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SECTION III EDUCATIONAL EFFECTIVENESS

STANDARD VII: EDUCATIONAL EFFECTIVENESS

There is an identified plan for systematic evaluation including assessment of student academic achievement.

CRITERION 22: There is a written plan for systematic program evaluation that is used for continuous program improvement.

The Department of Nursing at UVSC has a written plan for program evaluation. The Department Program Evaluation Committee is responsible for completing an annual review of the plan as well as making recommendations for revisions to the general faculty. An overview of the Program Evaluation Plan follows in Tables 28 and 29. The Program Evaluation Plan is found in its entirety in Criterion 23 of this Self-Study.

Table 28 Critical Elements of Program Evaluation Plan

• Area of Evaluation	• Methods of Evaluation	• Responsibility for
• Criteria for Evaluation	• Trustworthiness of Methods	Evaluation
• Schedule of Evaluation	• Reporting & Documenting	

Table 29 Areas of Evaluation in the Program Evaluation Plan

• Department Mission	• Unit Objectives
• Department Philosophy	• Course Syllabi
• Organizing Framework	• Textbooks
• Department Policies	• Course Grading Criteria
• Faculty Progression toward Rank and Tenure	• Students Academic and Clinical Progress
• Faculty Post Tenure Review	• Student Critical Thinking
• Course Objectives	• Student Communication Abilities
• Educational Objectives	• Student Application of Therapeutic Nursing
• Library Holdings	• Interventions
• Nursing Learning Center	• Graduate Patterns and Rates of Employment
• Clinical Agencies	• Graduate Performance on NCLEX-RN
• Computer Hardware/Software	• Student Satisfaction with Nursing Program
• Audiovisual Holdings	• Program Graduation Rates

The Department of Nursing collects a variety of data from multiple sources. Data sources include: Student Clinical Evaluation Tools; National Council Licensure Examination (NCLEX)

Program Reports; Health Education Systems, Inc. (HESI) Exam Reports; satisfaction surveys; special student surveys as needed; ongoing faculty evaluation of the teaching-learning process; and feedback from current and former nursing students. The collected data are aggregated and trended as appropriate and are analyzed in order to make improvements in the programs of nursing at UVSC. Examples of how data are used in decision-making processes can be found in Course and Committee Annual Reports and minutes, as well as minutes from the Faculty Organization Committee. These reports and minutes will be available for on-site visitors. Selected examples of how these data have been used in program development are outlined in Table 30.

Table 30 Examples of Program Changes

Course or Program	Change	Rationale
NURS 1110	Regrouped the pediatric, OB, and maternity rotations together; reduced the number of clinical rotations from five to three.	Increase congruency in the mother/baby area, increase the medical surgical emphasis, and provide consistency; based on hospital staff and faculty recommendations and student feedback.
	Incorporated pediatric and psych information into lectures.	Increase student knowledge of pediatric and psychiatric nursing; based upon the results of the HESI Exit Exam Reports.
NURS 2110	Added a unit with a focus on prioritization and delegation	Reinforce these critical elements of nursing practice; based on reports from graduates that NCLEX-RN had a heavy focus on prioritization and delegation.

Course or Program	Change	Rationale
BSN Program	Revised orientation to include: <ul style="list-style-type: none"> - Overview of program - Teaching/learning modalities used in the program - Review of resources available for students - Roles of students and faculty in learning process - Characteristics of baccalaureate prepared nurse - Student/faculty collaboration in scheduling and organizing learning activities 	Enhance student experience and learning opportunities; based on the results of the <i>Fall 2002 BSN Student Satisfaction Survey</i> .

CRITERION 23: Student academic achievement by program type is evaluated by: graduation rates, licensure/certification pass rates, job placement rates and program satisfaction.

The College has an active program of assessing educational outcomes through the Outcomes Assessment Committee. The Department of Nursing reports to the Outcomes Assessment Committee of the School of Science and Health. The Department representative to this School Committee is also a member of the Department's Program Evaluation Committee. This assures coordination and improves communication. The Outcomes Assessment criteria and measures for the Department of Nursing are outlined below. The most recent Outcomes Assessment Report is in Appendix 10. Earlier reports will be available on site. The components of the Department of Nursing Outcomes Assessments for the Associate and Bachelor degree levels are detailed in the following paragraphs.

Associate in Science in Nursing

1. Nursing graduates will pass the *National Council Licensure Examination for Registered Nursing* (NCLEX-RN).
 - A. 80% of first time writers will pass the *NCLEX-RN*.
 - B. 80% of students enrolled in Nursing 2110 who take the *HESI Exit Exam* will receive scores indicating they will likely pass the *NCLEX-RN*.
 - C. Graduates will perform at or above the 50th percentile on all areas of the *NCLEX-RN*.
2. Nursing students will be able to think critically.
 - A. The average critical thinking score of students enrolled in Nursing 2110 taking the *HESI Exit Exam* will be at or above the 'acceptable' level.
 - B. 90% of students enrolled in Nursing 2110 will score an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - C. 90% of students enrolled in Nursing 2110 will rate themselves with an average of 3

points or more on the *Clinical Evaluation Tool* in the identified sections.

3. Nursing students will provide therapeutic nursing interventions.
 - A. The average therapeutic nursing interventions score of students enrolled in Nursing 2110 taking the *HESI Exit Exam* will be at or above the 'acceptable' level.
 - B. 90% of students enrolled in Nursing 2110 will score an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - C. 90% of students enrolled in Nursing 2110 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
4. Nursing students will demonstrate communication skills.
 - A. The average communication score of students enrolled in Nursing 2110 taking the *HESI Exit Exam* will be at or above the 'acceptable' level.
 - B. 90% of students enrolled in Nursing 2110 will score an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - C. 90% of students enrolled in Nursing 2110 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
5. Nursing graduates will be employed as registered nurses (RNs).
 - A. 90% of all graduates who desire to be employed as RNs will be employed within 6 months of graduation.
6. Nursing graduates will report satisfaction with the Nursing Program.
 - A. 80% of graduates who return the *Graduate Survey* postcard will report an overall satisfaction with the Nursing Program of "4" or higher on a scale of 1 to 5, with 1 being "not at all satisfied" and 5 being "completely satisfied."
7. Nursing students will successfully complete the Nursing Program.

- A. 90% of students who are accepted to nursing will complete their program of study within 1 year of their projected completion date.

Bachelor of Science in Nursing

- 1. Nursing students will be able to think critically.
 - A. 90% of students enrolled in Nursing 4020 and 4030 will score an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - B. 90% of students enrolled in Nursing 4020 and 4030 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - C. 90% of students enrolled in Nursing 4050 will receive a passing grade on their *Senior Project*.
- 2. Nursing students will provide therapeutic nursing interventions.
 - A. 90% of students enrolled in Nursing 4020 and 4030 will score an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - B. 90% of students enrolled in Nursing 4020 and 4030 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - C. 90% of students enrolled in Nursing 4020 will receive a passing grade on their *Community Project*.
- 3. Nursing students will demonstrate communication skills.
 - A. 90% of students enrolled in Nursing 4020 and 4030 will score an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - B. 90% of students enrolled in Nursing 4020 and 4030 will rate themselves with an average of 3 points or more on the *Clinical Evaluation Tool* in the identified sections.
 - C. 90% of students enrolled in Nursing 4050 will receive a passing grade on their *Oral*

Presentation.

4. Nursing graduates will be employed in nursing.
 - A. 90% of all graduates who desire to be employed as registered nurses (RNs) will be employed within 6 months of graduation.
5. Nursing graduates will report satisfaction with the nursing program.
 - A. 80% of graduates who return the *Graduate Survey* postcard will report an overall satisfaction with the Nursing Program of “4” or higher on a scale of 1 to 5, with 1 being “not at all satisfied” and 5 being “completely satisfied”.
6. Nursing students will successfully complete the Nursing Program.
 - A. 90% of students who are accepted to nursing will complete their program of study within 2 years of their projected completion date.

Tables reflecting patterns of academic achievement related to required NLNAC criteria for students graduating from a nursing program at UVSC are found in Tables 31 to 36. A brief discussion of contextual and interpretive information follows each table.

