

PEARL RIVER COMMUNITY COLLEGE

PROGRAM REVIEW



ASSOCIATE DEGREE NURSING

2013 - 2014

PEARL RIVER COMMUNITY COLLEGE

PROGRAM REVIEW

MISSION STATEMENT

Pearl River Community College is a public institution committed to providing quality educational and service opportunities for all who seek them.

STRATEGIC GOALS

- 1. To prepare students to complete a degree or certificate program and to be successful in careers for which they have been prepared.**
- 2. To provide quality student services.**
- 3. To provide access to college courses and programs using various instructional methods, including distance education and dual enrollment/credit courses.**
- 4. To employ qualified faculty and staff, compensate them well, and provide opportunities for their professional development.**
- 5. To provide facilities, technology, and support staff in order to improve student learning, enhance faculty and staff performance, augment community services, and make college services available via the Internet.**
- 6. To improve communication among campus personnel and community members regarding the College goals, objectives, and activities.**
- 7. To recruit and retain students from a diverse population.**
- 8. To provide workforce training programs that meet requirements of business, industry, educational, and public service agencies for basic skills, specific job skills, and technical skills training.**

To fulfill this mission, the College has developed a variety of quality educational programs and services. It is vital that quality be maintained through the regular evaluation of programs. Program review is a formal process designed to assist in that evaluation. The importance of program review is not the production of a report but rather the self-insight for program improvement and growth.

While college educational programs and services must satisfy our own criteria for program excellence, they must also satisfy the requirements of the Commission on Colleges of the Southern Association of Colleges and Schools and licensing and certifying organizations for some programs. The process of program review allows the College to evaluate how well its programs satisfy the criteria and requirements associated with all of these sources.

The primary goal of program review is the improvement of instruction and learning. To achieve this goal, the process must be comprehensive. The College's review process will include some assessment of the program's achievement of its stated purpose, quality of instruction, curriculum design, student outcomes, and contribution to overall mission of the College. When completed, a program review will identify and communicate program needs and potential for improvement.

A second important goal of program review is to provide information for planning and decision-making. To be meaningful, program review and planning should be interdependent processes. Planning should be based on a review process that evaluates past performances and identifies possible future activities which will lead to improvement and growth. Program review relies on data developed in support of planning and generates suggestions and recommendations for improvement which are reflected in planning goals.

In addition to general program improvement and planning, program review is intended to achieve the following:

- Acknowledge achievements/attainments.**
- Identify strengths and weaknesses and develop recommendations and/or suggestions for change.**
- Provide a systematic evaluation and improvement process for instructional programs.**
- Develop a sense of cohesiveness, shared responsibility, and growth among faculty and staff.**
- Assess compliance with accreditation criteria.**
- Assist in resource development.**
- Provide data to assist with resource allocation and other management decisions.**
- Suggest new opportunities for program development.**

Throughout the program review process a variety of perspectives must be considered and reflected. Perspectives of the program faculty, department chairpersons, Vice President, and President are critical to ensuring a comprehensive and complete program review. The program review should also anticipate and address the expectations of the Board of Trustees, advisory committee members when applicable, and Commission on Colleges representatives.

Program review is a self-review process through which a program area is examined. It entails analyzing data, drawing conclusions, arriving at and implementing recommendations, and assessing the outcomes following implementation.

Included in this document is the Associate Degree Nursing (ADN) Program Review. ADN Faculty and staff members are to be commended for the job they did in preparing this program review. Their efforts and resulting reports can only strengthen this already fine program.

Documentation supporting this program review is on file in the office of the Director of Nursing Education. On file are course syllabi, faculty evaluations, course descriptions, etc.

Pearl River Community College offers equal education and employment opportunities. The College does not discriminate on the basis of race, religion, color, sex, age, national origin, veteran status, or disability. For inquiries regarding the non-discrimination policies or to request accommodations, special assistance, or alternate format publication please contact Tonia Moody, ADA/Civil Rights Coordinator, at P.O. Box 5118, Poplarville, MS 39470 or 601-403-1060.

PEARL RIVER COMMUNITY COLLEGE

DEPARTMENT OF NURSING EDUCATION

ASSOCIATE DEGREE NURSING

POPLARVILLE, MISSISSIPPI

FOLLOW-UP REPORT

FALL 2013

SUBMITTED FOR REVIEW TO THE
ACCREDITATION COMMISSION FOR EDUCATION IN NURSING
(ACEN)

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PEARL RIVER COMMUNITY COLLEGE
Department of Nursing Education
Associate Degree Nursing

BY-LAWS

ARTICLE I- NAME

The name of the organization shall be The Pearl River Community College Associate Degree Nursing Faculty Organization.

ARTICLE II- PURPOSE

The purpose of this organization shall be to create and provide a structure for the achievement of the objectives of the organization.

ARTICLE III- OBJECTIVES

The objective of this organization shall be to:

- Conduct the academic affairs of the program.
- Formulate and implement rules and regulations for the organization in harmony with the policies of Pearl River Community College.
- Promote communication with administration and faculty members of Pearl River Community College and with members of other professional educational and nursing organizations.
- Determine and share budget needs with the Director.
- Prepare and implement a systematic plan for periodic program evaluation.
- Maintain an environment conducive to learning in the clinical and classroom setting.
- Recommend support services for students in the areas of counseling and financial aid.
- Promote professional growth of members.
- Participate in the selection of nurse educators to fill vacant faculty positions.
- Participate in health promotion activities on campus and within the community.

ARTICLE IV- MEMBERSHIP

Section 1:

The membership of this organization shall consist of the Director of Nursing Education, the Assistant Director of Nursing Education, all nursing faculty, the skills lab manager, media/records manager and secretaries of the department.

Section 2:

All members shall have one vote. The departmental secretaries and media/records manager shall be non-voting members.

ARTICLE V- MEETINGS

Section 1:

The Associate Degree Nursing Faculty Organization shall meet a minimum of once a month during the academic school term.

Section 2:

The Director of Nursing Education shall plan the meetings and any additional meetings as deemed necessary.

Section 3:

The business will be conducted with a planned agenda following Robert's Rules of Order.

Section 4:

Business shall be conducted by the Director or a faculty member appointed by the Director.

Section 5:

The agenda will be prepared by the Director, with faculty input, and distributed to members prior to the meeting.

Section 6:

A quorum is constituted by the presence of two-thirds (2/3) of the faculty.

Section 7:

The minutes shall be attended to by the Recording Secretary.

ARTICLE VI- RECORDING SECRETARY

Section 1:

The Recording Secretary shall maintain the organization's minutes.

Section 2:

The position of recording secretary will be selected at the first meeting of the organization at the beginning of each academic year.

Section 3:

Recording Secretary's responsibilities include:

- Taking minutes at each meeting. All minutes shall follow the standard format to be determined by the organization's members.
- Signing and distributing copies of the minutes with attachments to members of the organization.
- Maintaining a file for each academic year of approved minutes with attachments.

ARTICLE VII- STANDING COMMITTEES

Section 1:

The standing committees of this organization shall be:

- Admission/Readmission
- Attendance
- Curriculum
- Evaluation
- Liaison
- Media
- Pinning Ceremony
- Rules and Regulations
- SNA/Social

Section 2:

All minutes from committees shall follow the same format to be determined by the organization.

Section 3:

- Faculty selection for committees will be based on teaching level, course, and shall be determined by the Director at the beginning of each academic year.
- There shall be a minimum of three (3) faculty members serving on each standing committee.
- The Assistant Director will be a member of the curriculum, attendance, and admission committees.
- The Director is an adjunct member to all standing committees.

Section 4:

There shall be a chairperson appointed by the Director and secretary appointed by the committee members.

Section 5:

The chairperson of each committee shall preside at meetings and shall give reports of recommendations at the organization's meetings.

Section 6:

The recording secretary of each committee shall record minutes of the standing committee, disseminate the minutes to the members and the Director, and maintain a yearly file of the minutes.

Section 7:

- There shall be student representation on the following committees: curriculum, rules and regulations, evaluation, and pinning. These students shall be volunteers and should be in good academic standing.
- Good academic standing means maintaining the present nursing class average of 80 or higher.

Section 8:

The duties of the student representative on standing committees shall be:

- Attend all committee meetings requiring student input.
- Participate in the activities within committee meetings.
- Disseminate information to the student body regarding the committee's activities.

Section 9:

ADMISSIONS/READMISSIONS

- To implement and review criteria of new and/or transfer students seeking admission to the ADN program.
- To recommend students for admission.
- To review procedures and criteria for admission annually for possible revisions.
- To make recommendations for changes in the admission criteria or procedure to faculty and administration.
- To review student requests for readmission
- To review the status of students seeking readmission to the ADN program.
- To make recommendations for or against readmission to the ADN program.

ATTENDANCE

- To review with faculty and students reasons for clinical/theory absences.
- To make recommendations according to the rule for absences in clinical/theory.
- To meet weekly or when necessary to review clinical/theory absences.
- To maintain a record of clinical absences each academic semester.

CURRICULUM

- To implement the master plan of evaluation for the curriculum (philosophy, conceptual framework, curriculum, course objectives, and program outcomes).
- To periodically review the curriculum for currency and relevancy in nursing practice, in meeting NLNAC standards and criteria, and in adhering to NCLEX Test Blueprint.
- To utilize instruments for data collection and analyze the data obtained.
- To recommend revisions to the nursing curriculum.
- Evaluate suggested curriculum revisions made by the faculty.
- To implement changes approved by the faculty.
- To maintain a file of curriculum minutes including revisions to the curriculum.

EVALUATION

- To implement the master plan of evaluation in the areas of program outcomes.
- To review evaluation tools and recommend revisions as necessary.
- To create and distribute evaluations to the graduates and employers and analyze returns for statistics.
- To summarize and maintain a file of statistical evaluation results related to the program outcomes.
- To evaluate suggested program outcome revisions from the faculty.
- To maintain a file of evaluation minutes each year including statistics and changes to the program outcomes and evaluation tools.

MEDIA/RESOURCE

- To review, update, and share with nursing faculty the procedure for ordering complimentary copies of textbooks, required course textbooks, changing required textbooks, and ordering software and audiovisual materials.
- To assist with ordering materials.
- To notify faculty of deadlines for adoption of course textbooks for academic year.
- To contact textbook publishing company representative and order desk copies directly from the publishing companies as needed for nursing faculty.
- Order required student textbooks bi-annually by completing data Forms produced by the PRCC Bookstore Director. To inform faculty of their need to order supplemental textbooks by informing the bookstore Director.

- To perform bi-annual student evaluations of textbook/computer software and audiovisual materials used by the nursing department. To report results to specific course faculty.
- To notify the bookstore of textbook changes, and references need for each semester.
- To maintain a file of media minutes including changes to media utilized by the program.

PINNING

- To plan and execute pinning ceremony.
- The Director will have input into the ceremony.

RULES & REGULATIONS

- To periodically review all rules and regulations of the organization.
- To recommend changes in rules and regulations as necessary.
- To evaluate suggested rule and regulations changes made by faculty.
- To revise and maintain the ADN student handbook.
- To maintain a file of rule and regulation minutes with new rules and regulation changes to existing rules and regulations.

SNA/SOCIAL

- To plan and organize social functions throughout the academic year.
- To obtain volunteers to assist with the planned function(s).

ARTICLE VIII- AD- HOC COMMITTEE

Section 1:

The Director shall appoint AD HOC committees as needed.

Section 2:

Members of the committee shall be appointed by the Director or volunteer to serve.

Section 3:

Amendments to the By-Laws shall be submitted to faculty one week in advance.

Section 4:

By-Laws may be amended at any general faculty meeting by two-thirds (2/3) vote of members.

