANSA.
2. 100% of faculty will participate in at least one service activity related to clinical practice, political activism, or serving on a committee board per academic year.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Faculty Vitae FPDT SNA Membership Faculty Association Minutes (FAM)	Dean SNA Advisor	September SNA December Faculty	Method: STUDENT: Percentages of upper division nursing students will be determined by reviewing a list of ANSA membership numbers obtained from the SNA officers. Rationale: Membership is reflected in these lists. Students pay dues to the National Student Nursing Association which includes membership in the state organization (ANSA) and the local chapter of the Student Nursing Association (SNA). FACULTY: Method: Percentages will be determined by summarizing the service activities found on the curricular vitae submitted by Fall deadlines.	Fall Term: STUDENT: *2009: MET* *100% of current upper division nursing students were member.* *2008: MET* *100% were members of the NSNA (see explanation 2008 & 2009 next column)* *2007:MET* *100% were on student membership roster.* **Spring Term:** *2008: 100%* FACULTY Fall Term: 100% showed proof of service.	Summative STUDENT: 2009 116% of student membership numbers were found on the National Student Nursing Association list. Therefore Some graduates' memberships extended beyond graduation accounting for the extra 16% in membership. 2008: A lower percentage of upper division nursing students were on the list because they missed the September deadline to join the organization. This became evident when voting for delegates and our chapter qualified for 2-3 delegates fewer than usual. By spring 2008, all students were members on the NSNA roster. 2007: All upper division nursing students were listed. FACULTY: All faculty met the ELA. Formative: STUDENT: In order to prevent missing the September deadline for membership, the student handbook was modified to include contact information for dues payment to NSNA. A date was also included in the student handbook. FACULTY: There will be no changes to this process or the ELA for faculty.

PROGRAM EVALUATION PLAN

Curriculum
(Standard 4)

Operational Definition: 1." Curriculum "is the progress of learning that is measured by the consistency of the mission, philosophy, and organizing framework from which course objectives and learning activities flow in a logical progression over length of the program.

Expected Level of Achievement:: 1. 100% faculty agree that the curriculum is consistent with the mission, philosophy, and organizing framework and flows in a logical progression.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Nursing Faculty Handbook Course Syllabi Curriculum Committee Meeting Minutes (CCM) Course Evaluations	Curriculum Committee	December & May	Method: Review all curriculum documents for consistency. Review consistency of course evaluation. Discussion and analysis of program outcomes. Rationale: Analysis will establish the consistency of the curriculum with the mission of the University and the mission, philosophy, organizing, framework, and program outcomes of the School of Nursing.	December 2009 Pending August 2009 December 2008 100% met August 15, 2008 December 2007 100% met May 2007 100% met	Summative 05/12/09 Course syllabi, format, consistency assignments & grading reviewed. No changes. Will place syllabi and handbook on line. 04/20/09 Grading methodology changed beginning Summer I, 2009 04/20/09 CET for Concepts I & II approved. 2/16/09 Recommended changes in CET. 05/01/08 Review of assessment tools with recommendations for change CET. 05/01/08 Review of clinical sites & selection criteria. 04/01/08 HESI test will be proctored with nursing faculty. 03/11/08 EBPS guidelines adopted. 12/02/07 Course syllabi, format, consistency, assignment & grading. Evaluation of clinical sites & student/faculty ratios 11/09/07 Discussed PEP. 10/24/07 OAR change in delivery of surveys. 10/24/07 Changes in curriculum. (See CC minutes). 09/16/07 OAR – changes related to critical thinking measure. 08/16/07 Review of mission, philosophy. 02/12/07 Clinical site selection evaluated & discussed course evaluations moving to an online format. 01/22/07 Care Plan Grading Rubric

PROGRAM EVALUATION PLAN

Curriculum
(Standard 4 - Actions Continued)

Operational Definition: "Curriculum" is the progress of learning that is measured by the consistency of the mission, philosophy, and organizing framework from which course objectives and learning activities flow in a logical progression over length of the program.

Expected Level of Achievement: 100% faculty agree that the curriculum is consistent with the mission, philosophy, and organizing framework and flows in a logical progression.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
					Formative The name "Evidence Based Practice Summaries" (EBPS) was adopted to better reflect current terminology. The Clinical Evaluation Tool was found to be subjective. Student strengths and weaknesses were not easily apparent to faculty or students. Evidence of progression was not easily determined using the old tool. Point values were determined, piloted, evaluated and adopted .The structure of the form was also modified and adopted. The process took 2 years. Evaluation of the tool is ongoing according to the PEP guidelines. Analysis of the predictive capabilities of the HESI E2 was performed in Fall 2007. Predictability is over 90% however, proctoring guidelines were examined and found to be weak. These were modified and implemented. Predictability will be analyzed again in Spring 2010. Delivery of online surveys remains problematic. Work is continuous until an acceptable delivery system is accomplished. The School of Computer Information Systems has been contacted (11/22/09) to assist us and remedy this situation.

PROGRAM EVALUATION PLAN
Critical Thinking
(Standard 4 - 4.5)

Operational Definition:" Critical thinking ability" is making judgments using a problem solving process that is goal directed, ethical, and based on standards of professional nursing practices as measured by (1) scores on NCP/Journal (2) student rating of questions 60-64 as either agree or strongly agree on Senior Survey.