Table 31 Associate Degree Nursing Graduation Rates

Semester of Graduation	Number Enrolled	Number Graduating	Percent Graduating
Fall 1999	36	36	100%
Spring 2000	44	44	100%
Fall 2000	35	34	97%
Spring 2001	40	39	98%
Fall 2001	36	36	100%
Spring 2002	40	39	98%
Fall 2001	36	36	100%
Spring 2002	36	35	97%
Fall 2002	36	36	100%

Semester of Graduation	Number Enrolled	Number Graduating	Percent Graduating
Spring 2003	49	49	100%

Discussion:

These data reflect students admitted to UVSC when the Associate degree program was designed for students who had completed practical nurse training and licensure. It was part of a one-plus-one program. Attrition rates for these students were low, with attrition usually a result of health-related problems or significant life events. The majority of students completed the program within the specified time-frame. Historically, attrition in the Associate degree program has not been significant at UVSC. With the program change (direct admission of students to an Associate degree program) in Spring 2003, faculty are aware that student demographics, expectations, and situations may change this historical pattern. Faculty will continue to monitor graduation and attrition data.

Table 32 Attrition Rates Baccalaureate Degree Nursing

Admission Date	Number Accepted	Number Admitted	Currently Enrolled	Attrition Rate	Reasons for Attrition
Jan 2002	24	19	13	31.57%	Workload issues (2) Family/Health (1) Failed support course (1) Unknown (2)
Jan 2003	14	12	11	8.33%	Unknown (1)

Discussion:

A 1998 NLNAC newsletter reported a mean of 82 percent for completion rates in Bachelor of Science Nursing programs. The National Center for Education Statistics (NCES, 1997) reported that students who initially enroll in an Associate degree program are far less likely to complete a Baccalaureate degree than those who initially enroll in a Baccalaureate degree

program. Further, those seeking a baccalaureate degree, who initially enrolled in an Associate degree program, had only a 76 percent likelihood of completing a Baccalaureate degree.

Ehrenfeld and Tabak (2000, JONE 8, 101-106) reported attrition rates of 21.1 to 33.9 percent for RN to BSN students. Faculty recognize that a number of factors may increase attrition rates for students completing an RN to BSN program, including lack of perceived benefit for completion of the degree, financial concerns, and family responsibilities. Although an attrition rate higher than that of the Associate degree student was expected, faculty established a goal that 90 percent of students in the Bachelor degree program would complete their program of study within two years of their projected completion date. The new student orientation has been revised to inform students of how the program is organized and what they can expect as students. Faculty are continuing to re-evaluate the program to determine what additional student support and structures will enhance a student's ability to successfully complete the Bachelor degree program.

The faculty are committed to a curriculum with a strong base in the sciences.

Computational skills and a knowledge of basic statistics are felt to be important in the bachelor degree program as students analyze and apply research in their practice. Therefore, the curriculum requires MATH 1050 College Algebra and MATH 2230 Statistics. MATH 2230 is a prerequisite for Nursing 4050 Senior Project. Several students in the initial cohort have experienced difficulty meeting this requirement and will delay their graduation in order to do so. Reflection upon this situation indicates a need for more careful advising of students coming into the program about preparation for the math placement test used by the College to determine if students are able to enroll in MATH 1050 or must take lower level courses to prepare for College Algebra. Students are now being advised to access "Chart Your Success on the Compass." This study guide is designed to assist students in preparing for the assessment tests given by the College. The manual includes math concepts through MATH 1050 and beyond. The study guide is available for

purchase in the bookstore and reserve copies may be checked out for onsite study in the library.

Information about this study guide will be given to students in the new student orientation.

It is also noted that the majority of students entering the first cohort in the Bachelor degree program graduated from their Associate degree program when College Algebra was not required. The Department anticipates less difficulty in this area in the future as MATH 1050 College Algebra is now required in the Associate degree program. It is noted that of the eleven (11) students in the second cohort, three (3) have met both the MATH 1050 and MATH 2230 requirements and all have met the MATH 1050 requirement by the end of their second semester in the program.

Table 33 Licensure Pass Rates Associate Degree Nursing

Testing Period	Number of first time examinees who passed/failed	Percent of first time examinees who passed		
		UVSC	Utah	National
Apr 1998 - Sep 1998	29/6	83%	87%	85%
Oct 1998 - Mar 1999	32/2	94%	85%	82%
Apr-Sep 1999	35/6	85%	85.4%	84.2%
Oct - Mar 2000	36/7	79%	83%	82%
Apr - Sept 2000	38/4	90%	83%	86%
Oct 2000 - Mar 201	24/7	77%	83%	82%
Apr - Sep 2001	37/7	82%	87%	87%
Oct 2001 - Mar 2002	23/3	88%	88%	84%
Apr 2002 - Sep 2002	44/7	84%	91%	87%
Oct 2002 - Mar 2003	24/21	88%	89%	85%

Discussion:

Associate degree graduate performance on the NCLEX has been above the departmental benchmark of 80 percent seven of the nine periods reported above and since the end of the October

to March 2001 reporting period. This inconsistent pattern has not provided data on which to base specific curriculum changes. In an ongoing effort to improve student learning and success on the licensure exam, faculty have participated in workshops related to testing and teaching strategies. Faculty regularly share information and insights obtained at conferences and educational offerings. Many faculty have reviewed unit examinations to assure that students are being tested at an appropriate and challenging level. All faculty are encouraged to implement teaching and testing strategies which will enhance critical thinking and facilitate student learning. Following the curriculum consultation and workshop in May 2001, the Department purchased the book "Critical Thinking and Test Item Writing" for all faculty. The book is accompanied by a CD to assist faculty in writing test items at various levels of difficulty. In March 2003 the Department hosted two nursing experts on problem-based learning on campus for a faculty workshop. It is intended that the ideas they shared will help faculty develop problem-based learning experiences that will give graduates a better preparation for the NCLEX exam.

Table 34 Job Placement Rates Associate Degree Nursing

Graduation Date	Employment Rate	Type of Agency/Facility
Spring 2001	100%	Hospitals 80% Other 20%
Fall 2001	100%	Hospitals 70% Long Term Care 20% Other 10%
Spring 2002	100%	Hospitals 53% Home Care 7% Long Term Care 20% Community Health 13% Other 7%
Fall 2002	Data Collection currently underway. Information will be available at time of visit.	Hospitals Home Care Long Term Care Community Health Other

Discussion:

The Department has set a benchmark of 90 percent of all graduates who desire employment as RNs will be employed within six months of graduation. Graduate employment rates over time have been used for program maintenance; no revisions are necessary based on the high employment rate of graduates who returned surveys. Prior to Spring 2001 the Department mailed a long post graduate survey to students which included job placement. The return rate was less than 25% making the data difficult to use for decision making. Beginning Spring 2001, in an effort to increase response rate, a change was made to a post card survey which students self-address in class shortly before graduation. It is then mailed from the Department to the graduate six months after graduation. This change in the survey process has resulted in return rates of 50% or greater. Survey data as well as informal reports from graduates indicate that a minimum of 90% of those graduates who desire employment as registered nurses are employed within six months of graduation. Graduates of the Associate degree program are able to find employment in nursing, if

desired. Graduates work in a variety of nursing areas, with the majority working in acute care hospitals. Data from Bachelor degree program graduates will be tracked and evaluated in a similar manner, after Fall 2003 when the first class graduates.

Table 35 Program Satisfaction Associate Degree Graduates

Graduation Date	Overall: 1	Overall: 2	Overall: 3	Overall: 4	Overall: 5
Fall 2000				60%	40%
Spring 2001				60%	40%
Fall 2001				60%	40%
Spring 2002		6%		38%	56%
Fall 2002 Data collection in process. Results will be available at time of visit.					

Scale: "1" = not at all satisfied to "5" = completely satisfied

Discussion:

Prior to Fall 2000, the Department used a 28-item survey which asked students to rate how well they were prepared in various aspects of the program. Response rates were very low, yielding insufficient data upon which to make decisions regarding development, maintenance or revision of the program. Upon analysis and evaluation of the survey, the Department recognized it did not directly measure program satisfaction. The survey was redesigned to focus specifically on program satisfaction. The immediate result was a much higher return rate. Since the new survey has been in place, the overall Associate degree graduate program satisfaction has been well above the departmental benchmark. The benchmark is that 80% of all graduates who return the survey report overall program satisfaction of 4 or 5 on a 5 point scale. These data provide a basis for program maintenance. Faculty are pleased that graduates report a high level of satisfaction with their nursing education at UVSC. Return rates for the graduate surveys are above 50%, though

faculty recognize it is possible that only those students with positive attitudes about their education complete the survey. Steps to improve return rates, such as reinforcing the importance of the collected data, have been implemented. The Program Evaluation Committee is also piloting a Satisfaction Survey with current students which will be compared to the graduate data. These measures should provide additional information on student/graduate satisfaction with the Nursing Program at UVSC and will provide faculty with data to enhance student satisfaction.