Revised: dr 11/02, 1/03; qw 12/10, 10/11; aj 9/12

Pearl River Community College
Department of Nursing Education
Associate Degree of Nursing

**Faculty “Standard” Committees
2013-2014**

Curriculum */**

Marlene Shivers
Jerryl Collins
Verena Johnson - Chair
Naomi Bridgers
Pam Waddle
Melinda Spiers
Queen Walters
Amy Esslinger

Media/Resources *

Sharon Nightengale - Chair
Susan Campbell
Cathy Davis
Christie Sumrall

Outcomes */**

Christina Meador
Rebecca Pullens
Candace Entrekin - Chair
Joyce Buie
Jessica Hemba

Students – R&R */**

Amanda Estes
Ella Mae Penton - Chair
Jennifer Laborde
Anna Busby

*Requires student member
**Regular monthly meetings

SECTION ONE:
INTRODUCTION

GENERAL INFORMATION

Program Type: Associate Degree Nursing

Purpose: Follow-Up Report for Continuing Accreditation with Conditions

Date of Last Site Visit: March, 2011

Name and Address of the Parent Institution:

Pearl River Community College

101 Highway 11 North

Poplarville, MS 39470

Name, Credentials, and Title of Chief Executive Officer of Governing Organization:

Dr. William A. Lewis

BS, Mississippi College; M.Ed. D., University of Southern Mississippi

President

Name of Regional Institutional Accrediting Body and Accreditation Status:

Commission of Colleges of the Southern Association of Colleges and Schools (SACS)

Date of Last Site Visit: March, 2006

Action: Reaffirmed

Name and Address of Nursing Education Unit:

Department of Nursing Education

101 Highway 11 North

PO Box 5760

Poplarville, MS 39470

Name, Credentials, and Title of Nurse Administrator of the Nursing Education Unit:

Dr. Arlene C. Jones

BS, Southeastern Louisiana University; MSN, University of Tennessee; DNP, Samford University

Director

Office: (601) 403-1018

Fax: (601) 403-1275

E-Mail Address of Nurse Administrator: ajones@prcc.edu

Name of State Board of Nursing and Approval Status:

Louisiana State Board of Nursing (LSBN)

Date of Last Review: June, 2013

Action: Approved

Louisiana State Board of Regents (LSBR)

Date of Last Review: February, 2013

Action: Reaffirmed

Mississippi Board of Trustees of State Institutions of Higher Learning (MS IHL)

Date of Last Site Review: March, 2011

Date of Last Review: October, 2012 (Annual Report)

Action: Continuing Accreditation with Conditions, based on ACEN recommendations

Mississippi State Board of Nursing (MSBN)

Provides: Criminal Background Clearance and/or Licensure Eligibility for graduates & faculty; NCLEX passage rates of graduates

Standards and Criteria used to prepare the Follow-Up Report:

January, 2008

PROGRAM HISTORY

Pearl River Community College (PRCC) has an open admissions policy and is a community-based comprehensive two year institution with three campuses. The institution is organized and operated as a single-unit institution under the governing policies of a Board of Trustees. The Board is composed of representatives from each of the six counties the college serves: Pearl River, Forrest, Lamar, Marion, Hancock, and Jefferson Davis.

Organized in 1909 and approved by the legislature in 1921, PRCC is among the oldest colleges in the South and is the pioneer junior college in the state. Located in rural Southwest Mississippi, PRCC's main campus is in Poplarville which sits in the county seat of Pearl River. Poplarville has a population of approximately 2600 residents. The other PRCC campuses are located in the Forrest and Hancock counties. Forrest County boasts a population of over 79,000 residents. Forrest County campus has the second largest population of students amongst PRCC campuses. Hancock County was completely devastated in 2005 by Hurricane Katrina. It is the smallest campus but it is rapidly growing.

The Associate Degree Nursing (ADN) program was established in 1965 in response to the community need for registered nurses. The nursing program is currently located on the Poplarville campus in a building which was completed in 1997. The building has large classrooms, a skills laboratory, a computer lab, and private faculty offices. The first class graduated in 1967 from a program that was four semesters and one summer semester in length. Currently, the program is four semesters in length once a student is granted admission. To complete the program, a total of 72 credit hours are required of which 30 hours are general education courses and 42 are nursing.

Students may apply to the program by enrolling as a traditional 2 year student or as a LPN to ADN Bridge student, if requirements are met. The LPN to ADN Bridge requires five (5) weeks in the summer plus the last two semesters of the traditional option to complete. Initial accreditation by National League for Nursing Accrediting Commission, now Accreditation Commission for Education in Nursing (ACEN), was in 1987. The program received full continuing accreditation in 1995 and in 2003. The program did receive continuing accreditation with conditions in 2011.

At the writing of the 2011 self-study, there were 241 full-time students enrolled in the program. To meet MS IHL standards, the department had 21 full-time and 5 part-time (adjunct)

instructional faculty members, a director, an assistant director, a skills lab coordinator, and two full-time secretaries. As of fall 2013, the program has 254 full-time students enrolled, 21 full-time and 5 part-time (adjunct) instructional faculty members (Appendix A: Faculty Profile – Full Time, p. 143 and Appendix B: Faculty Profile – Adjunct, p. 146).

One of the full-time faculty members is considered the remediation manager whose concentration is on student success. There has been an addition of a media/records manager to the program. The media/records manager position was created to facilitate fingerprinting of students for criminal background clearance and to assist with the utilization of an online tracking system for student clinical requirements. Finally, in order to incorporate simulation as a clinical component of the program, the skills lab position has been changed from a staff position to faculty in fall 2013 (Appendix C: Job Descriptions, p. 147).

The program continues to admit twice yearly for the traditional program, in the fall and spring semesters, with an average of 70-75 students admitted each semester. The LPN to ADN Bridge option routinely admits 10-15 students during the summer semester. However, summer 2013, enrollment was increased to accommodate the increased number of qualified applicants. Table I below furnishes student enrollment based on semester, year, and cohort (Level).

Table I: Number of Students by Level

Semester	Level I	Level II	Bridge	Level III	Level IV	Total
Fall 2010	75	56		55	55	241
Spring 2011	74	65		57	54	250
Summer 2011			14			
Fall 2011	70	56		85	52	263
Spring 2012	70	51		57	86	264
Summer 2012						
Fall 2012	67	59		62	54	242
Spring 2013	74	54		62	55	245
Summer 2013			21			
Fall 2013	73	53		72	56	254

As of spring 2013, approximately 2600 students have graduated from the nursing program. Majority of the graduates remain within PRCC’s six counties and are providing nursing care in a variety of health care settings within the community.

SECTION TWO:
PRESENTATION OF NON-COMPLIANT
STANDARDS

STANDARD 4: CURRICULUM

The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments.

The PRCC Associate Degree Nursing (ADN) curriculum is developed, evaluated, and revised by the nursing faculty. The faculty reviews data collected concerning course content, textbooks, and clinical experiences at the completion of each semester. Recommendations for curriculum change are submitted to the curriculum committee and are discussed and researched for value and congruency with graduate student learning outcomes (G-SLOs) and program outcomes (Appendix D: G-SLOs, p. 161 and Appendix E: Program Outcomes, p. 162).

Criterion 4.1: The curriculum incorporates established professional standards, guidelines, and competencies, and has clearly articulated student learning and program outcomes.

The site visitor report stated, “*Review of the curriculum minutes did not document a discussion/ evaluation/ affirmation of the use of these standards and guidelines*”. In response to the finding, evidence of discussion/ evaluation/ affirmation of the use of these standards and guidelines can be found in curriculum meeting minutes beginning in fall 2011.

Standards of care for nursing practice are evident throughout the ADN curriculum. The program utilizes the National League for Nursing (NLN, 2010) Outcomes and Competencies for Graduates of Associate Degree Nursing Programs, the American Nurses Association (ANA, 2010) Nursing: Scope and Standards of Practice, and the Mississippi Nursing Practice Law from the MSBN (www.msbn.ms.gov), the Institute of Medicine (IOM, 2008) Future of Nursing, and the Quality and Safety Education for Nurses (QSEN) as guidelines for professional nursing practice. These standards of care are incorporated throughout the ADN curriculum and are also utilized in the clinical evaluation component through the use of the clinical progress and summative clinical evaluation tools. The ANA Nursing: Scope and Standards of Practice are placed in the ADN Student Handbook for reference. A document is signed by students indicating that the ADN handbook has been received and has been reviewed. Students are also required to print the MS Nursing Practice Law during Level I (NUR 1111). The MS Nursing Practice Law is discussed in Level I during the content presentation of legal and ethical nursing issues.

The combination of these standards, guidelines, initiatives, etc. are what guides the development of professional values and competencies that faculty believes a nurse must possess. QSEN and IOM recommendations are identified in all levels of study for the program. Comparison of Guidelines (Appendix 4.1-1: p. 172) demonstrates the correlation of all professional standards of practice and the G-SLOs. Individual course objectives are directly correlated to the G-SLOs (Appendix 4.1-2: Organizational Guide for the Delivery of G-SLOs & Course Objectives, p. 174).

The key concepts of the ADN program that formulate the conceptual framework are patients, nursing process, growth and development, basic needs, and the wellness-illness continuum. These concepts, as identified in the program's philosophy as well, are incorporated in all nursing courses and are interrelated and threaded throughout the program (Appendix F: Conceptual Framework, p. 164; Appendix G: Mission Statement, p. 165; and Appendix H: Philosophy, p. 165). The curriculum is arranged in a logical, sequential manner that increases in difficulty and complexity. Each course builds upon previously learned concepts to enhance the student's knowledge, skills, attitudes, and critical thinking.

The role of the nurse guides the organization of the G-SLOs. Each G-SLO reflects the program's conceptual framework and philosophy. Faculty utilizes classroom and clinical experiences to assist students in achieving the G-SLOs; therefore, being prepared to function as an associate degree prepared registered nurse.

The nursing program continues to use the NLN (2010) Outcomes and Competencies for Graduates of Associate Degree Nursing Programs as a guide. Faculty believes that mastery of these competencies is essential for the entry level professional nurse. The faculty deems that the current tools are providing a rigorous plan of study for the student population. The program uses the roles of Provider of Care, Manager of Care, and Member within the Discipline of Nursing as a framework to assist the nursing student to achieve the competencies throughout the curriculum in both the classroom and clinical settings.

Provider of Care assists the student to master competency in the areas of assessment, communication, clinical decision making, caring interventions, and teaching the patient and/or family. Safety, professional behavior, and managing care are also stressed.

Manager of Care assists the student to master competencies of clinical decision making, collaboration, communication, caring interventions, and managing care of the patient.

Member within the Discipline of Nursing assists the student to master the competencies of professional behavior, communication, and decision-making.

Criterion 4.2: The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

The commission accreditation decision letter stated evidence of non-compliance of standard 4.2: *“There is lack of evidence that the curriculum is developed by the faculty and regularly reviewed for rigor and currency.”* Since the site visit, there is documentation of curriculum review for rigor and currency. The ADN program’s mission statement, philosophy, and conceptual framework are reviewed annually. Faculty involvement is evident in the general faculty minutes of fall 2011, fall 2012, and fall 2013.

Program and G-SLOs are reviewed and revised by nursing faculty each semester. Faculty remains responsible for developing, evaluating, and revising the curriculum each semester based on course evaluations, NCLEX – RN passage rates, and changes in the healthcare arena. The faculty reviews course syllabi, assignments, supplemental study materials, textbooks, computer programs and current research to ensure rigor and currency.

As healthcare changes and the role of the associate degree graduate nurse evolve so must the program’s curriculum move forward with these changes. Health promotion, disease prevention, cultural diversity, delegation, and communication are all components of the nursing program. In order to examine the layout of the program’s curriculum in regards to the components of the nursing program, an In-house Curriculum Chart was designed to track what content is taught on which level (Appendix 4.2-1: p. 195). Upon implementation, it was discovered that there was a redundancy of content on “post-traumatic stress disorder” being taught on both Level I and IV. The finding resulted in the content being reassigned to only Level IV. Minutes from curriculum committee in November 2011 reflect faculty’s agreement on reassigning the content, “PTSD is considered upper level content, and therefore should remain in Level IV.”

A chart titled “Topical Theory Outline” was created to further delineate specific content taught at each level of the program (Appendix 4.2-2: p. 208). The outline enabled the curriculum committee to identify that content on chronic pain was being overlooked

throughout the program. Curriculum committee recommended that majority of the content on chronic pain remain with oncology unit on Level IV. Evidence of the discussion and agreement can be found in the meeting minutes of March 2012, “discussion concluded that due to the chronic pain oncology patients’ experience, the coverage of chronic pain content should be place on Level IV in the oncology unit.”