Expected Level of Achievement (ELA): 1. 80% of each class achieve an average of > 74% on the NCP/Journal
2. 80% of students agree or strongly agree with questions 60-64 on the Senior Survey.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis *Including actual level Of achievement*	Actions *for program Development, Maintenance, or Revision*

Outcome Assessment Report (OAR)
 	
Curriculum Minutes (CCM)
 	
Concepts
Principles
	Outcome Evaluator
	
	Dean
	
	Course Coordinators
		May
		Senior Survey (SS)
		
		December
			Method:
			
			1. 80% graded >74% on NCP/Journal
			
			2. Analysis of senior survey (SS) data, items 60-64 by item and aggregate
				September 2009
				1.Met -100%
				
				2. Senior Survey – 86%
				60: Critical thinking and problem solving –
				                      90%
				61: Apply research findings – 94%
				62: Creativity – 67%
				63: Prepared to make judgments – 91%
				64: Provide safe, cost effective care – 91%
				
				September 2008
				Met - 100%
				
				Senior Survey – 100%
				60: Critical thinking and problem solving –
				                      100%
				61: Apply research findings - 100%
				62: Creativity - 100%
				63: Prepared to make judgments - 100%
				64: Provide safe, cost effective care - 100%
				
				September 2007
				Met - 100%
				
				Senior Survey – 95%
				60: Critical thinking and problem solving –
				                      96%
				61: Apply research findings – 93%
				62: Creativity – 89%
				63: Prepared to make judgments – 100 %
				64: Provide safe, cost effective care – 96%
					Summative
					
					01/20/09 Review of course syllabi, format, consistency, assignments & grading
					
					12/11/08 Evaluation of evaluation tools.
					
					01/22/08 OAR
					
					09/16/07 Changes R/T CT
					HESI & program satisfaction
					
					05/07/07 Outcome changes R/T PEP & Surveys
					
					Formative:
					
					All courses have revised teaching/learning strategies and classroom activities to increase student creativity.
					Utilize the HESI E2.
					Continue with current analysis.

PROGRAM EVALUATION PLAN

Therapeutic Nursing Interventions
(Standard 4)

Operational Definition: "Therapeutic nursing interventions" is/refers to actions which promote, maintain and/or restore health as measured by (1) Students achievement of 74% on one clinical journal per Concepts course and NURS 4504 Leadership and Management in Professional Nursing and (2) 900 on the HESI as a prediction of passing the NCLEX-RN Exam.

Expected Level of Achievement (ELA): 1. 80% of the students will achieve $\geq$ 74% on 1 NCP clinical journal for concept courses and NURS 4504 Leadership and Management Professional Nursing course
2. 100% of NURS 452V – Concepts of Nursing Care IV students will score $\geq$ 900 on the HESI first write.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Outcome Assessment Report (OAR) Course Coordinator Grade Book HESI Exit Exam	Outcome Evaluator	May December	Method: Analysis of HESI Exam scores for seniors on first write Analyze data individually and aggregate by tool. Rationale: The ability to perform therapeutic nursing intervention is an essential skill of nursing. Analysis of data will establish actual level of achievement compared to expected level of achievement. It will provide data suggesting areas for improvement in curriculum or tools.	November 2009 HESI E2 Scores May 2009 HESI E2 Scores: ELA unmet. 54% of students scored $\geq$ 900 on exit exam on first write. April 2009 ELA met. 100% of Leadership & Management students scored $\geq$ 74% on clinical journals. January 2009 ELA met 100% of Concepts III & Concepts I. Achieved $\geq$ 74% on clinical journals. May 2008 HESI E2 Scores: ELA unmet. 38% of students scored $\geq$ 900 on exit exam on first write.. April 2008 ELA met. 100% of Leadership & Management students scored $\geq$ 74% on clinical journals.	November 2009 May 2009 Faculty discussed remediation for students who fail HESI more than once. HESI E2 testing date modified to occur following final exam. See Curriculum meetings May 2009 100% of those making $\leq$ 899 on first write, scored $\geq$ 900% on HESI E2 by August 2009. April 2009 ELA met. No action taken. January 2009 ELA met. No Action Taken. May 2008 Remediation and retesting occurred until all 21 students passed HESI E2 with the required 900. 100% of those making $\leq$ 899 on first write, scored $\geq$ 900% on HESI E2 by August 2008. April 2008 ELA met. No action taken.

PROGRAM EVALUATION PLAN

Therapeutic Nursing Interventions
(Standard 4)

Operational Definition: "Therapeutic nursing interventions" refers to actions which promote, maintain and/or restore health as measured by (1) Students achievement of 74% on one clinical journal per Concepts course and NURS 4504 Leadership and Management in Professional Nursing and (2) 900 on the HESI as a prediction of passing the NCLEX-RN Exam.

Expected Level of Achievement (ELA): 1.   80% of the students will achieve $\geq$ 74% on 1 NCP clinical journal for concept courses and; NURS 4504 Leadership and Management Professional Nursing Course
    2. 100% of NURS 4504: Leadership and Management Professional Nursing course and NURS 452V: Concepts of Nursing Care IV students will score $\geq$ 900 on the HESI first write.

PROCESS				IMPLEMENTATION	
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
				November 2007 September 2007 HESI E2 Scores ELA unmet 57% of students scored $\geq$ 900% on HESI E2 first write. January 2007 ELA met 100% on Concepts III students $\geq$ 74% on clinical journal.	Evaluation criteria changed from Clinical Journal and HESI test to the use of scores on the student Final Self Evaluation and the scores on the Exit Exam (HESI) September 2007 HESI E2 Scores No action taken. Remediation and retesting occurred. 100% of those making $\leq$ 899 on first write, scored $\geq$ 900% on HESI E2 by August 2007. January 2007 ELA met – no action taken Formative: In May 2009, several students took issue with the catalog wording of acceptable score on HESI E2 required to graduate from the program. UAM Administration imposed 850 pass score for those who did not score over 900 the first 2 attempts. Students were contacted, advised to continue to try to achieve the 900 score and allowed to graduate from the program. New wording was crafted, approved by legal counsel and approved by the Curriculum and Standards Committee. New wording appears in new student handbook and online version of UAM Catalog. New remediation opportunities were developed and piloted. Sylvia Rayfield Company was hired to present faculty development for assist with test question development in Fall 2009. A HESI E2 review course will be available for all students during the full 2 years they are enrolled in Concepts Courses. The course consists of 1200 retired questions. Faculty agreed it was necessary to teach students how to think through test questions more effectively.