Table 36 Program Satisfaction Baccalaureate Degree Nursing Students (Fall 2002)

	1	2	3	4	5
The courses I have completed have met their course objectives.		11%	67%	22%	
I have understood what was expected of me as a student.	11%	56%	33%		
I am able to apply what I have learned to my <i>current</i> nursing practice.	25%	37.5%	37.5%		
I will be able to apply what I have learned to my <i>future</i> nursing practice.		11%	33%	45%	11%
The teaching methods have enhanced my learning.	22%	11%	56%	11%	
The use of technology has enhanced the nursing courses.	22%	56%	22%		
My <i>OVERALL</i> level of satisfaction with my nursing education at UVSC is:	11%	11%		78%	

Scale: "1" = not at all satisfied to "5" = completely satisfied

Discussion:

The Bachelor degree program students expressed some concerns and frustrations with understanding what was expected of them as students, as well as teaching methods and use of technology in the Bachelor degree program. Despite this, 78% still reported high OVERALL satisfaction with their nursing education at UVSC. In addition to the written survey, students were given the opportunity to participate in one of two focus group discussions about the program. A

full report will be available on site. In response to the survey data, the faculty provided the January 2003 incoming students with a more in-depth orientation that covered teaching/learning modalities used in the program, as well as student and faculty roles in the learning process.

The Department's comprehensive, systematic plan for program evaluation requires ongoing evaluation of all components of the program. It includes the criteria for evaluation, schedule and methods of evaluations, trustworthiness of evaluation measurements, person or persons responsible for the evaluation, and the reporting and documentation method. The plan is divided into four subdivisions based on the person(s) holding primary responsibility for the specific areas of evaluation. These subcategories are: Department Director Responsibilities, Curriculum Chair Responsibilities, Course Coordinator Responsibilities, and Program Evaluation Chair/Outcomes Assessment Representative Responsibilities. Each subdivision of the plan is presented, followed by discussion of that subsection.

Department of Nursing Program Evaluation Plan

Department Director Responsibilities

Area of Evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Department Vision and Mission	Vision and Mission is relevant to community needs and is congruent with those of the school and college.	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •General Faculty Organization •Nursing Advisory Committee •Ad Hoc Committees 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Department Director</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •All Faculty •Advisory Members 	<ul style="list-style-type: none"> •Annual Department Report •Meeting Minutes
Department Philosophy	Philosophy is relevant to current nursing and educational practices and is congruent with that of the school and college.	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •General Faculty Organization •Nursing Advisory Committee •Ad Hoc Committees 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Department Director</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •All Faculty •Advisory Members 	<ul style="list-style-type: none"> •Annual Department Report •Meeting Minutes
Organizing Framework	Framework is relevant to current nursing and educational practices and is congruent with that of the school and college.	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •General Faculty Organization •Nursing Advisory Committee •Ad Hoc Committees 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Department Director</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •All Faculty •Advisory Members 	<ul style="list-style-type: none"> •Annual Department Report •Meeting Minutes

Area of Evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Strategic and Tactical Plan	Strategic and Tactical plans are consistent with those of the school and college.	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •General Faculty Organization •Nursing Advisory Committee •Ad Hoc Committees 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Department Director</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •All Faculty •Advisory Members •Ad Hoc Committee 	<ul style="list-style-type: none"> •Annual Department Report •Meeting Minutes
Department Policies (i.e., Student and Faculty)	Department policies are current and easily accessible for faculty and staff.	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •General Faculty Organization •Ad Hoc Committees 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Department Director</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •All Faculty 	<ul style="list-style-type: none"> •Annual Department Report •Meeting Minutes
Faculty Progress toward Rank and Tenure	Faculty are making satisfactory progress toward attaining rank and tenure.	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Faculty Evaluation Meetings with Chair <i>Completion and review of:</i> <ul style="list-style-type: none"> •UVSC Tenure File and Documents •UVSC Evaluation Documents 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Department Director</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Individual Faculty •Faculty Retention, Promotion and Tenure Committee 	<ul style="list-style-type: none"> •Annual Faculty Evaluation Report •Meeting Minutes

Area of Evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Faculty Post Tenure Review	Faculty are meeting post tenure expectations.	Annually and as needed	<i>Review and discussion at:</i> •Faculty Evaluation Meetings with Chair <i>Completion and review of:</i> •UVSC Tenure File and Documents •UVSC Evaluation Documents	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Department Director</u> <i>in conjunction with:</i> •Faculty	•Annual Faculty Evaluation Report

The Director of the Department is responsible for the evaluation of the Department mission and vision, philosophy and organizing framework. The development of the vision statement is a direct result of the annual review of these departmental elements. As noted in the minutes of February 7, 2002, the Department did not have a vision statement at that time. A statement was developed, presented to the full faculty organization, revised and approved. The Department Mission, Philosophy and organizing framework have been reviewed on at least an annual basis. These documents have been revised to reflect the current dynamic state of nursing education. Notes on such revisions can be found in the minutes of April 6, 2000; August 18, 2000; February 17, 2000; April 6, 2000; Jan 25, 2001; June 5, 2001; September 6, 2001; April 18, 2002; August 15, 2002; September 5, 2002; and October 3, 2002.

The Department's Strategic Plan was reviewed by a committee and revisions approved by the full faculty on April 4, 2002. A tactical plan was added during the 2002-03 academic year.

Prior to Dr. Harrison becoming the Director in July 2000, policies and procedures had been handled on a semiformal basis. Many policies and procedures were understood, but not written. There was no faculty manual detailing faculty policies and procedures. The Student Handbook briefly covered admission, progression, and graduation requirements, clinical attendance policy and grading policy. In August 2000 the Department began the process of assembling informal policies and ratifying those policies to become formal policies. During the 2000-01 academic year, the following were approved by the Department (dates of meeting at which discussions were held are noted in parentheses):

- 1. Faculty Organization Bylaws** The bylaws for the Department of Nursing Faculty Organization were reviewed and revised. The major change was the restructuring of standing committees to include student representatives. Student representatives were

added to all standing committees of the Department except Faculty Development, which dealt with faculty reviews for rank advancement and tenure. (August 17, 2000)

- 2. Advisory Committee Bylaws and Membership** Bylaws were written and approved, as written bylaws for the Advisory Committee could not be located. Current membership was reviewed and new members of the committee were selected. (August 18, 2000)
- 3. Department Rank Advancement Policy and Procedure** These were reviewed and revised. The policy and procedure now addresses peer evaluation, classroom observation by peer evaluators, evaluation of clinical teaching, and evaluation by the Department Chair. (March 8, 2000 and March 21, 2002)
- 4. Report of Faculty Activity** A form was developed for faculty to report their activities prior to the Annual Evaluation by Supervisor. The report includes: Teaching and Instruction (information about design and delivery of course material to students, new use of instructional technology, development of new unit objectives, handouts, study guides, etc; or new teaching or testing methodologies); College Service (information about Department, School or College Committee service; curriculum development, etc.); Professional Growth (continuing education, courses leading to a degree); Publications; Presentations (community and professional); Professional Organizations (membership and office or committee); Certifications; Community Service; Progress Toward Achieving Goals Set Last Year; and Goals for Coming Year. (Jan 11, 2001) The Department Director uses material from this form for the annual evaluation of Faculty and for compiling a Department of Nursing Annual Report. Annual Reports for the past three years will be available at the site

visit.