Syllabi guidelines were developed to promote consistency in all levels of the nursing program (Appendix 4.2-3: Syllabus Guidelines, p. 215). QSEN, IOM, National Patient Safety guidelines, Bloom’s Taxonomy and usage of evidence-based nursing are included in the syllabi guidelines to convey relevance and thoroughness.

Student evaluations of each nursing course, Assessment Technology Institute (ATI) test results, NCLEX-RN pass rates, and graduate surveys also contribute to curriculum changes. The curriculum in its entirety is formally evaluated by graduating students. Members of the curriculum committee review the data collected every semester. Any proposed curriculum changes are submitted at a curriculum committee meeting and reviewed for merit and value related to the G-SLOs (Appendix 4.2-4: Curriculum Evaluation of G-SLOs, p. 216). Proposals for modifications in curriculum are presented to the faculty at general faculty meetings for discussion and final decisions.

Prior to the site visit, specific percentage ranges of cognitive level questions were not incorporated in testing. The ADN test blueprint was redesigned in fall 2011 to incorporate NCLEX-RN Exam Test Plan along with Bloom’s Taxonomy to reflect rigor in the program (Appendix 4.2-5: Cognitive Test Plan, p. 219). In April 2013, the curriculum committee refined the ADN test blueprint to reflect the new 2013 NCLEX-RN Exam Test Plan (Appendix 4.2-6: Test Blueprint Form, p. 220). ADN testing guidelines were formulated during fall 2011 and spring 2012 semesters (Appendix 4.2-7: Test Guidelines, p. 222). During that time faculty gradually implemented each section of the guidelines into practice. Faculty reviews testing guidelines and the test blueprint for currency, rigor, and cohesiveness.

Criterion 4.3: The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

The site visitor report stated, “*The student learning outcomes are not used to organize the curriculum, to guide the delivery of instruction, to direct learning activities, or to evaluate student progress.*” Faculty realized using similar terminology for outcomes was not only confusing but did not allow faculty to fully evaluate the program in its entirety. The student learning outcomes were developed prior to the site visit to meet college objectives for SACS. In response to the site visitor findings, the student learning outcomes were renamed “Graduate Student Learning Outcomes (G-SLO)”. G-SLOs help organize the curriculum, guide delivery, direct learning activities, and evaluate student progression throughout the program. This program now uses the term individual course objectives when referring to individual nursing courses. G-SLOs are organized to comply with the Educational Competencies for the Associate Degree Nurse as designed by NLN (2000). The G-SLOs (Appendix D: p. 161) are the culmination of all learning experiences occurring during the program that encompass the concepts in which the program was built. These concepts include: the roles of the nurse, the nursing process, growth and development, basic needs, communication, and the wellness-illness continuum. The G-SLOs are included in the ADN Student Handbook and are introduced to incoming students at orientation. At the completion of the program, graduating students utilize the G-SLOs to evaluate if the curriculum guided their achievement of the outcomes.

During a general faculty meeting, fall 2011, “faculty agreed unanimously for curriculum and outcome committees to restructure four G-SLOs in an effort for clarification.” These restructured G-SLOs were added to the evaluation form in spring 2012. In order to encompass nursing judgment that would include critical thinking, clinical judgment, and integration of best evidence into practice, one G-SLOs was revised and renumbered to read “Practicing within the parameters of individual knowledge and experience.” The revised G-SLO has been incorporated into the new Curriculum Evaluation, Graduate Satisfaction Survey, and Employer Satisfaction Survey for fall 2013.

Although, no specific G-SLO has been evaluated below the program’s set benchmark of 70%, faculty has utilized the results to guide changes in learning activities of the program (Appendix 4.2-4: p. 216). One example in order to improve communication techniques has been the utilization of role-playing in conjunction with videotaping. Following review of the videos, faculty conducts debriefing sessions with students that concentrate on therapeutic communication. Since the incorporation of the teaching modality, student responses on the

curriculum evaluation in the areas of communication have increased. Instead of waiting to introduce delegation and management in Level IV (NUR 2209) and seeing a decline in results of these areas during 2011 and 2012 curriculum evaluations, faculty agreed during general faculty meeting in spring 2013 to introduce these concepts earlier in the program during clinical experiences. Results in spring 2013 reveal an increase in positive responses to the change. The change was also supported by comments made during graduate exit interviews, “wished we had more experience with delegation and management in other courses, not just in the last semester.”

Based on the decision to utilize the term G-SLOs, the program now uses the term individual course objectives when referring to objectives for each individual nursing course (Appendix 4.3-1: Course Syllabi, p. 240). These individual course objectives are listed by the roles of the nurse: Provider of Care, Manager of Care, and Member within the Discipline of Nursing. Each course is designed to build upon previous course content and increase the level of difficulty in application, critical thinking and skill.

An Organizational Guide for the Delivery of G-SLOs & Course Objectives (Appendix 4.1-2: p. 174) was constructed in fall 2012 that demonstrates the correlation between the G-SLOs and each individual course objective. The chart depicts which individual course objective corresponds to a particular G-SLO. Identifying the correlation assists in the development and delivery of the curriculum by allowing faculty insight into areas of deficiency in instruction. The site visitors noted, “the objectives are all lower-level in the taxonomy until the last semester, when they progress suddenly to a higher level.” Curriculum committee in fall 2011 designed a table that assigned percentages of knowledge, comprehension, and application to each individual course. These percentages are utilized to guide the construction of individual course objectives as well as guide the means in which students are evaluated for mastery of the course content (Appendix 4.2-5: p. 219). Individual course objectives at present, progress from lower level taxonomy to higher levels throughout the program. Graduating students are at the application or higher level in taxonomy (Appendix 4.3-1: p. 240).

While the curriculum is based on the concepts found within the philosophy of the nursing program, the conceptual framework is a depiction of these concepts which serve as the core values of the nursing program. These core values are integrated throughout the program and are relevant for each individual nursing course (Appendix F: p. 164 and Appendix H: p. 165). The program views the patient as someone who interacts with the environment in ways to maintain,

enhance, and reproduce life. Patients respond as a unified whole in an attempt to satisfy basic needs. The six basic needs identified in the program are oxygenation, foods and fluids, safe environment, rest and activity, elimination, and psychosocial well-being which are subject to the principles of wellness-illness. The patient's state of optimal wellness is determined by the physical, social, and psychological changes that occur from within the patient as well as from the environment. Alterations in any of the six basic needs will impact the patient's position on the wellness-illness continuum. In review of each individual course syllabus in spring 2012, curriculum committee found that the inclusion of all six basic needs were not present in some of the syllabi. Since the finding of the inconsistency, new faculty as well as seasoned faculty was reminded that changes to program content especially syllabi needed to be brought through proper committees. Curriculum committee has also incorporated reviews of each course syllabus at the end of the academic year in preparation for the upcoming fall term.

Clinical courses within the nursing program utilize the nursing process to assist the patient in the promotion, maintenance, and/or restoration of wellness on the continuum or in the process of a peaceful death. The focus remains on the patient as a whole and supports the patient's adjustment on the wellness-illness continuum by meeting the patient's basic needs. Evaluation tools utilized in the clinical arena were reviewed for consistency throughout the program in fall 2012. Inconsistencies in care plans utilized across the program were found, particularly the areas of six basic needs and rationales for laboratory results. Curriculum committee proposed changes in the design of care plans in spring 2013 which aligned all courses with the core values of the program. Faculty agreed with the design changes and applied the changes in the latter half of the semester (Appendix 4.3-2: Care Plan, p. 260).

Faculty utilize but are not limited to the IOM; Det Norske Veritas (DNV); the Joint Commission National Patient Safety Goals; QSEN; the Institute for Safe Medication Practices (ISMP); the MS Nursing Practice Law; and the 2013 NCLEX-RN Exam Test Plan as sources to aid in ascertaining factors that impact the direction of nursing practice as well as identify commonalities of illness, treatment, and health care outcomes in specific populations. These sources are used to direct the didactic and clinical experiences developed for students throughout the nursing program. Since the time of the site visit, faculty has utilized the G-SLOs and the individual course objectives to organize the curriculum, guide the delivery of the curriculum, direct learning activities, and aid in the evaluation of student progress throughout the program.

Criterion 4.4: The curriculum includes cultural, ethnic, and socially diverse concepts and may also include regional, national, or global perspectives.

Southern Mississippi is populated by a diverse group of individuals. Nursing students enrolled in the program are required to learn and manage many different cultural and ethnic groups. In order to provide culturally competent care that is sensitive to diverse populations in all healthcare settings, students are taught content in all nursing courses related to cultural, ethnic, and/or socially diverse concepts. To enhance the component of the curriculum, faculty participated in a cultural competency awareness session during the general faculty meeting in April 2013.

“Cultural competence is a major component in the quality and safety of care administered,” (Larsonetal, 2010; Froehlich and Potvin, 2008). “According to the QSEN initiative, an understanding of how diverse cultural, ethnic, and social backgrounds function as sources of patient, family, and community values, is vital for today’s future nurses,” (Riley, 2012). Patients experiencing disease or injury, regardless of race or ethnicity, are to be respected for their personal beliefs and values.

Examples of incorporating cultural diversity:

Level I: Students are required to complete cultural presentations based on local cultures.

Level IV: Presentation of classroom content includes cultural influences on dietary factors related to gastrointestinal disorders.

Criterion 4.5: Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

Nursing instruction involves the application of knowledge and implementation of evidence-based skills. Syllabi contain objectives, assignments, and activities that focus on the delivery of current, competent, evidence-based nursing care that incorporates the concepts of the program. Course syllabi are continuously updated each semester by review of QSEN, IOM, ISMP, National Patient Safety Goals, and/or MS Nursing Practice Law to assist in student achievement

of the G-SLOs. Nursing educational settings include the classroom, skills lab, clinical, and community service. Students also participate in conferences, annual conventions, community health projects, and community screenings.

The curriculum assists students to develop professional accountability, credibility, ethical decision making, and concern for social and global healthcare issues. Critical behaviors and demonstration of nursing skills in the skills lab allow the student to develop confidence and proficiency in nursing skills that are applied in the clinical setting. In the classroom, individual course objectives guide instruction through discussions, direct learning activities and case studies.

Evaluation tools and methodologies are consistent with individual course objectives of the didactic and clinical components of the program. Theory evaluation of students is based on mastery of required criteria that is identified in the individual course objectives. Test construction is guided by the 2013 NCLEX-RN Exam Test Plan. Faculty employs a variety of methods to evaluate students (Appendix 4.5-1: Teaching & Evaluation Methods, p. 266). Evaluation methods for theoretical content include, but are not limited, to quizzes, unit tests, final exams, assignments, and case studies. Test questions progress each semester to a higher level of Bloom's taxonomy in order to prepare the student for successful NCLEX-RN passage. ADN test blueprints (Appendix 4.2-6: p. 220) are completed by faculty on all unit tests and final exams. The ADN Student Handbook and each course syllabus contain a description and example of the grading procedure for the program. Faculty is committed to facilitating student understanding and success of expected outcomes and confers with students on grades and academic standing throughout the semester.

Evaluation tools employed in the clinical setting consist of a clinical progress report and a clinical summative report. These tools were developed based on the concepts of the ADN program and the core components within the role of the nurse as well as the G-SLOs. Each clinical progress report reflects course-specific clinical objectives. Clinical progress reports are specific to all levels of nursing and for specialty areas. For example, in spring 2013, Level I implemented new clinical objectives for the wound care rotation (Appendix 4.5-2: Wound Care, p. 273). Clinical progress reports are completed by faculty and shared with students weekly. Summative reports are completed at the conclusion of the clinical rotation and are consistent within the program (Appendix 4.5-3: Clinical Evaluation Tools, p. 274). During clinical students

are also evaluated for application of the nursing process through the use of a nursing care plan or concept map. These tools progress in complexity within the program and are published as a reference in course syllabi.

In order to be successful, the student must complete each theory component of the nursing course with a minimum score of 80 (B), and achieve “satisfactory” in clinical performance. Levels I, II, and III require successful completion of skills check-offs within three attempts. Level IV students are required to successfully complete an instructor-monitored skills practice session. Students are referred to the skills lab to practice and refine skills as needed. In fall 2012, comprehensive skills reviews for Level III and IV students were incorporated into the program to provide additional remediation of basic nursing skills. The review has been well received by students and now encompasses all levels with the addition of care plan expectations for fall 2013.