PROGRAM EVALUATION PLAN
Clinical Agencies
(Standard 4)

Operational Definition:" Clinical agencies" refers to environments for providing direct or indirect client care services as measured by ratings of good to excellent by faculty and students on the Faculty Clinical Site Evaluation Tool and the UAM Course/Clinical Evaluation by students

Expected Level of Achievement (ELA):100% of faculty and 80% of students will rate clinical agencies by course, where applicable, as good to excellent in providing opportunities that facilitate achievement of program/course objectives.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis *Including actual level of achievement*	Actions *for program Development, Maintenance, or Revision*
Curriculum Committee Meeting Minutes (CCM) Course/Clinical Evaluation by Student (CCES)	Curriculum Committee Clinical Coordinator	May & December	Method: Review of minutes, Clinical Agency selection Criteria (CASC), Faculty Clinical Site Evaluation by Students (FCSET) Course/Clinical Evaluation by students (CCES). Analysis of CASC, FCSET & Student evaluation of Clinical Agency (SECA) data individually & aggregate by tool. Rationale: Students & faculty Should provide input on agencies. Comparison of this analysis with initial agency data will give value & understanding to this data. Analysis of data will establish actual level of Achievement for comparison with the expected level of achievement. It will also provide data suggesting areas for improvement to clinical facilities &/pr tools..	December 2009 Data Pending May 2009 ELA Partially met See CCM of September 28, 2009 & October December 2008 ELA Partially met See CCM of January 20, 2009 May 2008 ELA Partially met See CCM of September 12, 2008 December 2007 ELA partially met See CCM of January 22, 2008 May 2007 ELA partially met See CCM of August 16, 2007	Summative The Clinical Agency selection criteria has been used as a guide for selection of clinical sites since the inception of the program. 9/28/09 Memorandum of agreement with MCSA almost complete. The requested criteria for criminal background and drug screens has been met. All memorandums of agreement will be reviewed by the university attorney and revised for appropriate wording. 5/12/09 No change in clinical selection criteria and facilities. JRMC & MCSA working to improve clinical experiences based on student evaluations (CCM) 12/11/08 Clinical slots remain problematic at MCSA. Surgery rotation will occur at JRMC due to limited MCSA surgery slots (CCM). 11/10/08 JRMC will change to distance orientation to eliminate travel to Pine Bluff (CCM). 8/15/08 All clinical facilities memorandums of agreement have been received. Clinical slots problematic on day shift at MCSA. Using limited day slots for Concepts I and added evening slots for Concepts III. (CCM). 2/12/07 Faculty addressed difficulty to locate clinical site selection criteria and problems with the student clinical evaluation process due to recent secretarial changes. Clinical instructors are to work with staff in labor and delivery at JRMC regarding negative student comments. (CCM and summary of student comments).

PROGRAM EVALUATION PLAN

Resources
(Standard 5)

Operational Definition:" Program resources" refers to computer hardware and software, skills laboratory equipment and supplies, classroom audiovisual material , and equipment and library holding which are effectively used by student to meet Program outcomes as measured by answering agree or strongly agree to questions 27-51 on senior survey

Expected Level of Achievement (ELA): 80% of graduates will answer agree or strongly agree to questions 27-51 on the senior survey

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis *Including actual level of achievement*	Actions *for program Development, Maintenance, or Revision*
List of UAM Library Holdings Doody's Booklist Computer Software List Video List AV Equipment & Laboratory Equipment List Senior Survey Faculty Association Minutes 5 Year Plan Review of Strategic Plan of DON and Fred Taylor Library Technology Plan	Teaching Resource Committee Dean	Annually in May	Method: Analysis of Senior (SS) data, items 27-51 by item and aggregate. Rationale: Items 27-51 on the Senior Survey (SS) will provide evaluation of use of resources by students to meet program outcomes. The analysis will establish actual level of achievement compared to expected level of achievement .It will also provide data suggesting areas of improvement.	May 2009 74% *ELA unmet May 2008 79% ELA *unmet May 2007 100% ELA met	Summative *Low level of achievement due to DON move to temporary classrooms in "Red Barn" for classes fall 2007. fall and spring 2008. 05/12/09 Teaching Resource year end report submitted. 04/20/09 Technology Plan. Evans, Wells and Gouner work with director of Technology to develop plan for simulations lab and placement of course material online.(FAM). 03/23/09 New furnishings for classroom 100 chairs ordered. (FAM) 03/23/09 Felts asked faculty to save extra copies of textbooks for students unable to Purchase. 03/11/08 Gouner speaks with Provost Ray about faculty for Simulation Lab UAM. 03/10/09 Meeting held to discuss DON Budget and constraints for the coming year. (FAM) 02/16/09 Handheld Technology Use Policy reviewed by University attorney. (FAM) 01/20/09 Furnishing for classrooms identified for order. 05/24/08 Library Committee meets 2007-08 Strategic Plan and Assessment Plan and Report Reviewed (FAM).

PROGRAM EVALUATION PLAN

Resources

(Standard 5)

Operational Definition:" Program resources" refers to computer hardware and software, skills laboratory equipment and supplies, classroom audiovisual material , and equipment and library holding which are effectively used by student to meet Program outcomes as measured by answering agree or strongly agree to questions 27-51 on senior survey

Expected Level of Achievement (ELA): 80% of graduates will answer agree or strongly agree to questions 27-51 on the senior survey

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis *Including actual level of achievement*	Actions *for program Development, Maintenance, or Revision*
					Summative 12/11/08 Teaching Resources makes year end committee report. Skyscape program for Handheld devices is selected. Recommendation for Handheld policy to be implemented. (FAM) 12/11/08 Dedication of New Nursing building (Sorrells Hall) is scheduled for March 30, 2009. 2/11/08 Gouner reports fees for NLNAC visit were submitted as budget items for FY 09-10 11/10/08 Crow, Felts, Walters assigned to review resources to determine DON status with 07 goals & objectives (FAM) 1 0/13/08 Faculty reviewed DON Strategic Plan. Discussed need to revise & replace some goals. 08/15/08 Teaching Resource Committee members named. (FAM) 3/07 FAM: Administration meets with faculty regarding building plans for renovating Wells and Sorrells Halls. Faculty advised to present budgetary needs to division chair. 04/11/07 Faculty prepare to move to Red Barn "temporary home of DON" (FAM) 5/11/07 Teaching resource committee report submitted. Med-Com video contract was discontinued. 8/16/07 Division Chair informed faculty of $300.00 for faculty development.