- 5. Faculty CPR Certification** Faculty who supervise students in clinical areas will be required to submit proof of CPR certification annually beginning Fall Semester 2001. (April 5, 2001)
- 6. Faculty Immunization and Tuberculosis Testing Policy** All faculty who supervise students in clinical areas will be required to submit proof of immunizations and negative TB tests beginning Fall Semester 2001. Such information will be kept in a locked file, separate from other personnel records. (April 5, 2001)
- 7. Departmental Procedures for Faculty Searches** Procedures used in faculty searches were reviewed and revised to include input from all faculty. Student representatives are also included in the process. The screening committee completes its review of applicants and recommends interviews. The selected applicants are then brought on campus. While on campus, applicants have separate meetings with the screening committee, Department Director, Dean of the School, and student representatives from each semester.
- 8. Course Coordinator Responsibilities** Course Coordinators are appointed to facilitate course and departmental functions. A description of their responsibilities was written. (April 5, 2001)
- 9. Invasive Procedures Waiver** Students were performing invasive procedures such as injections or IV insertion on each other without a signed release. A form was developed and must be signed prior to students practicing injections or IV catheter insertions on one another. The form was reviewed and approved by the Office of the Attorney General. (January 16, 2001)

- 10. Unusual Event Report Form and Procedure** A procedure and a report form were developed for tracking unusual events that occur when students are providing patient care in clinical areas. The form was reviewed by the Office of the Attorney General prior to implementation. (November 2, 2000 and January 16, 2001)
- 11. Bloodborne Exposure Policy, Procedure and Report Form** These policies and procedures were developed after reviewing CDC information and policies of clinical agencies at which we have student placements. They were reviewed by College risk management officials and the head nurse practitioner at the College Health Service prior to implementation. (January 25, 2001)
- 12. Student Accident and Health Insurance** Effective Fall Semester 2001, all students in nursing courses with clinical components will be required to show proof of current health and accident insurance. (April 5, 2001)
- 13. Auditing Nursing Courses** Effective Fall Semester 2001 students will be allowed to audit a nursing class only after obtaining approval from the Course Coordinator and the Director. (Jan 11, 2001 and March 1, 2001)
- 14. Repeating Nursing Courses** The policy on repeating nursing courses was clarified. It now reads, "A student will be allowed to repeat one (1) nursing course during their academic career in the UVSC Department of Nursing. Failure to obtain a satisfactory grade in a second nursing course will result in dismissal from the Department."
- 15. Syllabus Format** A new format was approved for all Department of Nursing syllabi. This was done to standardize the course syllabi and facilitate review of curriculum for content and leveling. (February 8, 2001, August 15, 2002)

- 16. Chemistry Requirement** Current chemistry course requirements were changed due to changes made by the Department of Physical Science in the existing chemistry courses. Effective Fall Semester 2001, Chemistry 1100 Elementary Chemistry for the Health Sciences 4 credits became the prerequisite course to the second level. A lab course was no longer required.
- 17. Textbook Evaluation Form** Forms for students and faculty to use in evaluating currently used or proposed textbooks was developed. All students had the opportunity to evaluate all required textbooks Spring Semester 2001. (April 5, 2001)
- 18. Faculty Workload** Policy was revised to bring total contact hours to 20 with weighting for various additional responsibilities. (Jan 11, 2001)

During the 2001-02 academic year the following were revised, formalized, or developed:

- 1. Faculty Evaluation** Policy and procedure for evaluation of faculty for the merit component of annual salary increase was revised. (Dec 6, 2001)
- 2. Repetition of Prerequisite Courses** The Admissions Committee reviewed petitions requesting permission to repeat prerequisite courses for a third time and found that all such petitions had been approved in the past three years. Therefore, the two-attempt limit then in place for the PN prerequisite work in Microbiology, Anatomy and Physiology was eliminated and students may repeat these courses at their discretion.
- c. Criminal Background Check** A policy for criminal background checks for all students admitted to the Department was approved. This is necessary as at least one agency where we have student placements is requiring the background check. (April 4, 2002)

- 4. Immunization and Mantoux Policies** These policies were revised to more accurately reflect current standards. (September 6, 2001)
- 5. Determination of Merit Portion of Annual Salary Increase** The Faculty Progression Committee developed a policy and procedure for determining faculty merit for consideration in salary increase decisions. The procedure considers student evaluations, Director's evaluation, peer evaluation, service and professional development. (Oct 18, 2001, November 15, 2001)
- 6. Admission Criteria** Criteria were revised to be: Overall GPA, HESI Admission Assessment Cumulative score and scores on the Math, Reading, Vocabulary/General Information, Grammar, Anatomy and Physiology components. (Nov 1, 2001; March 21, 2002; April 18, 2002)
- 7. Admission of Students who are still in High School** Because of the Governor's Century Scholarship, the Department has had inquiries about allowing a high school student to enter the program. The department determined if the student has met all prerequisites, they should be allowed to apply and be considered in the competitive process. (March 21, 2002)
- 8. Readmission Policies Were Revised** To be consistent with program admission and curricular changes revisions were made. (March 21, 2002; April 4, 2002)
- 9. Bylaws Change** The Faculty Progression Committee name was changed to Faculty Rank Advancement and Tenure Committee. (March 21, 2002)
- 10. Transfer from Another Nursing Program** A policy to allow transfer, following individual review for placement and on a space available basis, was developed and approved. (April 4, 2002)

During the 2002-03 academic year, the following policy revisions were made:

1. **Bylaws** Bylaws were revised to reflect current department structure. The term part time faculty was changed to adjunct faculty. Student representation on committees was changed to reflect current curriculum structure (one student from Associate degree and one from Bachelor degree programs), and faculty representation was changed to represent current programs in the department. (August 15, 2002)
- 2.
3. **Grievance Policy and Procedure** A new policy and procedure was developed and approved by the Department, as these had not previously existed. (August 15, 2002)
3. **Course Aging** The Department no longer requires that prerequisite courses be completed within a specified number of years prior to admission to the Department. (September 15, 2002)
4. **Clinical Absence Policy** Policy was revised to delete reference to any specific number of days which can be missed. The policy now reads, “clinical absence is handled at the discretion of the course faculty and may result in course failure.” (January 30, 2003)
5. **Record Keeping Policy** Policy was developed and approved. (January 16, 2003)
6. **A definition of faculty scholarship** in the Department of Nursing was approved. (November 7, 2002)
7. **Uniform Policy** This policy was modified to include a UVSC patch on the left shoulder of both the scrub top and the lab jacket as part of the approved uniform. (November 7, 2002)
8. **Department Administration** When the current Director steps down from that position next year, the position will become a Chair position with a 5-year term, a 2nd year evaluation, and the possibility of an additional 5-year term. (February 6, 2003)

9. The **Associate Director** title will be changed to Associate Chair, with the job description and the term of office remaining as currently constituted. (February 6, 2003)

10. **HIPAA Confidentiality Guidelines** All papers and care plans submitted before the end of the current semester must be reviewed with the student, with the opportunity to ask questions as papers will not be returned to students. Paper work will be maintained for five months from the end of each semester during which time any disputes/concerns will be handled. No papers will be accepted by either fax or e-mail. Students will be provided a form identifying their responsibility to destroy all draft copies and all information maintained on personal computers, disks, CDs, etc. as well as the penalty for violations. (April 2003)

The Director is also responsible for review of all tenure track and tenured faculty members. All tenure track faculty have been evaluated annually by the Department Director as per Department Policy. In the 2000-01 academic year, no faculty members were eligible for tenure. In the 2001-02 academic year two faculty members were granted tenure. In 2002-03, one faculty member was recommended and received tenure on hire and two additional faculty were granted tenure. All post tenure faculty members have an annual review with the Director.