As a final evaluation prior to graduation, Level IV students are required to satisfactorily complete sixty (60) hours of preceptorship. Students participate in preceptorship only after satisfactorily completing all theory and clinical requirements for Level IV courses. Students are paired with experienced registered nurses in area facilities for sixty (60) hours. Students document experiences, conduct self-evaluations, and receive feedback from preceptor and faculty on performance of meeting the roles of the nurse. During graduate exit interviews, students’ state, “preceptorship allowed me to function like a real nurse; was able to pull the program together; felt more at ease working with the preceptor.”

Criterion 4.6: The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

Through the process of evaluating the site visitors’ findings, faculty rediscovered that the origin of the program was based on the nursing theory ‘Novice to Expert’ by Patricia Benner. The theory was found to have relevance and provide guidance to the structure of the curriculum. According to Benner’s theory, there are five levels of nursing experience: novice, advanced beginner, competent, proficient, and expert. The significance of the theory in the program is based on each step builds on the previous one as abstract principles are refined and expanded by

experience until the learner gains expertise. The following Table II demonstrates the incorporation of Benner's theory into the curriculum across the four levels.

Table II: Novice to Expert Comparison

Benner's Level of Nursing Experience	Relation of Theory to ADN Student Education	Course Content
Novice	Level I (NUR 1111)	Basic nursing skills, dosage calculations, care plans, documentation, basic communication techniques
Advanced Beginner	Level II (NUR 1210)	Introduction to medical/surgical content, dosage administration, incorporation of diagnostic testing in care plans, basic laboratory interpretation
Competent	Level III (NUR 2104 & NUR 2115)	Focus on specialty areas: obstetrics & pediatrics, integration of growth and development, advanced utilization of nursing process in relation to care plans, diagnostic testing and laboratory interpretations, increased focus on intravenous medication administration
Proficient	Level IV (NUR 2203 & NUR 2209)	Integration of complex medical/surgical content, refinement of leadership, management, & delegation as components of the role of the nurse, utilization of advance techniques in communication especially in relation to group dynamics & therapy
Expert	Following NCLEX passage & individual experience in practice	

Faculty believes that effective instructors must remain current in educational theory as well as evidence-based practice in the clinical setting. Faculty not only attends educational offerings on effective teaching / learning practices and styles, they also take the initiative to review these practices and stay current. The ADN program has a mixture of typical college-age students and adult learners. Currently, 32% of the students in the program are less than or equal to 25 years of

age and 68% of the students are over the age of 25. Faculty is aware of the differences in learning styles among these populations.

Instructional methods of the program are based upon the belief that every student has different learning strengths that enable one to begin to concentrate, take in new and difficult information, remain focused, and understand important information. Faculty utilizes instructional methods that are parallel to the School-Based Learning Style Theory of Dr. Rita Dunn and Dr. Kenneth Dunn (1978), which followed a VAK approach. The VAK approach entails three main learning styles: visual, auditory, and tactile/kinesthetic. These learning styles incorporate distinct differences in the ways students respond to instructional materials based on that some students prefer to learn alone, others prefer learning in groups or from an instructor. Table III demonstrates how these principles are incorporated into the program.

Table III: VAK Learning Styles

Learning Styles	Characteristics	ADN Methods of Instruction
Visual	- Process information principally through sight - Enjoys educational activities where person may take notes, read or watch videos	PowerPoint Videos – YouTube, DVDs, etc. Videotaping Handouts
Auditory	- Process information principally through hearing - Enjoys educational activities where person may do active listening, communication, music, or narrations	Lecture Videos – YouTube, DVDs, etc. Videotaping Role playing
Kinesthetic	- Process information through the body and person experiences - Enjoys educational activities where person may build, manipulate, or do experiments	Concept mapping Group activities Skits Videotaping Skills lab

Classroom presentations involve the mixture of various teaching strategies such as traditional lecture, group activities, concept mapping, role playing, videos, use of PowerPoint, and interactive class handouts. Faculty review their classroom presentations and update content delivery methods as needed based on student verbal and online evaluations (Appendix 4.5-1: p. 266). Faculty also review textbooks annually and changes are made based on student verbal and online evaluation results and faculty feedback. Course syllabi are reviewed and updated as needed each semester by individual course instructors and annually by curriculum committee.

Interdisciplinary collaboration consists not only of collaboration with clinical facilities but collaboration with other departments college-wide, with other universities or colleges, and with other healthcare fields. Interdisciplinary collaboration is evident through clinical communication minutes which are completed by each faculty member at the beginning and end of every semester as well as prior to the start of each clinical rotation. Results of student clinical agency evaluations are shared and discussed with the appropriate representative at each clinical facility being evaluated. Students participate in clinical rotations that afford the opportunity to not only witness the functions of other health-related fields, such as nurse assistants, licensed practical nurses, occupational therapists, physical therapists, respiratory therapists, and physicians, but allows for interdisciplinary collaboration with these fields.

The foundation of the nursing curriculum is achieved through the required courses in the sciences and humanities. General education courses strengthen personal and professional progression which contributes to the success of the graduate. Students are required to complete the following academic courses: Anatomy and Physiology I and II, Microbiology with Labs, College Algebra, English Composition I, General Psychology, Human Growth and Development, Public Speaking, and Sociology (PRCC Catalog: p. 94; www.prcc.edu). These courses have been selected and arranged to complement the nursing courses. Faculty collaborates with the instructors of other departments to ensure that the needs of the ADN student are being met. These courses are evaluated by the Level IV students online at the end of the semester and results are shared with department chairs by the Director.

Faculty participates in 'brown bag' lunches with the Career & Technical, Biology, and Mathematic departments to share instructional ideas such as: Clickers, Blackboard, Canvas, and GradesFirst. GradesFirst is a Title III college-wide online attendance system. Faculty was trained to use the system along with other college departments. Another Title III resource available to all students college-wide is the Student Success Center. Students may electively seek assistance from the Success Center staff or be referred by a faculty member. Canvas is a state-wide learning management system that was approved by the Mississippi Community College Board (MCCB). The system has been in use since June 2013 and enables communication between faculty and students regarding assignments, announcements, class materials, and grades. While all faculty college-wide attended Canvas training during spring 2013, students are oriented during the first

day of class. The Curriculum Enhancement Center (library) is an available college resource and orientation is conducted by library staff during ADN General Assemblies.

Faculty and students collaborate with the Wellness Center on campus to conduct periodic health screenings for college employees and the community as well as pre and post physical assessments on members of the center. Faculty also interacts with other disciplines on campus through membership and participation in college-wide committees such as Professional Development, Women’s Health Symposium, Instructional Council, Policy & Procedure Committee, Advisory Board for Counseling Center, Career and Technical Advisory Committee, and Homecoming Committee. The director participates in the state-wide Deans and Directors Council whose membership includes deans and directors from all nursing programs within the state. Faculty holds membership in professional organizations, one being Mississippi Organization for Associate Degree Nursing (MOADN) in which 87% are members. Faculty, including adjunct, along with students attend the annual conference held by MOADN each spring. The conference allows for networking with other state community colleges for both faculty and students. Finally, the program has collaborated with two area universities in establishing articulation agreements to ease the transition from an associate to a baccalaureate degree.

Mississippi IHL has a mandated ratio of one instructor per 10 students in the clinical setting, and 1 per 15 in the classroom to ensure best practice. These standards allow for safe, effective teaching practice. The ADN program maintains contracts with several different healthcare facilities to provide a wide variety of clinical experiences for the students. Table IV illustrates the ratio of faculty to students for the past three years.

Table IV: Faculty / Student Ratios

Semester	*Total Enrollment	**Number of Faculty		Classroom	Clinical
		FT	PT		
Fall 2010	241	21	5	11:1	9:1
Spring 2011	250	20	5	13:1	10:1

Fall 2011	263	20	6	13:1	10:1
Spring 2012	264	20	7	13:1	10:1
Fall 2012	242	20	6	12:1	9:1
Spring 2013	245	21	5	12:1	9:1
Fall 2013	254	21	5	12:1	10:1

* Figures found in enrollment folders.

** Figures do not include Director or Assistant Director

Each faculty member holds a Master’s of Science in Nursing. Faculty members are required to obtain ten (10) contact hours per calendar year, two (2) of which must be course specific. Many faculty members attend numerous conferences, workshops, and/or seminars throughout the year to remain current in nursing education theory and to continually increase knowledge of new and innovative teaching modalities.

Criterion 4.7: Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state, and national standards and best practices.

The commission accreditation decision letter reported evidence of non-compliance of 4.7: *“Program length is not congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.”*

The program is 72 credit hours of which 42 (58%) are nursing hours and 30 (42%) are general education hours. Once a student is accepted into the program, the length of study is two academic years or four semesters in length (Appendix 4.7-1: ADN Program of Study 2013, p. 276 or PRCC Catalog: p. 94; www.prcc.edu). The program length is consistent with other ADN programs in Mississippi. The classroom to clinical laboratory ratio is three contact hours to one credit hour. The ratio is consistent with the requirements of the college and is published under each course description in the PRCC catalog (Appendix 4.7-2: Course Descriptions, p. 277 or PRCC Catalog: p. 156; www.prcc.edu). Nursing course descriptions in the PRCC Catalog and in

course syllabi identify theory and clinical hours per week and the total semester hours awarded for the course. Table V illustrates the ratio of theory and clinical laboratory hours for each nursing course.

Table V: Hour Ratios for Each Required Nursing Course

Course	Credit Hours	Contact Hours	Clinical Contact Hours
Level I – NUR 1111	11	8 Class Hours Per Week	9 Hours Per Week
Level II – NUR 1210	10	6 Class Hours Per Week	12 Hours Per Week
Level III -- NUR 2104	4	3 Class Hours Per Week	3 Hours Per Week
Level III -- NUR 2115	5	3 Class Hours Per Week	6 Hours Per Week
Level IV -- NUR 2203	3	2 Class Hour Per Week	3 Hours Per Week
Level IV -- NUR 2209	9	5 Class Hours Per Week	12 Hours Per Week
Total Number of Required NUR hours	42		
*NUR 2107 (LPN to ADN Bridge)	7	6 Class Hours Per Day (18 days)	4.5 Hours Per Day (2 days)
*Students successfully (“B or higher”) completing the LPN to ADN Bridge course will be awarded seven (7) semester hours credit. The remaining required nursing course hours of Level I and II will be waived after successful completion of Level III (NUR 2104 & 2115) and Level IV (NUR 2203 & 2209).			

According to the site visitor’s report, “If students take biology, computer class, and five hours of electives, they graduate with 84 credits.” Table VI reveals changes that have been implemented to clearly reflect that students are able to complete the program with a minimum of 72 required credit hours in two academic years or 4 semesters.

Table VI: Changes Implemented For Criterion 4.7 Compliance of Length of Program

Based on Site Visitor’s Report Self-Study 2011	Changes Implemented
PRCC policy - General Biology I- General Biology I with Lab is a prerequisite for Anatomy and Physiology (A&P) I with Lab and Microbiology	Prerequisites for A&P I and/or Microbiology and Biology requirements were developed by the Department of Science, Mathematics, and Business

with Lab. An exception of the General Biology with Lab maybe make with approval of the Department of Science, Mathematics and Business. Site Visitor report states, “an interview with the general education faculty confirmed that the waiver could be earned by passing the final examination for general biology. No students had earned the waiver through taking the examination. “...upon review of student transcripts/records, all students except for transfer students had taken general biology”	and a tracking system of those students who are bypassing General Biology I; effective Fall 2013 (Appendix I: Prerequisite Statement for A&P I with lab and Microbiology with lab, p. 169).
PRCC policy - Computer Concepts-For graduation with Associated in Applied Science degree, Computer Concepts (CSC 1113 or BAD 2533) must be passed or computer competency must be documented.	Computer Concepts is no longer a PRCC graduation requirement approved February 2013 by the Vice-President of General Education and Distance Services; effective Fall 2013.
Site Visitor Report states, “The manner of listing of the semesters is misleading to students.” (Appendix 4.7-3: ADN Program of Study 2011, p. 280)	Updated ADN Curriculum (Appendix 4.7-1: ADN Program of Study 2013, p. 276)
PRCC policy - Expected nursing students to be full-time; elective courses were available to meet the requirement. Site Visitor Report states, “If students take biology, computer class, and five hours of electives, they graduate with 84 credits.”	During an April 2013 ad hoc meeting regarding budgetary items, President of PRCC, Dr. William Lewis, gave approval to remove the full-time requirement for students enrolled in Associate Degree Nursing and Allied Health programs effective Fall 2013.