PROGRAM EVALUATION PLAN

Resources
(Standard 5)

Operational Definition:" Program resources" refers to computer hardware and software, skills laboratory equipment and supplies, classroom audiovisual material , and equipment and library holding which are effectively used by student to meet Program outcomes as measured by answering agree or strongly agree to questions 27-51 on senior survey

Expected Level of Achievement (ELA): 80% of graduates will answer agree or strongly agree to questions 27-51 on the senior survey

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis *Including actual level of achievement*	Actions *for program Development, Maintenance, or Revision*
					Summative 12/05/07 Teaching Resource Committee meets/ 10/26/07 Time line for new building established. Faculty discuss move at Christmas break (FAM). 08/16/07 Gouner works with Laerdal regarding furnishing labs. Grants in progress to provide funding for lab and equipment. 03/05/07 Faculty discuss needs for skill supplies (FAM) Meeting scheduled 03/20/07 for review of plans for Wells/Sorrells Hall. 12/12/06 Faculty reviewed faculty to student ratios 11/20/06 Faculty discussed details of floor plans for Sorrells Hall. 08/16/06 Faculty informed of move to Sorrells Hall 04/19/06 Teaching Resource Committee meets Formative Continue to utilize the Teaching Resource Committee to make recommendations to the faculty for acquisition of needed resources for the Division of Nursing.

PROGRAM EVALUATION PLAN

NCLEX-RN

(Standard 6.5.1)

Performance Operational Definition:" NCLEX-RN Performance" will be measured by graduating students passing the NCLEX-RN examination on the first write.

Expected Level of Achievement (ELA): 100% of graduating students will pass the NCLEX-RN on the first write.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
NCLEX-RN Program Report Outcome Assessment Report (OAR) Curriculum Committee Meeting Minutes (CCM) Annual Assessment Report AASN, Generic BSN Programs	Dean Outcome Evaluator	Annually in September	Method: Report and document the NCLEX RN pass rates from the NCSBN through the ASBN. Rationale:	2009: Unmet 96 % pass rate 2008: Unmet 80% 2007: Unmet 94.9% [2006: MET!!! 100% pass rate]	Summative August OAR and CCM includes results every year. July: Summary reports are received annually at this time from NCSBN and ASBN Formative The average pass rate of the past 3 years following the 100% pass rate is 90.3%. This is well above national average. The faculty is considering changing the ELA to ≥90% o f students passing the NCLEX RN on the first write". We will also add the UAM Annual Assessment Report to the list of documentation where this is reported on campus. We will begin tracking our students per class, not just NCLEX RN results because we don't believe this to be the most accurate reflection of our student performance. EX: Only 1 graduate of the class of 2008 did not pass NCLEX RN on their first write so that year's pass rate is really 95%. The 80% results when data is contaminated by a person from another cohort who has delayed taking the exam, sits it and fails. We will track our student progress per year , report it both ways and modify the ELA.

PROGRAM EVALUATION PLAN

Graduation Rates & Student Progression
(Standard 6.5.2)

Operational Definition:" Graduation rates" and" student progression" are the percentage of students who are admitted to and graduate from the Division of Nursing and are measured by the date of admission to the program compared to the date of graduation from the program

Expected Level of Achievement (ELA): 80% of students admitted to upper division nursing will graduate within two years of admission.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Outcome Assessment Reports (OAR) Student Files	Curriculum Committee Outcome Evaluator	December May Full data collected in December and reported in January Spring data collected in May and reported in May	Method: Gather information from student files and course coordinator related to student progression. Students are tracked from admission to graduates and percentages are calculated. Rationale: Graduation rates and student progression data provides information utilized to plan the use of clinical agency slots, classroom resources and faculty needs prior to the next semester. Data will assist with the development of recruitment strategies of the nursing program.	August 2009: Not Met August, 2008: Not Met August 2007: Not Met	Summative August 2009 OAR reports 61% August, 2008 OAR reports 52% August 2007 OAR reports 72% August 15, 2008 Outcome assessment report to Curriculum Committee. Formative Continue current annual analysis. Careful review of the OAR reveals that most students do not finish with their original cohort due to personal situations than failure.

PROGRAM EVALUATION PLAN

Program Satisfaction
(Standard 6.5.3)

Operational Definition: "Program Satisfaction "is the degree to which student, graduates, and employers perceive the adequacy of the Division of Nursing in meeting program objectives and the overall perceived satisfaction level of graduating students with their educational program as measured by (1) students agreeing or strong agreeing with items 16-59 on the Senior Survey (SS), (2) add alumni survey and (3) employee survey.
Expected Level of Achievement (ELA): 1. 80% of the students will indicate satisfaction by agreement or strong agreement with items on the Senior Survey related to students, services, and curriculum (items 16-59)
2. 80% of alumni and employers responding will indicate agreement or strong agreement on items on the Alumni Survey (items 29-56)
3. 80% of employers will indicate agreement or strong agreement on items on the Employer Survey (items 17-30) related to students.