Curriculum Chair Responsibilities

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Course Objectives	Objectives are relevant to current nursing and educational practices and are congruent with those of the Department	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Curriculum Committee 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •Course Faculty 	<ul style="list-style-type: none"> •Annual Curriculum Committee Report •Meeting Minutes
Educational Objectives	Objectives are relevant to current nursing and educational practices and are congruent with those of the school and college	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •General Faculty Organization •Nursing Advisory Committee •Ad Hoc Committees 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Department Director •Advisory Members •All Faculty 	<ul style="list-style-type: none"> •Annual Department Report •Meeting Minutes
Library Holdings	Library holdings are current and meet the teaching and learning needs of faculty and students.	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Curriculum Committee 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process.	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •All Faculty 	<ul style="list-style-type: none"> •Annual Curriculum Committee Report •Meeting Minutes

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Nursing Learning Center	The Nursing Learning Center is organized and accessible for meeting the teaching and learning needs of faculty and students	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings. •Curriculum Committee 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •All Faculty 	<ul style="list-style-type: none"> •Annual Curriculum Committee Report •Meeting Minutes
Textbooks	Textbooks are informative, appropriately leveled and relevant to course content	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Curriculum Committee <i>Completion and review of:</i> <ul style="list-style-type: none"> •Student Textbook Evaluation Form •Faculty Textbook Evaluation Form 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinator •All Faculty 	<ul style="list-style-type: none"> •Annual Curriculum Committee Report •Meeting Minutes

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Clinical Agencies	Clinical agencies reflect current professional practice and meet the teaching and learning needs of faculty and students	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Curriculum Committee <i>Completion and review of:</i> <ul style="list-style-type: none"> •Faculty Evaluation of Clinical Placements 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •All Faculty 	<ul style="list-style-type: none"> •Annual Curriculum Committee Report •Meeting Minutes
Computer Hardware/ Software	Computer hardware and software are current and meet the teaching and learning needs of faculty and students	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Curriculum Committee 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •All Faculty 	<ul style="list-style-type: none"> •Annual Curriculum Committee Report •Meeting Minutes

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Audiovisual Holdings	Audiovisual holdings are current and meet the teaching and learning needs of faculty and students	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Curriculum Committee 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Curriculum Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •All Faculty 	<ul style="list-style-type: none"> •Annual Curriculum Committee Report •Meeting Minutes

As noted above, the Chair of the Curriculum Committee holds responsibility for evaluation of all course objectives, educational objectives, library holdings, Nursing Learning Center, textbooks, clinical agencies, computer software/hardware, and audiovisual holdings. The Faculty Organization has acted as a curriculum committee of the whole on several issues during this period of refining of the Associate degree program and developing of the Bachelor degree program. For example, the Faculty Organization reviewed course objectives for consistency, continuity, progression and congruence with the philosophy and organizing framework. Following extensive review, with input from student representatives in the 2000-01 academic year, the Department held a three-day retreat with a consultant, Dr. Kathy Lauchner in May 2001. The focus of this retreat was sequencing of the course content for the Associate degree program. This workshop was followed by a one day meeting in June and further work in August to refine the content map and syllabus format. As a result of this work, program objectives were revised and course content mapping done to eliminate duplication and/or omission of content.

In March 2003, a subcommittee of faculty who teach reproductive content in Nursing 2110 and 2110 met to review content mapping for this area. Based on their review, the Curriculum Committee recommended, and the Faculty Organization approved the following changes:

Move the following content from Nursing 2110 to Nursing 1110:

- ▶ Pain management in the laboring IHCR
- ▶ Breast milk components, Breast versus bottle feeding,

Delete the following content from Nursing 2110 as it is taught in Nursing 1110:

- ▶ TORCH Infections

Identify the following as content for Nursing 1100:

- ▶ Apgar scoring as a component of normal newborn care

Identify the following as content for Nursing 2110:

- ▶ Hyperbilirubinemia as a newborn complication

Other examples of the department's use of evaluation material for maintenance, revision and development of curriculum and the dates of minutes reflecting these activities are:

1. **PN Certificate Program:** In April 2001 the department voted to stop offering the Practical Nursing Certificate with the last practical nursing students graduating in April 2003. The proposed curriculum changes to allow direct admission to the AD program and discontinue offering the Certificates in Practical Nursing were approved by the College Curriculum Committee and the College Administration. Surveys of current students in the program in 2000-2001, indicated that 98.03% of these students planned to continue nursing education upon completion of the certificate program. Of those students planning to continue nursing education, 44.68% planned to continue through the Bachelors degree, 38.29% planned to continue through the Masters degree and 2.12% planned to complete doctoral work. (January 11, 2001)
2. **AD Program:** The curriculum was changed to allow direct admission to the Associate of Science in Nursing program and to incorporate MATH 1050. The curriculum previously allowed students to enter the Associate degree program with the prerequisite of math competency. Data collected over the last three years indicated that only 3.27% of students met the required competency and the remainder were required to take the course. (Oct 4, 2001)
3. **Course Prerequisites:** Were reviewed and approved. (September 6, 2001)

4. **Procedure for checking out audiovideo materials** was devised. (March 21, 2002)
5. **Textbook Selection Process** was devised. (March 21, 2002)

Course Coordinator Responsibilities

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Unit Objectives	Objectives are relevant to current nursing and educational practices and are congruent with those of the course	Each semester and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Curriculum Committee	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Course Coordinator in conjunction with:</u> •Course Faculty •Curriculum Committee Chair	•Annual Course Report •Meeting Minutes
Course Syllabi	Syllabi are informative, accessible and relevant to course content and are congruent with Department policy	Each semester and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Curriculum Committee	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Course Coordinator in conjunction with:</u> •Course Faculty •Curriculum Committee Chair	•Annual Course Report •Meeting Minutes

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Textbooks	Textbooks are informative, appropriately leveled and relevant to course content	Each semester and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Curriculum Committee <i>Completion and review of:</i> <ul style="list-style-type: none"> •Student Textbook Evaluation Form •Faculty Textbook Evaluation Form 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Course Coordinator</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Faculty •Curriculum Committee Chair 	<ul style="list-style-type: none"> •Annual Course Report •Meeting Minutes
Course Grading Criteria	Grading criteria are well-defined and encourage students to reach their academic potential	Each semester and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Course Coordinator</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Faculty •Curriculum Committee Chair 	<ul style="list-style-type: none"> •Annual Course Report •Meeting Minutes

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
Student Academic and Clinical Progress	Students will maintain academic progress with 95% of students completing nursing courses with a grade of "C" or better	Each semester and as needed	<i>Review and discussion at:</i> •Faculty Consultation with Students •Course Meetings <i>Completion and review of:</i> •Course Grading Tools (i.e., exams, care plans, scenarios, formal papers) •Clinical Evaluation Tool	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Course Coordinator in conjunction with:</u> •Students •Course Faculty	•Faculty Consultation Reports •Annual Course Report •Meeting Minutes •Course Grade Reports •Clinical Evaluation Tools

As noted above, Course Coordinators are responsible for evaluation of unit objectives, course syllabi, textbooks, course grading criteria, and student academic and clinical progress. During Spring Semester 2001, a curriculum consultant, Kathy Lauchner, reviewed course syllabi and made suggestions for organization to increase continuity. The suggestions were reviewed and faculty voted to adopt changes in the syllabus format. These were implemented Fall Semester 2001. Summer 2002, the Director, in consultation with course coordinators, reviewed syllabi to assure consistency. August 2002, the full faculty again examined the syllabus format and reviewed recommendations from the Director for increased consistency across the curriculum. Minor modifications were made in the formatting (see minutes of August 2002).

An example of review of textbooks is quoted from the 2002-03 Annual Report for Nursing 2110. "Because two of the textbooks are new, *Mental Health Nursing* (5th ed) and *Health Promotion in Nursing*, a textbook evaluation was completed by the students. . . Following are the recommendations concerning the books:

Mental Health Nursing

The majority of students found this textbook to be at an appropriate level as far as content and readability. Most students also found that the textbook was well organized, it presented information clearly, and the illustrations and tables were clear and easy to understand. Though some were neutral on the book's ability to explain key concepts and terms, this may be due to a lack of exposure and knowledge on the part of the student. Overall, this text appears to be meeting the learning needs of the students.

RECOMMENDATION: Continue with this text.

Health Promotion in Nursing

This was the first time students have had any text at all for the Health Promotion section of this course. Although students stated the text was too easy and not extremely helpful,

faculty felt this may have been biased by remarks faculty made a week earlier. Faculty will continue to search for an appropriate level textbook, one that is informational without being too costly. Due to faculty feeling there was some bias before the evaluation was done, another evaluation will be done on this same textbook next semester, as no other text has been identified at this time.

RECOMMENDATION: Continue with this book for another semester and re-evaluate.”

The course coordinators have reviewed grading criteria for each course at least annually. Changes made in grading of individual assignments and overall course grading are noted in the Course Annual Reports.

Course faculty have evaluated the academic and clinical progress of all students each semester. Grades achieved in each semester are reported in the Course Annual Reports which will be available for review at the time of the site visit.