In conclusion, several changes have been implemented in response to the site visitor’s report citing non-compliance with criterion 4.7. Evidence shows achievement of compliance in that the program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.

Criterion 4.8: Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes: current written agreements specify expectations for all parties and ensure the protection of students.

The program utilizes a wide variety of clinical agencies (facilities) appropriate to meet the program and G-SLOs. By utilizing varied clinical settings, students are exposed to a variety of people with backgrounds different from their own. The clinical component of each course is

planned to allow for increasing knowledge, skill, attitude, and judgment. Nursing homes are the desired clinical setting for the first semester (Level I) students. More complex clinical settings are utilized for the graduating (Level IV) students. The program utilizes acute care facilities, rehabilitative units, long term care facilities, psychiatric hospitals, specialty clinics, school clinics, and home health agencies as well as the traditional hospital settings (Appendix 4.8-1: Clinical Experiences, p. 281).

Students evaluate each facility/unit to ensure the appropriateness for clinical practice. Informal evaluations of all clinical sites occur on an ongoing basis as faculty instructs and guides students. Each clinical faculty member remains in constant contact with facility staff, unit managers, and administration to discuss problems and/or issues that may arise. Clinical evaluation results are shared with unit managers to maintain open communication thus facilitate optimum clinical conditions for student learning. Representatives from clinical facilities are invited to the program's Annual Advisory Committee meeting. During the meeting, representatives receive updates on program outcomes and are asked to contribute to the progression of the program.

Clinical facility contracts are current and appropriate to the needs of each level of the program. All contracts contain the purpose of the clinical experience. Each contract conveys the responsibilities and expectations of the facility, the college, and the program, as well as specific responsibilities and expectations of the faculty and the student(s).

Criterion 4.8.1: Student clinical experiences reflect current best practices and nationally established patient health and safety goals.

All clinical facilities are accredited by appropriate accrediting bodies. Students are required to attend mandatory orientations at assigned clinical facilities. National Patient Safety Goals, Health Information Portability Privacy Act (HIPPA), emergency codes, and clinical documentation are a few of the items covered in the orientations. Examples of best practice utilized in the clinical settings are fall risk assessments; medication administration and patient education from the National Patient Safety Guidelines; infection control prevention methods including hand sanitization guideline from the Center for Disease Control; pressure ulcer risk assessment, and the utilization of electronic medical records. All students provide patient-

centered care and work as a part of the interdisciplinary healthcare team during each clinical experience.

STANDARD 6: OUTCOMES

Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

The PRCC Associate Degree Nursing (ADN) program has a written systematic evaluation plan (SEP) which ensures the ongoing assessment and evaluation of the graduate student learning outcomes (G-SLOs) and program outcomes (Appendix D: p. 161 and Appendix E: p. 162). The ongoing SEP assists with curriculum development and program improvement.

Criterion 6.1: The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and ACEN standards.

The commission accreditation decision letter stated evidence of non-compliance of criterion 6.1: *“The systematic plan for evaluation does not emphasize the ongoing assessment and evaluation of the student learning outcomes, program outcomes, and ACEN standards.”* In response to the finding, the written SEP for the program is reviewed regularly and revised as needed. Evidence can be found throughout all of the program’s committee minutes. The SEP consists of Plan Component, Expected Levels of Achievement, Frequency of Assessment, Assessment Methods, Results of Data Collection and Analysis, and Actions for Program Development, Maintenance, or Revision. Actions are implemented based on evaluation results or as needed to improve the evaluation process (Section Four: Progressive Systematic Evaluation Plan, p. #). Evaluation data is collected on an ongoing basis. The Administration Schedule of Evaluations / Surveys (Appendix 6.1-1: p. 288) lists the frequency of collection and calculation of each evaluation component.

In order to address the program’s non-compliance with criterion 6.1, the following improvements have been made in the evaluation process:

- SEP was transformed into a working document with updates made on an ongoing basis. The SEP includes current evaluation and outcome data which is used for decision-making. Problem areas are identified and corresponding actions for program improvements listed.

- The site visitors recommended keeping outcomes data in a designated location. The nursing conference room is utilized to house trended evaluation data. This assures access to data for all faculty members.
- The site visitor’s report stated, “...site visitors did not find examples of data collection or aggregated and trended data.” In order to address this concern, charts were made for each evaluation and survey administered that allowed for multiyear trending of results. This provides a means of identifying potential areas of improvement and measuring of efficacy of program changes. One example is the Curriculum Evaluation of G-SLOs chart (Appendix 4.2-4: p. 216).
- Prior to the site visit, a college Survey Monkey account was utilized to collect data. This account was managed by staff in another college department other than nursing, which led to a delay in receiving results, trending data, and making program improvements. In spring 2012, a private ADN Survey Monkey account was opened to reduce time in receiving and distributing results. Improved response time allows implementing needed changes in a timely fashion (Outcomes Meeting Minutes: 2/2012).
- The site visitor’s report stated, “Data collection processes for student learning outcomes for criterion 6.1 and graduate competencies for criterion 6.4 are not in place.” Evaluation plan in place prior to the site visit measured data that was not able to be trended and did not adequately assess program stated G-SLOs. Achievement of G-SLOs is now measured through Curriculum Evaluation, Graduate Satisfaction, and Employer Satisfaction Surveys. Data is now easily trended. This change assures that ACEN standards for program outcomes, student learning outcomes, and program satisfaction are met, as defined in the ACEN Accreditation Manual (Appendix D: p. 161; Appendix E: p. 162, and Tables VII-X, XII).
- Previous attempts at collecting data through student satisfaction and employer satisfaction surveys yielded very low response rates and did not provide adequate data to help influence program changes. A Graduate Tracking Form (Appendix 6.1-2: p. 290) was developed and a plan to maintain graduate contact information was implemented. This allows close monitoring of graduate NCLEX-RN pass rates and employment rates, and aids to improve response rates to Graduate Satisfaction Surveys. The form also

allows graduates to identify their employer which contributes to the distribution of Employer Satisfaction Surveys to all employers of recent graduates.

Criterion 6.2: Aggregated evaluation findings inform program decision making and are used to maintain or improve student learning outcomes.

The commission accreditation decision letter stated evidence of non-compliance of criterion 6.2: *“There is lack of evidence that aggregated evaluation findings are utilized for program decision-making. No aggregated evaluation findings are documented.”* In order to address the non-compliance with criterion 6.2, charts were created that allow for multiyear trending of all collected data (evaluation results, NCLEX-RN pass rates, completion rates, etc.). Trended NCLEX-RN pass rates are posted in the faculty workroom and the trending charts are located in Evaluation Data binders in the nursing conference room. This assures that all faculty and faculty committees have access to any needed data. The current method of assessment affords the program with trended, aggregated data for use in program decision making, thus aiding in improvement of student learning and program outcomes. An example of a current trending chart is the Graduate Program Satisfaction Result Chart (Appendix 6.2-1: p. 295).

Listed below are some examples of program improvements based on the evaluation process:

- Success Manager was added fall 2011 for remediation of students having difficulty in response to increased attrition rates (Table # Completion Rates, General Faculty Minutes: 8/2011).
- Increased utilization of computerized testing services in response to student complaints of cost versus benefit (“ATI should have been incorporated more...” during graduate exit interviews fall, 2011 and spring, 2012).
 - Spring 2012: mandatory 2 attempts on all proctored ATI tests (General Faculty Minutes: 2/2013)
 - Fall 2012: 3 ATI practice tests added to Level I (Level I Minutes: 12/2012)
 - Spring 2013: ATI Self-Assessment Inventory and Critical Thinking Assessment added to all Level I students (Level I Minutes: 1/2013)

- Provider of computerized testing services changed to Kaplan Nursing Testing Service in response to continued student complaints (“the cost of test are expensive...for what is used; system is not user friendly; wished test could be taken from home”) Graduate Exit Interviews: fall 2011, spring 2012, fall 2012, spring 2013; General Faculty Minutes: 8/2013)
- Dosage class scheduling and layout was changed in response to student course evaluations (“Dosage should be longer than an hour; dosage needs more time; would help to have more dosage time” Dosage Course Evaluations: fall, 2010; fall, 2011; fall, 2012).
 - Fall 2011: Dosage Calculation course conducts “Lunch n Learn” session for extra help (Level I Minutes: 9/2011)
 - Spring 2012: Dosage course schedule changed to every Wednesday. This increased time in classroom as well as provided consistency in the schedule.
 - Fall 2012: Dosage course combined with Fundamentals of Nursing. This change was made in order to prevent students from sitting out a semester of Fundamentals while repeating Dosage (Level I Minutes, Curriculum Minutes, and General Faculty Minutes: 8/2012)
 - Spring 2013: Dosage comprehensive test replaced quizzes/tests. Students were given three (3) attempts to pass test. This allowed for dosage to be pass/fail component of Fundamentals (Level I Minutes: 12/2012)
 - Fall 2013: Dosage schedule changed from one hour a week to two hours. This schedule change was made to allow for completion of the dosage component content earlier in the semester. Allowing for comprehensive testing to begin earlier in the semester with more time allotted for remediation between testing attempts (Level I Minutes: 4/2013)
- Students requiring Accommodation Testing were relocated to skills lab so student access to computer lab before class was available; this was in response to student request of more availability of computer printers (“printers should be available; need more printers” Media Evaluations and General Faculty Minutes: fall, 2012).

Criterion 6.3: Evaluation findings are shared with communities of interest.

The site visitor report stated that the nursing department needs to “*Ensure evaluation findings are shared with communities of interest.*” Evaluation findings are shared with various communities of interest such as clinical facilities, Mississippi IHL, PRCC Administration and Board of Trustees, and ADN Advisory Committee. The Advisory Committee met in fall 2011, spring 2012, and spring 2013. To facilitate attendance, the ADN Advisory Committee now meets annually in the spring of each calendar year. There was a decrease in attendance at the spring 2013 meeting due to inclement weather. At said meeting, the Curriculum and Outcomes Committees presented an update on the accreditation process and Employer Satisfaction Surveys were shared with the attendees.

Each clinical instructor shares results of the clinical agency evaluation with appropriate staff of the clinical facility and documents in their clinical communication minutes. Previously the clinical agency evaluations have been completed in the spring with results not being available for the facility until the fall of each year. Beginning this year, these evaluations will be completed in the fall so the results will be available for the spring Advisory Committee meetings.

Other evaluation results, like Media/Resources, are given to the specific committee for interpretation and discussion. Any program changes are directed to the appropriate committee and forwarded to general faculty for discussion and approval (Appendix 6.3-1: Media/Resource Evaluation Results, p. 298). All trended data are kept in binders in the nursing conference room and are available for faculty to review. Finally, the director shares results of program outcomes with PRCC Administration, ADN Advisory Committee, Mississippi IHL, LSBN, and other communities of interest through required annual reports and meetings.

Criterion 6.4: Graduates demonstrate achievement of competencies appropriate to role preparation.

The commission accreditation decision letter stated evidence of non-compliance of criterion 6.4: “*There is a lack of evidence that assessment is conducted to determine graduates’ achievement of competencies appropriate to role preparation.*” PRCC ADN graduates demonstrate development of competencies appropriate to role preparation as evidenced by program progression through successful completion of each nursing course. A clinical summative evaluation form reflecting clinical performance is completed at the end of each

semester by the clinical instructor (Appendix 4.5-3: p. 274). In addition to clinical evaluations, students are evaluated periodically on theory content through quizzes and unit tests. ADN students are required to achieve a grade of an “80” or above in theory to be successful in nursing courses. Also, at the end of each course prior to final examinations, students are given course specific comprehensive tests and pending graduates receive a comprehensive predictor exam prior to graduation. Students not meeting individual course objectives at every level throughout the program are not allowed to progress to the next level.