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Senior Surveys Alumni Surveys Employer Surveys	Dean	Annually in May Annually in June at one and five years post graduation	Method: Documentation and trending of satisfaction from survey results as defined. Rationale: Data will determine if changes are required.	**1. STUDENT Sr. Survey results** 2009 1.Unmet – 76% 2008 1.Met – 87% 2007 1.Met – 91% **2. ALUUMNI Survey Results** 1 year: 2008/2007/2006 Aggregated data **88% satisfaction rate** 5 year: 2004/2003/2002 Aggregated data **89% satisfaction rate** **3. EMPLOYER Survey Results** 2004-2008 Aggregated data **97% Satisfaction rate**	Summative August report of OAR to CCM: 100% of students admitted agreement or program satisfaction at the time they completed the survey Item 71 Senior Survey (May 2009) 95% of students admitted agreement or program satisfaction at the time they completed the survey Item 71 Senior Survey(May, 2008) 90% of students admitted agreement or program satisfaction at the time they completed the survey Item 71 Senior Survey (May, 2007); Formative Continue current annual analysis. Except for senior surveys which always have a 100% completion rate, the number of respondents to the other surveys are relatively small. This reflects the problems we have had gathering completed forms for 1 and 5 year evaluation cycles. The numbers have increased from 0 to 8 for employers and 0 – 12 for alumni surveys due to personally delivering the surveys, emailing them and using telephone contact with the facility as follow up procedures. We are continuing to develop more effective ways to contact alumni and facilities to gather completed data. We are considering a 6 month cycle to accommodate demographics of our graduates and the geographic obstacles we encounter.

PROGRAM EVALUATION PLAN

Patterns of Employment

(Standard 6.5.4)

Operational Definition: "Patterns of employment" are required upon graduation, at one year and at five years post graduation as measured by (1) 11-15 on the Senior Survey and (2) items 20-25 on the Alumni Survey.

Expected Level of Achievement (ELA): 1. 90% of graduating seniors will obtain employment upon graduation (Senior Survey items 11-15)
2. 90% of graduates will maintain employment in nursing at one and five years (Alumni Survey items 20-25)
3. Changes in employment at one and five years will reflect an increase in clinical positions requiring leadership and management skill for 90% of graduates (Alumni Survey items 20-25).

PROCESS			IMPLEMENTATION		
Where is Documentation Found	Person Responsible	Time/ Frequency of Assessment	Assessment Method	Report of Data Collection & Analysis	Actions *for program Development, Maintenance, or Revision*
Outcome Assessment Report Curriculum Meetings	Dean Seniors Alumni	Annually in May Annually in June at one and five years post graduation	Method: Survey administration most recently administered electronically and by hand. The senior class completed the Senior survey during the final month of school. Faculty identified alumni during clinical. Copies of the surveys were made and hand delivered. They were retrieved on a preset date. More alumni were found using the snowball technique and social networking of Face Book. Rationale: These methods, while labor intensive, were felt to be the best way to find and gather data of Alumni.	Fall Term Data are reported yearly on the OAR during the first CCM Spring Term 1. STUDENT 73% of graduates state they are employed by the time they complete the senior survey. 2. ALUMNI 100% of the alumni who completed 1 year and 5 year surveys have maintained employment.	Summative Graduates stated that they were delaying employment until after completing the NCLEX-RN. Alumni were happy to complete the surveys and have been employed consistently since graduation. Formative The current method of data gathering is too labor intensive but it was effective. . More work needs to be done in this area to determine a consistent effective procedure of data gathering.

Appendix B
Program Evaluation Plan Monthly

University of Arkansas at Monticello
School of Nursing
BSN Program Evaluation Plan
Monthly

AUGUST

1. Review Philosophy, mission, & organizing framework. (Curriculum Structure & Function)
   Students -   Concepts I – date:
               Concepts III - date:
               Healthy Aging - date:
   Faculty - date
2. Student representatives, one per committee:
   A.   Curriculum Committee
           Concepts I -
           Concepts III
           Healthy Aging
   B.   Teaching Resources Committee
           Concepts I
           Concepts III
           Healthy Aging
   C.   Admissions Committee
           Concepts I
           Concepts III
           Healthy Aging
3. Summary of Summer Course Evaluations - Research & Introduction and Role Transition, Health Assessment
   Summary of Spring Course Evaluations - Concepts II, Concepts IV, Research, Leadership and Management, Principles III
   Including comments on clinical site evaluation & recommendations for clinical slots for next spring.
4. Appointments for Committees for calendar year:
   A.   University Committees
           1.   Curriculum & Standards Committee
           2.   Library Committee
   B.   School of Nursing Committees & Tasks
           1.   Faculty Association Secretary
           2.   Curriculum Committee Chairperson -
               Curriculum Committee Secretary -
           3.   Teaching Resources Committee (2)
               One faculty member must also be on campus Library Committee
           4.   Admissions Committee (3)
               Chairperson
               Secretary
           5.   SNA Advisor
   C.   Course Coordinators & faculty
           Fall:
           Concepts I   Coordinator   Faculty

Skills	Coordinator	Faculty
Concepts III	Coordinator	Faculty
Healthy Aging	Coordinator	Faculty
Community	Coordinator	Faculty

Spring:

Concepts II	Coordinator	Faculty
Research	Coordinator	Faculty
Concepts IV	Coordinator	Faculty
Leadership	Coordinator	Faculty

Summer:

Health Assessment	Coordinator	Faculty
Health Promotion	Coordinator	Faculty
Introduction to Nursing Concepts and Roles		
	Coordinator	Faculty
LPN to RN Transition		
	Coordinator	Faculty
Role Transition	Coordinator	Faculty

5. Schedule of meeting dates for semester: Faculty Association & Curriculum
6. Finalize clinical slots for the year. Assure clinical contracts have been reviewed.
7. Governance/faculty association - evaluation with Faculty Handbook
8. **Outcome Report:** *Critical Thinking:* Research Project & Research Critique
   Graduation Rates: Student attrition, retention, progression, transfers, readmits (May graduation number, Research & Intro. course)
   Program Satisfaction: Senior Survey, Alumni Survey
   Patterns of Employment: Senior Survey, Alumni Survey, Employer Survey

SEPTEMBER
1. Schedule faculty peer reviews
2. Results of NCLEX-RN, HESI Test predictions, & NCLEX Program Report
3. **Outcome Collected and Reported** *Service:* Faculty Curriculum Vitae & ANSA membership roster