Throughout the 2001-02 academic year Course Coordinators and course faculty reviewed the clinical performance evaluations for consistency with the philosophy, organizing framework and program objectives. The clinical evaluation tools were discussed by full faculty at the April 18, 2002 Faculty Organization Meeting and again at the August 15, 2002 meeting.

Program Evaluation Chair/Outcomes Assessment Representative Responsibilities

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
ADN: Student Critical Thinking	<p>Nursing students will be able to think critically:</p> <ul style="list-style-type: none"> •The average critical thinking score of students enrolled in NURS 2110 taking the HESI Exit Exam will be at or above the ‘acceptable’ level •90% of the students enrolled in NURS 2110 will score an average of 3 points or more on the Clinical Evaluation Tool in the identified section •90% of students enrolled in NURS 2110 will rate themselves with an average of 3 points or more on the Clinical Evaluation Tool in the identified sections 	Annually and as needed	<p><i>Review and discussion at:</i></p> <ul style="list-style-type: none"> •Course Faculty Meetings •Program Evaluation Committee •School &College Outcomes Assessment Committee <p><i>Completion and review of:</i></p> <ul style="list-style-type: none"> •HESI Exit Exam reports •Clinical Evaluation Tools 	<p><u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process</p> <p>HESI Validity: •Predictive accuracy of the HESI Exit Exam >97%. •Item analyses vary by group, but have been >.70 for UVSC students.</p>	<p><u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i></p> <ul style="list-style-type: none"> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students 	<ul style="list-style-type: none"> •Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report
BSN: Student Critical Thinking	<p>Nursing students will be able to think critically:</p> <ul style="list-style-type: none"> •90% of students enrolled in NURS 4020 and 4030 will score an average of 3 points or more on the Clinical Evaluation Tool in the identified sections •90% of students enrolled in NURS 4020 and 4030 will rate themselves with an average of 3 points or more on the Clinical Evaluation Tool in the identified sections. •90% of students enrolled in NURS 4050 will receive a passing grade on their Senior Project. 	Annually and as needed	<p><i>Review and discussion at:</i></p> <ul style="list-style-type: none"> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <p><i>Completion and review of:</i></p> <ul style="list-style-type: none"> •Grades on selected assignments •Clinical Evaluation Tools 	<p><u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process</p>	<p><u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i></p> <ul style="list-style-type: none"> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students 	<ul style="list-style-type: none"> •Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
ADN: Student Communication Abilities	Nursing students will demonstrate communication skills: <ul style="list-style-type: none"> •Average communication score of students enrolled in NURS 2110 taking the HESI Exit Exam will be at or above the ‘acceptable’ level •90% of students enrolled in NURS 2110 will score an average of 3 points or more on the Clinical Evaluation Tool in the identified sections •90% of students enrolled in NURS 2110 will rate themselves with an average of 3 points or more on the Clinical Evaluation Tool in the identified sections 	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> <ul style="list-style-type: none"> •HESI Exit Exam reports •Clinical Evaluation Tools 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process HESI Validity: <ul style="list-style-type: none"> •Predictive accuracy of the HESI Exit Exam >97%. •Item analyses vary by group, but have been >.70 for UVSC students. 	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students 	<ul style="list-style-type: none"> •Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report
BSN: Student Communication Abilities	Nursing students will demonstrate communication skills: <ul style="list-style-type: none"> •90% of students enrolled in NURS 4020 and 4030 will score an average of 3 points or more on the Clinical Evaluation Tool in the identified sections •90% of students enrolled in NURS 4020 and 4030 will rate themselves with an average of 3 points or more on the Clinical Evaluation Tool in the identified sections •90% of students enrolled in NURS 4050 will receive a passing grade on their Oral Presentation 	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> <ul style="list-style-type: none"> •Grades on selected assignments •Clinical Evaluation Tools 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students 	<ul style="list-style-type: none"> •Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
ADN: Student Application of Therapeutic Nursing Interventions	Nursing students will provide therapeutic nursing interventions: <ul style="list-style-type: none"> •The average therapeutic nursing interventions score of students enrolled in NURS 2110 taking the HESI Exit Exam will be at or above the ‘acceptable’ level •90% of students enrolled in NURS 2110 will score an average of 3 points or more on the Clinical Evaluation Tool in the identified sections •90% of students enrolled in NURS 2110 will rate themselves with an average of 3 points or more on the Clinical Evaluation Tool in the identified sections 	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> <ul style="list-style-type: none"> •HESI Exit Exam reports •Clinical Evaluation Tools 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process HESI Validity: <ul style="list-style-type: none"> •Predictive accuracy of the HESI Exit Exam >97%. •Item analyses vary by group; UVSC have been >.70 	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students 	<ul style="list-style-type: none"> •Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report
BSN: Student Application of Therapeutic Nursing Interventions	Nursing students will provide therapeutic nursing interventions: <ul style="list-style-type: none"> •90% of students enrolled in NURS 4020 & 4030 will score an average of 3 points or more on the Clinical Evaluation Tool in the identified sections •90% of students enrolled in NURS 4020 & 4030 will rate themselves with an average of 3 points or more on the Clinical Evaluation Tool in the identified sections •90% of students enrolled in NURS 4020 will receive a passing grade on their Community Project 	Annually and as needed	<i>Review and discussion at:</i> <ul style="list-style-type: none"> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> <ul style="list-style-type: none"> •Grades on selected assignments •Clinical Evaluation Tools 	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> <ul style="list-style-type: none"> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students 	<ul style="list-style-type: none"> •Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
ADN: Graduate Patterns and Rates of Employment	Nursing graduates will be employed as Registered Nurses: •90% of all graduates who desire to be employed as RN's will be employed within 6 months of graduation	Annually and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> •Post-Graduation Employment Survey	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process Return rates: return rates are improving and are >50% since revision	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students	•Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report
BSN: Graduate Patterns and Rates of Employment	Nursing graduates will be employed as Registered Nurses: •90% of all graduates who desire to be employed as RN's will be employed within 6 months of graduation	Annually and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> •Post-Graduation Employment Survey	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process Return rates: Procedures have been revised and return rates are improving and are >50%	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students	•Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
ADN: Graduate Performance on NCLEX-RN	Nursing graduates will pass the National Council Licensure Examination for Registered Nursing: •80% of first time writers will pass the NCLEX-RN •80% of students enrolled in NURS 2110 who take the HESI Exit Exam will receive scores indicating they will likely pass the NCLEX-RN •Graduates will perform at or above the 50 th percentile on all areas of the NCLEX-RN	Annually and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> •National Council Program Reports •HESI Exit Exam results	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process HESI Validity: •Predictive accuracy of the HESI Exit Exam >97%. •Item analyses vary by group, but have been >.70 for UVSC students	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Graduates	•Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report
ADN: Student Satisfaction with Nursing Program	Nursing graduates will report satisfaction with the Nursing Program: •80% of graduates who return the Graduate Survey postcard will report an overall satisfaction with the Nursing Program of “4” or higher on a scale of 1 to 5, with 1 being “not at all satisfied” and 5 being “completely satisfied”	Annually and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> •Student Program Satisfaction Survey	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process Return rates: Procedures have been revised and return rates are improving and are >50%	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Graduates	•Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report

Area of evaluation	Criteria for Evaluation	Schedule of Evaluation	Methods of Evaluation	Trustworthiness of Methods	Responsibility for Evaluation	Reporting and Documenting
BSN: Student Satisfaction with Nursing Program	Nursing graduates will report satisfaction with the Nursing Program: •80% of graduates who return the Graduate Survey postcard will report an overall satisfaction with the Nursing Program of "4" or higher on a scale of 1 to 5, with 1 being "not at all satisfied" and 5 being "completely satisfied"	Annually and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> •Post-Graduation Employment Survey	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process Return rates: Procedures have been revised and return rates are improving and are >50%	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students	•Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report
ADN: Program Graduation Rates	Nursing students will successfully complete the Nursing program: •90% of students who are accepted to nursing will complete their program of study within 1 year of their projected completion date	Annually and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> •Department and College Student Records	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students	•Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report
BSN: Program Graduation Rates	Nursing students will successfully complete the Nursing program: •90% of students who are accepted to nursing will complete their program of study within 2 years of their projected completion date	Annually and as needed	<i>Review and discussion at:</i> •Course Faculty Meetings •Program Evaluation Committee •School/College Outcomes Assessment Committee <i>Completion and review of:</i> •Post-Graduation Employment Survey	<u>Credibility</u> Prolonged engagement in nursing and education of those involved in review process	<u>Program Evaluation Committee Chair</u> <i>in conjunction with:</i> •Course Coordinators •Course Faculty •Department Outcomes Coordinator •Students	•Annual Program Evaluation Report •Meeting Minutes •Outcomes Assessment Report

The **Program Evaluation Chair and Outcomes Assessment Representative** for the Department share responsibility for evaluating critical thinking, communication abilities, application of therapeutic nursing interventions, graduate patterns and rates of employment, graduate performance on NCLEX-RN, student satisfaction, and program graduation rates for the Associate degree program. The Associate degree program Outcomes Assessment report for the 2001-02 academic year is presented in Appendix 10 as an example. Reports from other years will be available at the time of the site visit. The Outcomes Assessment Report includes data on the above-mentioned evaluation components, an analysis of the data and actions taken in response to the data.