In order to address the non-compliance with criterion 6.4, the monitoring for achievement of the G-SLOs has been changed to a format that allows for tracking and trending the information. Satisfactory achievement of all G-SLOs deems achievement of role competencies. Evaluation of G-SLO achievement was added to data collection tools that would gather the information from graduating students, graduates who are currently in the workforce and employers of recent program graduates. The following changes were made to the evaluation process:

- Curriculum evaluation wording was changed to reflect the wording of the G-SLOs. This evaluation measures the level of achievement in attaining the G-SLOs as stated by Level IV students upon completion of the program. This information is currently being trended every semester (Appendix 4.2-4: p. 216).
- In September 2012, members of the Outcomes Committee met with members of the counseling center to gain insight into their process of gathering college-wide graduate satisfaction opinions. Following that meeting, a tracking form was developed in which Level IV faculty will maintain contact with graduates to assure an increase in the number of responses from graduates (Appendix 6.1-2: p. 290). The new tracking system was put into effect with the fall 2012 graduates. The Graduate Satisfaction Survey was updated to include achievement of all stated G-SLOs. The survey measures the level of achievement of the G-SLOs as stated by graduates who have passed boards and are now working in the role of Associate Degree Registered Nurse and also of those who have not successfully passed their NCLEX-RN.
- The process for collecting Employer Satisfaction Surveys has evolved. Initially, paper and pencil surveys were mailed to a core list of employers. Incorporation of paper and pencil surveys at the ADN Advisory Committee meetings in fall 2011, spring 2012, and spring 2013 yielded limited responses. Representatives, who attended the spring 2013

meeting, felt it was inappropriate for them to complete the evaluations since they did not have direct interactions with new hires. Because of the low response rates in the past through mailing of surveys and locating representatives worthy of making comment to satisfaction of graduates who are employed have prompted the use of creative solutions in the type of collection methods utilized. New processes have been put into place to increase the number of responses from employers as to their satisfaction of recent graduates. These processes are the utilization of Survey Monkey in which the link is emailed to unit managers, clinical instructors bring paper and pencil surveys to unit managers, and face-to-face contact that is being accomplished by the Director and/or Assistant Director with area facilities. The ultimate goal is to increase response rates by assuring that the correct people are asked to evaluate their new hires and that they are given the option of online, paper and pencil and/or face-to-face evaluations. The Employer Satisfaction Survey was also changed to include evaluation of achievement of all stated G-SLOs. The satisfaction survey measures the level of achievement of the G-SLOs as stated by the managers and directors supervising the performance of the graduates who are working in the role of Associate Degree Registered Nurse (Appendix 6.4-1: Employer Satisfaction Result Chart, p. 299).

Criterion 6.5: The program demonstrates evidence of achievement in meeting the following program outcomes:

- **Performance of licensure exam**
 - **Program completion**
 - **Program satisfaction**
 - **Job placement**
-

Criterion 6.5.1: The licensure exam pass rates will be at or above the national mean.

ADN Program Outcome: The percentage of graduates who pass NCLEX-RN on the first write will be at or above the national mean.

The pass rates of the ADN graduates have been above the national mean until the years of 2011 and 2012. In addition to an intensive review of the curriculum, faculty began to look at an

alternative comprehensive testing service to assist in predicting success of graduates. Following faculty and student input and reviewing several options in testing services, the decision was made to incorporate Kaplan Nursing into the program commencing fall 2013. Some of the reasons that contributed to the final decision were student complaints of the cost for previous testing services, expressions of difficulty in maneuvering within the system, and faculty insight into the lack of participation of students using the product. Students have participated in Hurst and Assessment Technologies Institute (ATI) NCLEX reviews that have been hosted by the ADN program in 2011-2012 and 2012-2013 academic years. To gain insight concerning the new changes to the NCLEX-RN Test Plan, faculty participated in a continuing education session on “Learning to Improve Outcomes in Nursing Education Using the NCLEX-RN Test Plan” presented by Hurst Review Services in spring, 2013.

Graduates are defined as those students graduating from PRCC ADN program within the academic year ending in May. This includes December graduates from one year and May graduates from the current year. Table VII illustrates licensure pass rates for the last three (3) years in comparison to the national mean.

Table VII: ACEN (1st Writes) Pass Rates

Year	Candidates	ACEN (1 st Writes)	National Mean
2011	95	80 (84%)	87%
2012	101	88 (87%)	98%
2013 (1 st quarter)	48	45 (94%)	89%

ADN Program Outcome: The percentage of graduates who pass NCLEX-RN for all test takers (1st and repeat) will be at 80% over a 3 year period.

Beginning in spring 2010, the ADN program now monitors student achievement based on Mississippi IHL standards as well. The change now includes all graduating students testing in a calendar year, regardless of the semester in which they graduated. Mississippi IHL standard states, “annual NCLEX-RN pass rates for all test takers (1st and repeat) will be at 80% or above over a 3 year period” (Mississippi IHL, 2010). The pass rate of the ADN graduates has been above 80% for the past 3 years. Table VIII illustrates licensure pass rates for the last three (3) years based on Mississippi IHL standard.

Table VIII: IHL (1st Writes & Repeats) Pass Rates

Year	Candidates	1st Writes	Repeat Pass	IHL Pass Rate
2011	95	80 (84%)	13	98%
2012	101	88 (87%)	11	98%
2013 (1 st quarter)	48	45 (94%)		

Criterion 6.5.2: Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.

ADN Program Outcome: 60% or greater of students admitted to the program will graduate within 150% of the time of the stated program length.

The site visitor report stated that the nursing department needs to “*Implement strategies to meet the expected level of achievement for completion rates.*” Beginning fall 2010, Mississippi IHL changed their definition of graduation rates to degree completion rates. The new definition states, “Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, program history and best practices” (Mississippi IHL, 2010). Also in fall 2010, calculation of degree completion rates was changed to, “count only students who did not graduate due to failure to meet program outcomes or dismissal based on program policies and procedures” (Mississippi IHL, 2010). Students, who leave the program for personal reasons such as change in education major, relocation, health issues are not tallied into the calculation. Mississippi IHL guidelines state that completion rates are calculated per academic year. With these changes the IHL definition corresponds with the ACEN definition of completion rates, “Number of students who complete the program within 150% of stated program length beginning with enrollment in the first nursing course. Table IX illustrates the ADN program completion rates by academic year.

Table IX: Completion Rates

Admit Semester	Completion Semester	Number Admitted	Number of Completing Program	Completion Rate Within 150% of program length
Fall 2009	Fall 2011	66	43	65%
Spring 2010	Spring 2012	58	35	60%
Fall 2010	Fall 2012	63	46	73%
Spring 2011	Spring 2013	67	51	76%

To enhance retention efforts, students who withdraw from a course are interviewed by the Faculty Liaison of the course and/or the Assistant Director to identify factors contributing to the withdrawal. Both a PRCC ADN and Mississippi IHL exit interview form are completed (Appendix 6.5.2-1: Exit Interview Forms, p. 302). This information assists faculty in determining trends in student retention and readmission.

Based on program completion rates the following changes were implemented to further enhance program outcomes:

- Fall 2011: Remediation advisor evolved into the Success Manager which is a full-time faculty position to assist students with remediation. Every student across all levels that is unsuccessful with passing unit exams (beginning with first unit exam of the semester) receive a referral from their assigned advisor to seek remediation. Early recognition and intervention are the goals for the service (“In a new role as Success Manager ...will provide remediation for students on all levels” General Faculty Minutes: 8/2011).
- Spring 2012: To provide reinforcement of correct skill performance all Level I students requiring skill recheck are now required to complete the ATI Skill Tutorial associated with that skill. This practice affords students an additional opportunity to review techniques and procedures prior to evaluation of performance (“to better equip students with skill preparation, ATI Skill Tutorials are required prior to rechecks” Level I Minutes: 8/2011).
- Prior to spring 2012, Dosage was a stand-alone course designed to accompany Level I (NUR 1110) Fundamentals of Nursing and was counted toward program completion

rate. When evaluating data for completion rate it was noted that a student could be removed from nursing courses due to unsuccessful attempt but could still be enrolled in a repeat dosage class. This fact presented a potential bias in reporting of data. Beginning fall 2012, dosage was embedded within the Fundamentals of Nursing course preventing the repetition of an independent course. The Fundamentals of Nursing course number was changed to reflect the credit hours offered in Level I (NUR 1111) (“Combination of Dosage with Fundamentals” Level I, Curriculum, and General Faculty Minutes: 4/2012).

- Mandatory comprehensive skills review was added to the end of semester requirements for Level I students to provide additional opportunity for technique improvement prior to progression to the next level of nursing (“Annual skills lab review” Level I - electronic meeting minutes: 11/2012).
- Spring 2013: Based on number of students recommended for remediation, all students are now required to complete ATI Self-Assessment Inventory to assist with test taking strategies and self-awareness. This was implemented on Level I (“Students will be required to take self-assessment inventory during Level I semester” Level I Minutes: 1/2013).
- To improve test taking skills, ATI proctored tests were increased to 2 mandatory attempts per semester. This practice enables the student to be exposed to a larger number of questions and assists with preparation for a computerized testing method. (“Assistant Director reported two tests are available at each level and should be utilized” General Faculty Minutes: 2/2013).
- Level III and IV students are required to complete a comprehensive skills review prior to the beginning of clinical experience. This practice affords the opportunity of an ongoing evaluation of skills and helps identify students who need additional assistance when transitioning from one level of practice to a higher level of accountability and practice (“Level III students are required to participate in skill review sessions” Level III Minutes: 1/2013).
- Changed program completion rate calculation so as not to include semesters students were not readmitted due to lack of space in the course (Outcomes Minutes: 9/2012).
- Fall 2013: Care plan expectations were added to the comprehensive skill reviews for students in Levels II, III, and IV.

Program completion rates have gradually improved over the past two years. Plans at the time are to continue with the current program outcome for expected levels for program completion.

Criterion 6.5.3: Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

ADN Program Outcome: 90% of the respondents to the program’s graduate satisfaction survey will rate the nursing program as satisfactory and 90% of the respondents to the program’s employer survey will rate the nursing practice of a PRCC ADN graduate as satisfactory.

The commission accreditation decision letter stated evidence of non-compliance of criterion 6.5.3: *“There is a lack of evidence that program satisfaction is assessed in an ongoing manner.”* At the time of the site visit, the SEP included a process of evaluating graduates and employers about their satisfaction with the program’s ability to provide a well-qualified graduate. The process of collecting the data often resulted in very few or no responses. Also, prior to the site visit, there were very few changes made to the evaluation process. In order to address the non-compliance with criterion 6.5.3, several changes to the way data was collected and trended have been made.

Graduate Satisfaction:

- ADN graduates were surveyed 6 to 9 months following graduation for satisfaction with the nursing program at the time of the site visit. The survey tool utilized was a postcard with a Likert scale rating selection. The return rate on the type of survey tool remained low for several semesters. Employer satisfaction evaluations were only sent to the facilities identified in any of the graduate responses.
- In fall 2012, because of the low response rates in the past and allowing time for students to find employment, graduates are now asked to complete the survey twelve (12) months following graduation. The timing change has also allowed graduates to move from the role of new graduate into the role of the nurse which enables a greater insight into necessities required of the nursing role (Outcomes Minutes: 8/2012).
- To increase the number of responses, an attempt was made to contact all of the graduates from fall 2011 class using telephone numbers and addresses listed through the college. Graduates were mailed the same postcard utilized in the previous process.

While the mailing of postcards yielded only five (5) responses with one being dissatisfied, twenty-two (22) graduates were able to be contacted via telephone out of thirty-eight to identify if they were employed. Qualitatively, all expressed satisfaction of program.