OCTOBER
1. Evaluate - Program Evaluation Plan
2. Every two years, curriculum sequencing, pre & co requisites, catalog copy

NOVEMBER
1. Schedule Course & Faculty Evaluations:
   Concepts I
   Skills
   Concepts III
   Community
   Healthy Aging
2. Review Clinical Evaluation Tools

3. Evaluation of evaluation tools (Presentations, teaching plans, abstracts cards, anything that the student receives a grade
4. Grading methodology

DECEMBER

1. Evaluate faculty/student ratios
   Nursing Courses
   Clinical site selection criteria
2. Committee Reports
   Admissions
   Teaching Resources
   Curriculum
3. Course syllabi - format, consistency, assignments & grading (Concepts I, III, Community, Research, Intro, Role Transition and Healthy Aging)
4. **Outcome, (Data Gathered):**
   Graduation Rates: Student attrition, retention, progression, transfers, readmits
   Therapeutic Nursing Interventions: Clinical Journals (C I & C III, Healthy Aging)
   Communication: Presentations (C I & C III, Healthy Aging)
   Teaching Plans (C III & Community, Healthy Aging)
   Service: Faculty Vitae

JANUARY

1. Summary of Fall Course Evaluations: Including comments on clinical site evaluation & recommendations for clinical slots for next fall.
   Concepts I
   Skills
   Concepts III
   Community
   Healthy Aging
2. Faculty assignments & changes
3. Schedule of meetings for semester
   Faculty Association
   Curriculum
4. Evaluate:
   Admissions Committee: Admission requirements & Recruitment efforts
   Teaching Resources Committee: Review AV equipment, current list of library holdings, Software
   Textbooks - make purchases in order of priority recommendations
5. Graduate Recognition Planning
6. **Outcome Report on Graduation Rates, Therapeutic NI, and Communications**

FEBRUARY
1.   Evaluate - <u>Nursing Faculty Handbook</u>
2.   Collect preceptor license number and expiration date for ASBN.
3.   CASAA- UAM Assessment Plan

MARCH
1.   Review of syllabus; Concepts I, III, Research, Community, Intro., Healthy Aging
2.   Faculty Assignments for:
       Summer: Research, Intro., Role Transition
       Fall: Concepts I, III, Community, Skills, Healthy Aging

APRIL
1.   Secure faculty desk copies of new textbooks (Teaching Resources Committee)
2.   Evaluate: <u>Nursing Student Handbook</u>
3.   Evaluate/review NCP & Journal criteria, guidelines, etc.
4.   Schedule Course Evaluations:
       Concepts II
       Concepts IV
       Health Assessment
       Leadership
       Ambulatory Care

MAY
1.   Student Admissions
2.   Review clinical facilities, selection criteria & Memorandums of Agreement for clinical slots next year. (Clinical Coordinator)
3.   Send letters of appreciation to clinical facilities. (Clinical Coordinator)
4.   Course syllabi - format, consistency, assignments & grading (Concepts II, IV, Leadership,   Health Assessment, Research, & Intro)
5.   Teaching Resource and Admission Committee Year End Reports
6.   **Outcome Collected and Reported:**
       Communication: Presentations (C II & C IV, Ambulatory Care) Teaching Plans (C II, C IV & Leadership, Ambulatory Care)
       Therapeutic Nursing Interventions: Clinical Journals (C II, C IV & Leadership & Health Promotion)
       HESI E2 (Exit Examination) Predictions.
       Critical Thinking:
       Program Satisfaction: Senior Survey, Alumni Survey
       Service: Senior Survey
       Patterns of Employment: Senior Survey, Alumni Survey, Employer Survey
       Graduation Rates - Student attrition, retention, progression, transfers & readmits (C II, C IV, Leadership, Health Assessment; Health Promotion)
       Alumni Survey for previous year graduates & 5 years
       Employer Survey for previous year graduates & 5 years

JUNE
1.   Schedule course evaluations for Research, Intro. And Role Transition
       Outcomes: Research Critique and Research Project

Appendix C
Outcome Assessment Report

OUTCOME ASSESSMENT REPORT
AUGUST 2010

GRADUATION RATES

BSN Program
36 students admitted Fall 2008
1 readmit in Fall 2008 (2007 original class) (failed)
23 of original cohort graduated (63.8% retention) in two years
1 transfer graduated in 2010
7 re-admits from the 2007 original class.

        2 failed

        6 graduated 2010
2 re-admits from the 2006 original class. Graduated.
32 total generic BSN graduates

RN – BSN Program :
2 students were admitted in Summer 2009;
2 graduated Spring 2010 (100% retention).
5 students were admitted in Fall 2009
1 in Summer 2010.

AASN Program
17 students were admitted Summer 2009.
13 graduated in 1 year (78.5% retention).
1 readmission (2008 original class) Graduated May 2010.
Total AASN graduates= 14

Total graduates at this time = 46

EXIT EXAM PREDICTIONS & NCLEX-RN RESULTS:
The School of Nursing uses the HESI E²as their exit exam. It is part of the final requirements for the Leadership and Management NURS 4057. A score of 900 is required.