Data from the Outcomes Assessment Reports for the Associate degree program have been trended in order to determine patterns and assist in decisions about program revision, maintenance and /or development. Trends are presented for the following aspects of the Outcomes Assessment: NCLEX pass rates, performance in areas of the NCLEX examination, average scores on critical thinking component of HESI Exit Exam, average scores on nursing therapeutic intervention component of HESI Exit Exam, average scores on communications skills component of HESI Exit Exam, program satisfaction, and program completion rate. NCLEX pass rates have been trended for the period of April 1998 to September 2002. Data are presented in Table 33 in Criterion 23.

As noted in Nursing 2110 Course report for 2002-03, "In reviewing data from NCLEX Program Reports and the HESI, it is difficult to determine any one particular area in which students consistently do poorly. Studies have shown, however, that the number of NCLEX practice questions students take is directly related to pass rates. Students will be required to take a minimum of 500 practice questions in their NCLEX review in future courses. In addition, content related to test-taking strategies and the NCLEX test plan has been added to Nursing

2110.”

The Department also reviews graduate performance on areas in the NCLEX-RN as a means of assessing graduate performance. The Department has set the benchmark of graduates placing at or above 50 percentile in all areas. Percentile rank for UVSC graduates compared to the national population of graduates from similar programs is used for trending.

In May 2001, the Department held a three-day curriculum workshop with a consultant. The content map was reviewed and revised at that time and at a subsequent meeting held in June 2001. Therefore, data are divided into two subcategories: students graduating before the content map revisions and students graduating after the content revisions were implemented. The mean percentile rankings in each of the content areas were calculated in May 2003 when data were available for one hundred graduates or at the end of three testing periods. Prior to the content revision, the Department had rankings at or above 50 percentile in thirteen (27.66%) of the forty-seven areas. These areas were:

Prevention and Early Detection of Disease, Psychosocial Adaptation, Analysis, Planning, Growth and Development, Psychosocial-Cultural Functions, Reproductive, Integumentary/Musculoskeletal, Immune, Nervous/Sensory, Health Promotion, Natal, Childhood, Self-Concept, and Interdependence. In addition, the data approached the benchmark Life Span (49.25).

For the testing periods following the content revisions, the program had mean percentile rankings of 50 percentile or above in the following twenty-eight (59.57%) of the forty-seven areas. These areas were:

Growth and Development-Life Span, Prevention and Early Detection of Disease, Psychosocial Adaptation, Basic Care and Comfort, Assessment, Analysis, Planning, Implementation, Evaluation, Protective Functions, Nutrition, Growth and Development,

Psychosocial-Cultural Functions, Elimination, Cardiovascular, Endocrine/Metabolic, Gastrointestinal, Reproductive, Integumentary/Musculoskeletal, Psychosocial Behaviors, Health Promotion, Health Restoration Acute/Simple, Natal, Adulthood, Physiological Needs, Self-Concept, Role Functions and Interdependence.

Additional areas in which the rankings approached the benchmark were:

Management of Care (49.33); Reduction of Risk Potential (49.67); Comfort, Rest, Activity, Mobility (49.7); and Health Restoration, Acute/Complex (49.00).

While the number of testing areas in which the Department has achieved or surpassed its benchmark have more than doubled since the content revisions, continued efforts are necessary to achieve the benchmark in all areas of testing. As the report for the October 2002 to April 2003 NCLEX examinees was received after faculty left for the summer, these findings will be discussed Fall Semester and plans made based on the data. Trended data for this assessment is found in Table 37.

**Table 37 Trended Data on Performance on Areas of NCLEX-RN Examination
UVSC as Compared to Similar Programs**

Client Needs: Percentile Ranks

	Oct 1999- Mar 2000	Apr 2000- Sep 2000	Oct 2000- Mar 2001	Apr 2001- Sep 2001	Oct 2001- Mar 2002	Apr 2002- Sept. 2002	Oct 2002- Mar 2003	Oct 1999- Sep 2001	2001- 2003
Management of Care	51	52	42	36	55	53	40	45.25	49.3
Safety and Infection Control	34	42	33	52	37	47	52	40.25	45.3
Growth and Development Life-Span	53	41	45	47	51	42	65	46.5	52.7
Prevention and Early Detection of Disease	56	51	56	57	63	47	50	55	53.3

	Oct 1999- Mar 2000	Apr 2000- Sep 2000	Oct 2000- Mar 2001	Apr 2001- Sep 2001	Oct 2001- Mar 2002	Apr 2002- Sept. 2002	Oct 2002- Mar 2003	Oct 1999- Sep 2001	2001- 2003
Coping and adaptation	38	44	46	51	42	50	44	44.75	45.3
Psychosocial Adaptation	54	57	54	35	57	47	62	50	55.3
Basic Care and Comfort	47	42	31	44	62	39	63	41	54.7
Pharmacological and Parenteral Therapies	49	50	54	40	42	39	50	48.25	43.7
Reduction of Risk Potential	43	63	44	36	43	46	60	46.5	49.7
Physiological Adaptation	47	40	48	38	36	59	44	43.25	46.3

Nursing Process: Percentile Ranks

	Oct 1999 - Mar 2000	Apr 2000 - Sep 2000	Oct 2000 - Mar 2001	Apr 2001 - Sep 2001	Oct 2001 - Mar 2002	Apr 2002 - Sep 2002	Oct 2002 - Mar 2003	Oct 1999 - Sept 2001	2001- 2003
Assessment	35	46	32	39	43	59	57	38	53
Analysis	63	59	52	62	52	46	58	59	52
Planning	45	56	47	54	45	53	54	50.5	50.7
Implement- ation	38	51	38	38	56	45	73	41.25	58
Evaluation	43	45	57	29	39	49	63	43.5	50.3

Content Dimensions: Percentile Ranks

	Oct 1999 - Mar 2000	Apr 2000 - Sep 2000	Oct 1999 - Mar 2001	Apr 2001 - Sep 2001	Oct 2002 - Mar 2002	Apr 2002 - Sep 2002-	Oct 2002 - Mar 2003	Oct 1999 - Sep 2001	2001- 2003
Protective Functions	39	58	48	42	52	47	55	46.75	51.3

	Oct 1999 - Mar 2000	Apr 2000 - Sep 2000	Oct 1999 - Mar 2001	Apr 2001 - Sep 2001	Oct 2002 - Mar 2002	Apr 2002 - Sep 2002-	Oct 2002 - Mar 2003	Oct 1999 - Sep 2001	2001- 2003
Sensory- Perceptual Functions	30	51	59	35	28	50	59	43.75	45.7
Comfort, Rest, Activity, Mobility	48	44	46	51	49	33	67	47.25	49.7
Nutrition	38	58	30	43	54	53	62	42.25	56.7
Growth and Development	54	66	44	54	64	52	51	54.5	55.7
Fluid-Gas Transport	45	48	36	34	36	40	48	40.75	41.3
Psychosocial - Cultural Functions	63	59	34	49	49	54	58	51.25	53.7
Elimination	45	45	35	42	70	64	67	41.75	67