- In spring 2012, graduates were contacted through phone numbers, postcard mailings, and via school emails. Those who responded to the email were given a link to complete the evaluation on Survey Monkey. It was felt that the added anonymity would improve response rates. Of the sixty-five graduates, only four (4) students completed the evaluation by means of postcards. Fifty (50) responded to phone and email contacts to verify employment. Again, all of the results were positive but this data remains qualitative in nature.
- In fall 2012, the process underwent a major revision. Members of the Outcomes Committee met with the Director of the PRCC Counseling Center to discuss the process used by the vocational-technical programs to track students after graduation. It was decided that students would be asked to fill out a form with permanent contact information including addresses, cell phone numbers, and personal email addresses (Appendix 6.1-2, p. 290). Students are informed that they would be contacted within a year of graduation in order for the program to gather feedback. The students are also assigned to a Level IV faculty advisor who is responsible for collecting data such as NCLEX passages and employment status. Students are encouraged to contact their assigned faculty advisor by email or text when they pass boards and are gainfully employed. As of this writing, there has been an increase in contact from graduates utilizing this process. Graduate Satisfaction Surveys will be emailed to these closely tracked students October 2013 (Outcomes Committee: 8/2012 & 9/2012)
- In spring 2013, the Graduate Satisfaction Survey, was restructured to include all G-SLOs which are the foundation of the nursing program. This allows the graduates to rate their achievement of the G-SLOs once they are working. Monitoring the G-SLOs from the perspective of a newly employed RN allows faculty the ability to evaluate the curriculum and utilize the results of the data to guide curriculum changes (Appendix 6.2-1: p. 295). Table X depicts the results of graduate satisfaction surveys.

Table X: Graduate Satisfaction Surveys

Graduation Semester	Number of Graduates	Responses	Dissatisfaction	Satisfaction
Fall 2011	38	5 (13%)	1 (20%)	4 (80%)
Spring 2012	65	4 (6%)	0 (0%)	4 (100%)
Fall 2012*	49	10 (20%)	2 (20%)	8 (80%)

*ongoing until December 2013

Since the site visit, the Graduation Satisfaction Survey process has undergone significant change such as survey content, timing of survey, and tracking methods. The goal is to improve the response rate in order to grant sufficient data for trending and to evaluate if graduates achieved the G-SLOs. Faculty members frequently get email updates from former students and some work with former students at clinical facilities. These interactions provide feedback from the graduates, but the information is unable to be trended. Optimistically, utilizing the same tracking system that collected the contact rates following NCLEX-RN passage for both fall 2012 and spring 2013 graduates provides an indication of the possible response rate for Graduate Satisfaction Surveys. If the response rate for fall 2012 graduates is not significantly higher than past semesters, then further investigation will be needed to improve the data collecting process. Contact rates are depicted in the following Table XI.

Table XI: Contact Rates

Graduation Semester	Number of Graduates	Contacted Advisor	Contact Rate
Fall 2012	49	45	92%
Spring 2013*	47	37	79%

*ongoing – not all graduates have taken NCLEX-RN

Employer Satisfaction:

The Employer Satisfaction Survey process has undergone a similar transformation as the Graduate Satisfaction Survey process. The following processes have occurred.

- Results for the Employer Satisfaction Survey in the past were dependent upon return of postcards. The employers were simply asked, “How satisfied is your facility with

the PRCC Associate Degree Nursing new graduate's ability to perform as a beginning nurse?" The options given were very satisfied, satisfied, dissatisfied or undecided.

- The initial step in the transformation of the data collection process for employer satisfaction was to continue the use of the graduate satisfaction evaluations to determine which facilities were to receive the Employer Satisfaction Survey. It was decided that the evaluation forms would be given to the facilities present at the Advisory Committee Meetings. This allowed feedback, but the number of facilities present at these meetings was inconsistent. In order to reach majority of the employers that hire PRCC ADN graduates, those employers identified in the graduate satisfaction surveys who were not in attendance of the Advisory Committee Meetings would receive an email link to Survey Monkey (Outcomes Minutes: 1/2012).
- In spring 2013, the Outcomes Committee created a core list of facilities who routinely hire PRCC ADN graduates. There are a total of thirteen (13) facilities that have been identified. These facilities are asked to provide satisfaction of the graduate in relation to employment when they are on campus for the Advisory Committee Meeting or the Survey Monkey link is emailed to them if they were not present (Appendix 6.5.3-1: List of Core Facilities, p. 304).
- Also spring 2013, it was decided to change the evaluation format from a simple satisfied/dissatisfied question to a format that reflected the employer opinion of the PRCC ADN nurse in achieving the G-SLOs (Outcomes Minutes: 1/2013, 2/2013).
- There were only two (2) representatives at the spring 2013 ADN Advisory Committee meeting. Both representatives felt they were not in the appropriate positions to complete surveys concerning new hires. The Survey Monkey link for the employer satisfaction survey was emailed to nine (9) of the core facilities. Only two (2) of the facilities responded. It was suggested that individual unit managers receive either paper/pencil survey or link to Survey Monkey.
- Qualitative feedback is also obtained when the Director or Assistant Director communicates with clinical facilities and/or communities of interest that hire PRCC ADN nurses. This feedback is by way of clinical facility visits, various committee meetings, and business networking. The Assistant Director visited eight (8) of the core facilities in fall 2012 and spring 2013. The Director visited seven (7) facilities during

the summer of 2013 in addition to regular facility and/or business meetings. The information gathered is generally positive and is helpful but as with the graduate satisfaction qualitative feedback, it is unable to be trended.

Plans at the time for both the Graduate and Employer Satisfaction Surveys are to continue monitoring response rates and results to ensure sufficient data for trending is obtained. The Outcomes Committee will further investigate the possibility of having individual unit managers complete paper/pencil surveys or receive the link to Survey Monkey through individual clinical faculty.

Criterion 6.5.4: Job placement rates are addressed through quantified measures that reflect program demographics and history.

ADN Program Outcome: 90% of the respondents to the graduate survey will reflect employment in various health care settings.

The restructuring process of the Graduate Satisfaction Survey has afforded the program the ability to track and trend employment rates. Below is a list of changes in the process of collecting data on where graduates are employed.

- Due to the limited responses following attempts to gather this information, alternate methods were used in order to calculate employment rates for the fall 2011 and spring 2012 graduates. Students were initially attempted to be contacted by mail or phone as with the graduate satisfaction surveys. When that did not provide adequate data, students were contacted informally through facility contacts, Facebook, and friends of faculty members. These informal contacts improved tracking and trending of employment rates.
- In fall 2012, the new graduate tracking form (Appendix 6.1-2: p. 290) was implemented fully and students were encouraged to contact their faculty advisor with information as soon as they were licensed and employed. The new tracking method appears promising as many of the new graduates have already contacted the faculty (Outcomes Minutes: 8/2012, 9/2012). Table XI on page 39 depicts the contact rates for fall 2012 and spring 2013 graduates.

- In spring 2013, it was noted that although many graduates were employed, some employment was not within the 70-mile radius that was reflected in a program outcome. The “in district” requirement of 70-mile radius was not a requirement of PRCC, IHL, or ACEN. Therefore, this program outcome was amended in spring 2013 to state, “Ninety percent of the respondents to the graduate survey will reflect employment in various health care settings (Appendix E: p. 162; Outcomes Minutes: 2/2013; General Faculty Minutes: 2/2013).

Table XII reflects the percentage of graduates employed one year following graduation.

Table XII: Graduate Employment

Graduation Semester	Number of Graduates	Percentage of Employment	Percentage Not Employed
Fall 2011	38	27 (100%)	0 (0%)
Spring 2012	65	49 (91%)	5 (9%)
Fall 2012*	49	38 (84%)	

*ongoing until December 2013

SECTION THREE:

SUMMARY

In summary, Pearl River Community College as a college continues to excel at both the state and national level. The college was ranked 28th of the best community colleges in the nation by TheBestSchools.org. This was not the first time that PRCC has received national recognition in recent years. In 2012, PRCC ranked 20th in the CNN Money listing of top community colleges. The Aspen Institute has listed PRCC among the top 10 percent of all U.S. community colleges in 2012 and 2013.

In addition to the college, the Associate Degree Nursing program has also been in the news for being named a recipient of a \$150,000 grant from the Lower Pearl River Valley Foundation. The grant will enable the integration of high-fidelity simulation into the nursing program. Intent of the integration is to provide students with a better awareness into culturally competent, mental-illness, and end-of-life care issues that can be difficult and require special consideration. These issues can also have serious ethical and legal implications. Simulation will provide an interactive experience for students to explore their personal beliefs and attitudes as well as the asking of questions in order to be appropriately prepared for such experiences.

Facilitation of the program continues to be conducted by highly qualified faculty and staff. Several of the faculty has resumed formal educational programs for instance Legal Nurse Consulting, Doctor of Nursing Practice, and Doctor of Philosophy in Nursing. Some faculty holds positions in professional, governmental, and civic organizations. Program faculty meetings incorporate professional development sessions on a monthly basis. Some topics discussed have been leadership, teamwork, cultural sensitivity, professionalism, remediation, and social media. The Outcomes Committee utilizes “Survey Monkey” and “Facebook” to correspond with alumni, facilities, faculty, and students to improve communication and to gather program data. The program implemented a “success” program that incorporates components of both theory and skills lab to aid students’ success in the nursing program. Faculty and students sponsor or attend numerous community service activities. Such activities include but are not limited to: Camp Bluebird, Diabetes’ Walk, Alzheimer’s Walk, Breast Cancer Awareness, Forrest General Hospital - Flu Shot Administration and Annual Employee Competency Lab, and PRCC’s Annual Women’s Health Symposium. A new projection system was installed in the tiered classroom and conference room to better accommodate students and faculty. Finally, a new computer area was established to accommodate student use when the main computer lab is being used for proctored testing or classroom instruction.

The program has in the past and continues today to have an excellent reputation within the community. Facilities continually seek PRCC nursing graduates for employment. Faculty holds themselves and students to high levels of accountability and that expectation is validated in the safe, competent nurses that complete the program.

SECTION FOUR:
PROGRESSIVE
SYSTEMATIC EVALUATION PLAN

SECTION FIVE:

APPENDICES

PROGRESSIVE SYSTEMATIC EVALUATION PLAN

Standard 1. The nursing education unit’s mission reflects the governing organization’s values and is congruent with its strategic goals and objectives. The governing organization and program have administrative capacity resulting in effective delivery of the nursing program and achievement of identified outcomes.

Systematic Evaluation Plan: ADN Program					
<p>Criterion 1.1 The mission/philosophy and outcomes of the nursing education unit are congruent with those of the governing organization.</p> <p>Definition: The mission/philosophy and outcomes of the ADN program are congruent with those of PRCC.</p> <p>Responsibility: Director, Department of Nursing Education; ADN Faculty</p>					
Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision.
Congruency	100% of faculty agrees that the philosophy and outcomes of the ADN program are congruent with the college’s mission statement and outcomes.	Annually; fall semester	Comparative analysis by faculty and program director	100% of faculty agrees on congruency	<p>Maintenance – ADN director and faculty will continue to review annually and update as needed General Faculty Minutes: 8/2011- “no revisions noted”, 8/2012 – “committee titles changed to reflect NLNAC (ACEN) Standards”, 8/2013- “curriculum committee asked to compare college and program’s mission statements”).</p> <p>Program Development/Maintenance - advisory committee and college administration updated on comparison of college and program’s outcomes, spring 2012 and spring 2013; will continue presentation at future advisory committee meetings. (Advisory Committee Minutes: 4/2013 –</p>

					“presentation given to update facilities, community representatives, and college administration on program outcomes”.
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Systematic Evaluation Plan: ADN Program

Criterion 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.

Definition: Governance is defined by the ADN program as sharing of information and involvement in decision making and is indicated by participating in college activities, organizations, committees, and evaluation processes.

Responsibility: Director, Department of Nursing Education; ADN Committee Chairs; PRCC Vice President for Planning & Institutional Research

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Students	Student participation on ADN: Curriculum, Media/Resources, Outcomes, and Rules & Regulations Committees	Annually; spring semester	Review of committee minutes	<p>Evidence revealed student participation on Curriculum and Rules & Regulation committees; limited involvement on Media/Resources and Outcomes committees</p> <p>2012-2013 Academic Year: Outcomes Committee Minutes: student representative attended one (1) meeting</p> <p>Media/Resources Committee Minutes: no student involvement</p>	<p>Maintenance - continue to monitor student participation & encourage involvement</p> <p>Program Development/Revision – faculty to support student representation on committees; administrative team to revisit student representation guidelines in ADN program By-Laws during fall 2013 semester.</p> <p>Curriculum Committee Minutes: 8/2013 – “curriculum and outcomes each have a student from Level III; media/resources and rules & regulation each have a student from Level II...this will allow the student to remain active in committee entire academic</p>

					year.” General Faculty Minutes: 8/2013 – “faculty voted unanimously to support student representation on program committees; see notation above.”
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Systematic Evaluation Plan: ADN Program

Criterion 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.