RESULTS FOR THE EXIT EXAM (HESI E²) and NCLEX-RN SCORES (Current 080710)
HESI E2 Scores: (2 RN students did not have to take HESI E2)
HESI predicted   27/32 generic BSN students obtained scores of 900 or better.13/14 AASN obtained scores of 900 or better.
6 have not reached the 850 score at the time of this writing.
NCLEX RN Scores:
16/17 generic BSN have taken NCLEX RN and Passed = 97% predictive accuracy.
9/9 AASN have taken NCLEX RN and Passes = 100% predictive accuracy.
5 AASN and 9 BSN have not taken the NCLEX RN yet

Component Measurement Goal
(Attrition, retention)
BSN Class of 2011
Health Assessment - 35 admits (3 RN-BSN) – 1 failed – 34 progressed
Concepts I – 33 admits + 3 readmits = 36 began/ 29 progressed (1 withdrew; 6 failed)
Concepts II - 29 admits, 2 readmit,+1 LPN-BSN = 32
         6 not progressing (3 withdrew; 4 failed) = 25
BSN Class of 2010
Concepts III - 31 admitted (6 readmits; 1 transfer; 2 failed) = 29 progressed
Concepts IV - 30 admits + 5 readmits= 35, 2 faculty withdrew; 4 failed
Community - 34 admits

RN – BSN admits - 4 RN
Healthy Aging - 4 RN

LPN-RN Transition – 16 admits; 16 progressed.
Principles I – 16 admits + 1 readmit = 17 (3 failed) 14 progressed
Principles II – 14 admits – 14 progressed
Principles III – 14 admits – 14 progressed = 14 graduated

Service: ASNA membership – 90% of the students enrolled in upper division nursing will be members of ASNA.
Goal Met: 100% of students enrolled in upper division nursing are members of ASNA.

The information below is not reviewed and updated by the faculty until the August 2010 Curriculum meeting.

Program Satisfaction: (#73 of Senior Survey)
            This data is not available at this time.
95% of students admitted agreement or program satisfaction at the time they   completed the survey (May, 2009)

Alumni and Employer surveys will indicate agreement or strong agreement at one and five years post graduation - with the items on the Senior Graduation Survey related to student services and curriculum (items# 16-59). *This data is not available at this time.*

90% of alumni & employers responding will indicate agreement or strong agreement on the items on the Alumni Survey (items #29-56) and the Employer Survey (items # 17-30) related to student services and curriculum.

Student Services (Advising, Nursing policies, Communication, Computer Lab, Skills Lab, Classrooms, Library) and Curriculum
Goal: 90% of the seniors indicated agreement or strong agreement with the items on the Senior Survey related to student services and curriculum (items# 16-69).
         >90% of seniors were in agreement with these items.

Patterns of Employment per Senior Survey

Goal: 90% of graduating seniors will indicate they have obtained employment upon graduation.

Goal not met: The economy has precluded hiring new graduates at this time. According to the Senior Survey (#11), ??% had employment and ??% were continuing to seek employment. The rest were not seeking employment at that time. This has increased since last year when only 62% had secured employment at the time of the survey. 6 were not seeking employment and 10 were continuing to seek employment.

Changes in employment at one and at one year & five years post graduation will reflect
an increase in clinical positions requiring leadership and management skills (items 20-25
on Alumni Survey). *This information is not available at this time.*

Explanation: Last year's plan was reevaluated. Further investigation found that routing surveys through the Human Resource Office of the facilities was the optimal method. This has been accomplished however surveys were not returned in time for this report.

Appendix D
Course and Faculty Evaluation

Course Evaluations

Spring Semester
April 26, 2010

1.   In what way(s) did this course differ from what you anticipated?

I didn't expect so much content to be crammed into such a short amount of time.
Faster pace.
None x 7.
It was what I expected.
It didn't differ from what I anticipated.
It did not offer any difference.
Went a lot faster than I expected.
More intense than I expected.
██████ actually taught this semester and did a good job.
Much harder than expected.
It was easier than I thought.
Did not allow time to study. Too much work to do in first part of semester.
Slightly more difficult.
It was slightly harder, but worth it.
It was great!

2.   What would you add to this course to make it more meaningful to future students and why?

Psych should be divided into 2 tests.
Visual learning tools.
Nothing x 8.
More time at ACH. b/c we only had very little time in this area.
I wouldn't add anything.
Another E.D. rotation.
Good like it is. Maybe 2 manager weeks total instead of 1.
Spread it out!!!!! 20 (+) chapters is too much for 1 test.
Add another neuro test course it's a lot of content
N/A x 2.
A cooler room.
Slow down.

3.   What would you delete from this course to make it more meaningful to future students and why?

Nothing x 11.
I would not delete anything x 2.
It would've been nice to have more than 1 week to study for half our tests this semester-delete what you need to for this.
Children's I think it would be better in the 3rd semester.
N/A x 2
EBSP –just time consuming and not beneficial.
Evaluations.
Paper evaluations.
Going over the entire mental health book in 3 class periods – it was too fast

4.   What segment, concept, or topic presented during the course do you expect to be
most useful to you and why?

Cardiac content because I want to work ER and that info will be especially useful.
All of it was very important x 6.
Cardiac
Cardiac and meds
Cardiac and respiratory. I want to work in ICU.
The heart b/c almost everyone has heart problems.
Critical care because this is the area I intend to work.
Cardiac and respiratory classes.
Cardiac and respiratory will be most useful to me.
Psychology, because we have taken med. surge before. Needed the overview of it.
Cardiac; I learned a lot from this section and I think it will be helpful to me in a critical care setting.
All but mostly cardiac and pulmonary, because this is the area I want to work in.
The cardiac topic because more people are having cardiac problems.
Cardiac material.

Cardiac.
Cardiac and respiratory. Every pt. has either CHF or COPD.
Respiratory b/c it was always critical esp. in ICU settings.
Cardiac/Psych.
Cardiac and respiratory! Ms. Walters – you did an excellent job!
Cardiac – because that is where I want to work.
Lectures because of hearing the information.
Cardiac and respiratory.
It was great.

5.   What segment, concept, or topic presented during the course do you expect will be least useful to you and why?
Nothing.
Psyche, although I enjoyed learning about it and am glad to have background knowledge I most likely will not be working in this area.
All of it is very useful.
It was all useful to me.
Psychiatric nursing although critical, will not benefit me.
The psychiatric nursing will not be as useful as everything else to me.
All of it is useful as a student nurse!
Least will be psych because I know I will have to deal with it here and there but not often hopefully.
None.
N/A
Neuro
Everything will be useful.
None.
Nothing.
None of it.
None of it.
N/A
Process recordings.
None
Nothing.