Health Alterations: Percentile Ranks

	Oct 1999 - Mar 2000	Apr 2000 - Sep 2000	Oct 2000 - Mar 2001	Apr 2001 - Sep 2001	Oct 2001 - Mar 2002	Apr 2002 - Sep 2002	Oct 2002 - Mar 2003	Oct 1999 - Sep 2001	2001- 2003
Cardio- vascular	40	44	49	40	57	40	57	43.25	51.3
Endocrine/ Metabolic	39	46	27	35	33	54	70	36.75	52.3
Gastro- intestinal	37	53	34	30	54	51	52	38.5	52.3
Reproductive	56	59	56	58	59	59	72	57.25	63.3
Integument- ary/ Musculo- skeletal	43	59	39	60	54	50	47	50.25	50.3
Immune	42	49	65	49	39	38	50	51.25	42.3

	Oct 1999 - Mar 2000	Apr 2000 - Sep 2000	Oct 2000 - Mar 2001	Apr 2001 - Sep 2001	Oct 2001 - Mar 2002	Apr 2002 - Sep 2002	Oct 2002 - Mar 2003	Oct 1999 - Sep 2001	2001- 2003
Nervous/ Sensory	53	58	55	39	34	48	38	51.25	40
Psychosocial Behaviors	48	55	43	49	49	46	71	48.75	55.3
Renal/ Urinary	45	55	53	27	45	44	39	45	42.7
Respiratory	54	49	32	45	48	45	32	45	41.7

Well-Illness Continuum: Percentile Ranks

	Oct 1999 - Mar 2000	Apr 2000 - Sep 2000	Oct 2000 - Mar 2001	Apr 2001 - Sep 2001	Oct 2001 - Mar 2002	Apr 2002 - Sep 2002	Oct 2002 - Mar 2003	Oct 1999 - Sep 2001	2001- 2003
Health Promotion	55	62	56	60	60	47	59	58.25	55.3
Health Maintenance	40	59	32	37	38	40	61	42	46.3
Health Restoration, Acute/ Simple	40	58	39	38	40	56	54	43.75	50
Health Restoration, Acute/ Complex	38	51	47	38	44	47	56	43.5	49

Stages of Maturity: Percentile Ranks

	Oct 1999- Mar 2000	Apr 2000- Sep 2000	Oct 2000- Mar 2001	Apr 2001- Sep 2001	Oct 2001- Mar 2002	Apr 2002- Sep 2002	Oct 2002- Mar 2003	Oct 1999- Sep 2001	2001- 2003
Natal	65	45	43	56	56	55	61	52.3	57.33
Childhood	49	56	49	46	52	44	44	50	46.67

	Oct 1999- Mar 2000	Apr 2000- Sep 2000	Oct 2000- Mar 2001	Apr 2001- Sep 2001	Oct 2001- Mar 2002	Apr 2002- Sep 2002	Oct 2002- Mar 2003	Oct 1999- Sep 2001	2001- 2003
Adolescence	49	61	36	40	30	55	no report	46.5	Not reported due to missing data
Adulthood	48	65	41	35	53	49	69	47.3	57
Older Adulthood	48	50	38	38	50	42	41	43.5	44.86
Life-Span	50	59	43	45	45	47	52	49.3	48

Stress, Adaptation and Coping: Percentile Ranks

	Oct 1999- Mar 2000	Apr 2000- Sep 2000	Oct 2000- Mar 2001	Apr 2001- Sep 2001	Oct 2001- Mar 2002	Apr 2002- Sep 2002	Oct 2002- Mar 2003	Oct 1999- Sep 2001	2001- 2003
Physiologic Needs	37	63	35	35	48	50	58	42.5	52
Self-Concept	52	42	47	59	51	48	64	50	54.33
Role Function	41	62	51	39	48	41	67	48.25	52
Inter- dependence	54	58	46	45	48	54	53	50.75	51.67

Individual course faculty and a group of faculty from various courses have reviewed the data. The approaches discussed in the overall pass rates for the NCLEX are being applied in the specific areas.

Critical Thinking was measured by the scores students attained on the critical thinking section of the Collegiate Assessment of Academic Proficiency from 1998 to 1999. The benchmark was set at an average score at or above the 50th percentile compared with the national results. In December 1998, 54% of the students ranked above the 50th percentile. In April 1999, 34% of the nursing graduates ranked above the 50th percentile. This test was required of all

students of Utah Valley State College the semester in which they graduated. However, the College decided not to make this test mandatory.

Therefore, in December 1999 the Critical Thinking Process Test was used with a benchmark of the average score for our students being at or above the national average score. In December 1999, the mean score for our students was 54 and the national mean score was also 54. In April 2000, the mean score for our students was 52 while the national mean was 54. This test measured listening, writing, reading, inferential reasoning, application of knowledge, evaluating outcomes, speaking, prioritizing/discriminating and goal setting. While these are measures of critical thinking, they are not specific to nursing.

The Department made the decision to use Arnett's Critical Thinking Level Examination with a benchmark of a mean score at or above the national mean. In Fall Semester 2000, the thirty (30) graduating seniors attained an average score of 145 and Spring Semester 2001 the mean score was 136. A review of the data revealed that the reports did not provide useful data in comparing students to national averages or determining program needs.

Therefore, the measurement was changed to the critical thinking component of the HESI Exit Exam. After a review of a number of measurements of critical thinking, the faculty determined that the HESI Exit Exam was a more specific measure of critical thinking in nursing and as defined by the Department. At that time it was decided that the HESI Exit Exam would also be used to measure therapeutic nursing interventions and communication skills for the same reasons. The Department bench mark is an average score at or above 85%. Data on this measurement are presented in Table 38.

Table 38 Average Scores on HESI Exit Exam

	Spring 2002	Fall 2002	Spring 2003	Mean
Average Critical Thinking Score	89.35%	88.28%	79.03%	85.55%
Average Therapeutic Nursing Intervention Score	86.26%	88.53%	88.89%	87.89%
Average Score on Communication Skills	89.78%	85.86%	87.49%	87.71%

Trended data on graduate employment rates are presented in Table 39.

Table 39 Employment Rate of Graduate

	Spring 2000	Fall 2000	Spring 2001	Fall 2001	Spring 2002	Fall 2002
Number of surveys returned	26	26	10	16		
Number/% employed in Nursing who so desired	26/100%	23/100%	10/100%	15/94%		

The last outcomes assessment measure is number of students who successfully complete the program. The departmentally determined benchmark is that 90 percent will complete the program within one year of their projected completion date. Given the high rate of program completion, data are used for program maintenance. Table 40 demonstrates the trended data for this measure.

Table 40 Program Completion Rates

	Fall 2001	Spring 2002	Fall 2002	Spring 2003
Number of students admitted	36	36	36	36

	Fall 2001	Spring 2002	Fall 2002	Spring 2003
Number of students withdrawn (Reason)	0	1 (health)	1 (health)	0
Number of students failed	0	0	0	0
Number (percent) of students completed program	36 (100%)	35 (97%)	35 (97%)	36 (100%)

There is a plan for evaluating outcomes for the Bachelor degree program. No data are available as the first class of students will graduate in December 2003. Elements to be evaluated are: critical thinking abilities, application of therapeutic nursing interventions, communication abilities, employment rates and patterns, overall program satisfaction and graduation rates.

The Program Evaluation Committee reviews the comprehensive evaluation plan and suggests revisions to the full faculty. Examples of changes and meetings in which they were discussed include:

1. Graduate survey: Questions were added (Oct 4, 2001)
2. Program Satisfaction Survey was developed (November 16, 2001) and revised (March 21, 2002 and January 30, 2003)
3. Evaluation Matrix: Revisions made to indicate who has primary responsibility for each activity (October 4, 2001)
4. Revision of outcome measurements: Discontinuance of Arnett Critical Thinking Exam and NLN-DRT. Use of HESI Critical Thinking Assessments (Oct 4, 2001)
5. Revision of annual report forms to include documentation of evaluation activities (November 7, 2002)
6. Revisions in the Program Evaluation Plan include:

Textbook responsibilities will be moved from Course Coordinators to the Curriculum

Committee.

Continuing Student Program Satisfaction Survey was modified. It will be conducted in the semester's first-day orientation class, instead of at the end of the semester.

The survey will be administered by the chair of the Program Evaluation Committee, or an appropriate designee.

BSN program satisfaction survey was developed and approved.

Course and Committee Annual Report forms were revised to include use of assessment data.