6.   Other comments regarding this course and your instructor (use the back of sheet if necessary).
I learned a lot.
She was an excellent instructor and really knows the info that she taught.
███████ was awesome. She helps students out when needed.
Wonderful instructor. Very passionate towards students. Shows interest in student performance.
This is the course, majority of learning occurred in IV.
I love them all.
I love ████████, she is awesome.
████████ was great in class and clinical. She gives helpful feedback on test review.
████████████████ are wonderful teachers. ██████████ is a very effective teacher when she is interested in the material.
████████████ did an excellent job.
No comments.
Thank you!
Instructor did not teach content. Lectures were not helpful; very confusing. Needs to teach and be thorough.
Great job!
Great job.
Very good attitude in the morning.
Great job this semester. Lots of fun.
She was great!

NURS 452V (Concepts IV)
Faculty Evaluation
NURS 452V – Concepts IV
Spring Semester
April 26, 2010

Thank you for the encouragement and fabulous test reviews.
Thanks.
Great teacher.

She was a good teacher. She showed interest in us. She was very encouraging. I feel bad that the juniors won't get to have her as an instructor. Enjoyed her enthusiasm and laughter.
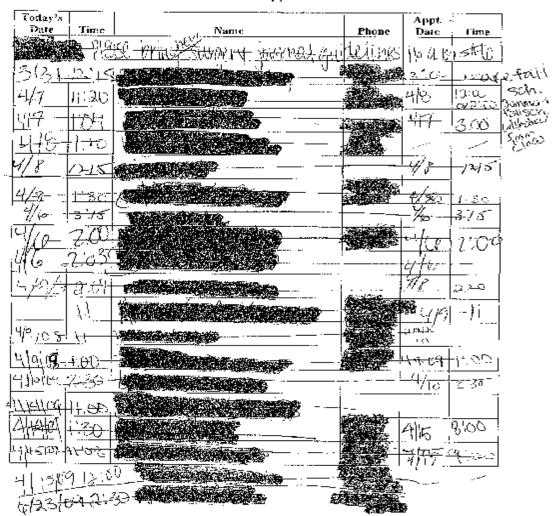
Good luck ██████████████!

I feel the class lectures do not follow along with book material. The lectures do not relate to test material. She speeds through content and does not focus on important content. During clinical, she can never be found. I feel like she should show more interest at clinical.

Appendix E
Student Advising and Service
Committee Meeting Minutes

UNIVERSITY OF ARKANSAS –MONTICELLO

Division of Nursing

Student Advisement Appointment Form

Today's Date	Time	Name	Phone	Appt. Date	Time
3/31	12:15			3:0	
4/7	11:20			4/8	
4/7				4/7	3:00
4/8	1:10				
4/8	12:15			4/8	12/15
4/8	1:30			4/8	1:30
4/6	3:15			4/6	3:15
4/6	2:00			4/6	1:00
4/6	2:03			4/6	
4/8				4/8	2:20
				4/9	11
4/9					
4/9	4:00			4/09	1:00
4/10	2:30			4/10	2:30
4/14	11:00				
4/14	1:30			4/15	3:00
4/15				4/17	
4/15/09	12:00				
4/23/09	2:30				

UAM

MAKING COLLEGE POSSIBLE

FACULTY OFFICE HOURS

Office Hours

Faculty Name Christine Felts
Unit   School of Nursing
Office Phone 870-460-1168
Email felts@uamont.edu

Monday		Tuesday	
8:00-9:00		8:00-9:00	
9:00-10:00	OFFICE 9-12	9:00-10:00	OFFICE 9-12
10:00-11:00		10:00-11:00	
11:00-12:00		11:00-12:00	
12:00-1:00	LUNCH	12:00-1:00	LUNCH
1:00-2:00	OFFICE 1-4:30	1:00-1:30	PATHOPHYSIOLOGY 1:30-4:30
2:00-4:30		1:30-3:00	
Wednesday		3:00-4:30	
8:00-9:00		**Thursday**	
9:00-10:00		8:00-9:00	
10:00-11:00	CLINICAL	9:00-10:00	
11:00-12:00	OFF CAMPUS	10:00-11:00	CLINICAL
12:00-1:00		11:00-12:00	OFF CAMPUS
1:00-2:00		12:00-1:00	
2:00-4:30		1:00-1:30	
Friday		1:30-3:00	
8:00-9:00		3:00-4:30	
9:00-10:00	OFFICE BY APPOINTMENT		
10:00-11:00			
11:00-12:00		**If you have any questions or concerns, please contact the**	
12:00-1:00	LUNCH	**Academic Advising Office at 460.1032 or visit our website at**	
1:00-2:00	CLASS 1-4	**http://www.uamont.edu/education/advising/aahome.htm**	
2:00-4:30			

University of Arkansas at Monticello
School of Nursing
BSN Curriculum Committee Minutes
April 12, 2010

Present: Belinda Wells, Chair
              Charlotte Denton, Curriculum Chair Mentor
              Anita Shaw, Secretary
              Pamela Gouner, Dean
              James Crow
              Dr. Laura Evans
              Christine Felts
              Leia O'Fallon
              Sharon Walters

Absent: Brooke Thurman   Senior Representative
              Tammy Deal   Junior Representative

1.0   Approval of Minutes

The minutes of March 16, 2010 were approved with editorials.

2.0   Old Business

   2.1   Assessing Retention Rates 6 semesters

Categorization and calculation of admission and readmission.

Discussion tabled.

   2.2   Clinical and Course hours calculations

Ms. Gouner and Ms. Walters presented calculations for each Concept course.
See attachment.
NURS 311V Concepts 1 = 9 hours
NURS 332V Concepts II - III = 12 hours
NURS 452V Concepts IV = 15 hours
Clinical ratio 3:1 (Balance spent on clinical paperwork preparation = 1 hour)

   2.3   RN-BSN Program
The meeting to discuss the RN-BSN program was set for April 28th at 9:00 a.m.