Responsibility: Director, Department of Nursing Education; PRCC Vice President for Planning & Institutional Research

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Faculty	100% of faculty will serve on ADN committees	Annually; fall semester	List of committee assignments	100% of faculty serve on ADN committees:	Maintenance - continue to assign and monitor faculty participation on ADN committees. (2013-2014) -Admission/Progression -Advisory -Curriculum -Media/Resources -Outcomes -Rules & Regulations
	25% of ADN faculty will serve on college-wide committees	Annually; spring semester	List of committee assignments	25% faculty served on college-wide committees.	Maintenance – continue to monitor faculty participation on college-wide committees. (2013-2014) -Administrative Council -Advisory Board of the Counseling, Advisement, & Placement Center -Homecoming Planning -Instructional Council -Policy & Procedures -Women’s Health Symposium

Systematic Evaluation Plan: ADN Program

Criterion 1.2 The governing organization and nursing education unit ensure representation of students, faculty, and administrators in ongoing governance activities.

Responsibility: Director, Department of Nursing Education; PRCC Vice President for General Education & Technology Services

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Administration	Director, Department of Nursing Education, or designated representative, will attend departmental meetings.	Annually; spring semester	Departmental meeting minutes	Minutes of Instructional Council, Vice President for General Education & Technology Services, Policy & Procedures Council, Administrative Council, and/or Advisory Board of the Counseling, Advisement, & Placement Center meetings show attendance by Director, Department of Nursing Education or designated representative.	Maintenance – Director or designated representative to remain active on college wide committees; continue to monitor

Systematic Evaluation Plan: ADN Program

Criterion 1.3 Communities of interest have input into program processes and decision making.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Advisory Committee	Advisory Committee will meet and review program goals and outcomes	Annually; spring semester	Advisory committee meeting minutes	Meeting minutes showed evidence of review/presentation of program goals and outcomes.	Maintenance - continue annual meetings Advisory Committee Minutes: 4/2013 – “presentation given to update facilities, community representatives, and college administration on program outcomes”
Partnerships		Annually; as needed	Site Visits	Director visited: Forrest General Hospital: Director has been a member of Research Committee since fall 2011 which meets monthly; obtains frequent updates on faculty, students, and graduates’ performance from committee members Highland Community Hospital: 10/2012 – “discussed criminal background clearances, student orientations, and satisfaction of graduates hired”	Program Development – Director or designated representative to periodically visit program partners to gather feedback and for partnership updates.

				<p>Covenant Rehabilitation & Nursing Home: 4/2013 – “inquired possibility of adding another clinical group for fall 2013, representative expressed satisfaction with faculty and students.”</p> <p>Slidell Memorial Hospital: 5/2013 – “follow up on request of facility on instructor assignments; facility undergoing construction. Director met with DON to reassign instructor to different unit until construction complete.”</p> <p>Grove Nursing Home: 7/2013 – “visit was to inform facility of change in instructor, DON commended previous instructor and stated residents like the students and staff appreciate working with them.”</p>	
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Systematic Evaluation Plan: ADN Program

Criterion 1.4 Partnerships exist that promote excellence in nursing education, enhance the profession, and benefit the community.

Definition: Partnerships are considered an agreement (formal relationship) between the nursing education unit/governing organization and an outside agency with the intent of accomplishing specific objectives and goals.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Partnerships: - Forrest General Hospital (FGH) -Lower Pearl River Valley Foundation (LPRVF) -PRCC Wellness Center -Picayune School District -Bedford Care	Partnerships are maintained which enhance nursing education, the nursing profession, and benefit the community.	Annually; spring semester	Verbal and written reports of activities and collaboration.	General Faculty Minutes showed evidence of collaboration with outside agencies to enhance nursing education, nursing profession, and community.	Maintenance - continue to monitor collaboration efforts Program Development - add new partnerships as available or as warranted. General Faculty Minutes: 5/2011 “three (3) faculty members assisted with FGH annual competency days”; 10/2011 “faculty and students helped with Breast Cancer Awareness Day in conjunction with PRCC Wellness Center”; 2/2012 “fourteen (14) faculty members served on women’s symposium committee”; 5/2012 “faculty members asked to volunteer for FGH annual competency days”; 8/2012 “Director attended opening of Southern Bone and Joint, Orthopedic Institute”; 2011/2012 “SMH held cholesterol and glucose screenings with cooperation of faculty and students”; 3/2012 & 4/2013 – “Director attended Advisory meetings at Head Start, facility welcomes students to assist with pre-

					school program”; 4/2013- “Director presented grant proposal to LPRVF for creation of simulation lab” & “Director attended Open House Ceremony of the new Skill Unit at Covenant Nursing Home”; 5/2013 “FGH wanted to thank the faculty who assisted with competency days”.
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Systematic Evaluation Plan: ADN Program

Criterion 1.5 The nursing education unit is administered by a nurse who holds a graduate degree with a major in nursing.

Definition: The nursing administrator is considered the Director, who is responsible for the developments and administration of the nursing division.

Responsibility: Director, Department of Nursing Education; PRCC Vice President for Poplarville Campus & Hancock Center

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Director, Department of Nursing Education	Director will hold a minimum of a graduate degree with a major in nursing and will hold an unencumbered nursing license.	-Time of employment -Annually; spring semester	Review of nursing folder in Office of Vice President for Poplarville Campus & Hancock Center for transcripts; Review of personnel folder in Department of Nursing Education for licensure verification.	-Transcripts reflect current Director holds DNP degree -RN Licensure current for academic year: MS expiration 12/2014 LA expiration 12/2013	Maintenance - continue to monitor.

Systematic Evaluation Plan: ADN Program

Criterion 1.6 The nurse administrator has authority and responsibility for the development and administration of the program and has adequate time and resources to fulfill the role responsibilities.

Responsibility: Director, Department of Nursing Education; PRCC Vice President for Poplarville Campus & Hancock Center

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Job Description	Position description reflects duties and responsibilities for program administration.	Annually; spring semester	Review of job description	Current job description for Director reflects a 2012-month position; Director has the authority and responsibility for the administration of the program.	Maintenance - continue to monitor
Schedule	Academic Year - 95% of the Director's schedule will be dedicated to fulfilling the administrative responsibilities of the nursing program. Summer Semester - 100% of the Director's schedule will be dedicated to fulfilling the administrative responsibilities of the nursing program.	Every semester	Review of door schedule	Calendar and door schedules reflect office time and/or class requirements.	Maintenance - continue to monitor. Maintenance – Director will continue to teach dosage component to Level I students

Systematic Evaluation Plan: ADN Program

Criterion 1.7 With faculty input, the nurse administrator has the authority to prepare and administer the program budget and advocates equity within the unit and among other units of the governing organization.

Definition: The nursing administrator will create a budget based on faculty input and determination of needs. Revisions to the budget will be made with the nursing administrator’s input.

Responsibility: Director, Department of Nursing Education; PRCC Vice President for Business & Administrative Services

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Budget submission	Director will submit the program budget every fiscal year.	April	Review of budget and nursing program minutes	Evidence reveals submission of fiscal budget requests to Vice-President for Business & Administrative Services administered by Director.	Maintenance - continue to monitor submissions of budget.
Faculty Participation in Budget Process	Faculty will report having input into the budget process 100% of the time.	March	Review of general faculty minutes to validate faculty participation in the budget process	General Faculty Minutes showed evidence faculty input in budget requests.	Maintenance - continue faculty involvement in budget requests. General Faculty Minutes: 3/2013 “faculty requested to submit ‘Wish List’ for upcoming Needs Assessment”.

Systematic Evaluation Plan: ADN Program

Criterion 1.8 Policies of the nursing education unit are comprehensive, provide for the welfare of faculty and staff, and are consistent with those of the governing organization; differences are justified by the goals and outcomes of the nursing education unit.

Definition: Policies of the nursing education unit are consistent with those of Pearl River Community College, or differences are justified by the nursing program's needs.

Responsibility: Director and Assistant Director, Department of Nursing Education; ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Congruency	100% of nursing program policies will be congruent with those of PRCC or differences will be justified.	Annually; spring semester	Comparative analysis of any new policy by faculty, nursing administrator, and PRCC policy committee	Evidence reveals congruency between nursing program and college's policies. Minutes of PRCC Policy & Procedures Council meetings show attendance by Assistant Director, Department of Nursing Education or designated representative.	Maintenance -continue to monitor; any new college policy is brought to ADN Rules & Regulations Committee for comparison

Systematic Evaluation Plan: ADN Program

Criterion 1.9 Records reflect that program complaints and grievances receive due process and include evidence of resolution.

Definition: Complaints and grievances are terms used interchangeably. Written and signed statements made by a student regarding the nursing department are considered formal grievances and are presented to the Director, Department of Nursing Education and/or PRCC Appeals Committee.

Responsibility: Director, Department of Nursing Education; PRCC Vice President for Poplarville Campus & Hancock Center

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collections and Analysis	Actions for Maintenance, Program Development, or Revision.
Complaints	100% of complaints will be addressed using the ADN Student Grievance policy found in the ADN Student Handbook and/or the Student Appeals Procedure found in the PRCC Cat Country Guide (www.pccc.edu/catalog).	Data will be compiled, summarized, and reported following each grievance.	Review of grievances in the offices of the Director, Department of Nursing Education and/or Vice President for Poplarville Campus & Hancock Center	Evidence reveals that student grievances are addressed and rectified either through ADN program and/or Vice President for Poplarville Campus & Hancock Center (Office of Student Services).	Maintenance - continue current college and nursing program grievance policies and/or procedures.

Standard 2. Qualified faculty and staff provide leadership and support necessary to attain the goals and outcomes of the nursing education unit.

Systematic Evaluation Plan: ADN Program

Criterion 2.1 Full-time faculty are credentialed with a minimum of a master’s degree with a major in nursing and maintain expertise in their areas of responsibility.

2.1.1 The majority of the part-time faculty are credentialed with a minimum of a master’s degree with a major in nursing; the remaining part-time faculty holds a minimum of a baccalaureate degree with a major in nursing.

2.1.2 Rationale is provided for utilization of faculty who do not meet the minimum credential.

Definition: All faculty members are registered nurses with a master’s degree in nursing, hold a valid license in Mississippi with at least one year clinical experience and some have additional credentials. All faculty earn at least one (1) CEU or three (3) hours of credit of formal education each year related to nursing education. All participate in achievement of the nursing unit’s purpose through teaching, service, and scholarship.

Responsibility: Director, Department of Nursing Education

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Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
<p>Full-time faculty are academically & professionally qualified</p> <p>Faculty qualifications:</p> <ul style="list-style-type: none"> a. License b. Minimum Master degree c. CEUs d. Professional experience 	100% of full-time faculty are academically & professionally qualified	<ul style="list-style-type: none"> - Time of appointment (a, b, d, e) -Annually; spring semester (a) -Annually; fall semester (c) 	Review of faculty files	<ul style="list-style-type: none"> 100% of full-time faculty holds master degrees with a major in nursing. - Nursing experience varies: 11-39 years - Teaching 	Maintenance - continue to report to ACEN, Mississippi IHL, LA Board of Regents, & LA State Board of Nursing annually (Appendix A: p. 143).

e. Formal education				experience varies: 1-36 years	
Part-time (adjunct) faculty are academically & professionally qualified	100% of part-time faculty are academically & professionally qualified	- Time of appointment (a, b, d, e)	Review of faculty files	100% of part-time faculty holds master degrees with a major in nursing. - Nursing experience varies: 11-40 years - Teaching experience varies: 1 month-9 years	Maintenance - continue to report to ACEN, Mississippi IHL, LA Board of Regents, & LA State Board of Nursing annually (Appendix B: p. 146).

Systematic Evaluation Plan: ADN Program

Criterion 2.2 Faculty (full and part-time) credentials meet governing organization and state requirements.

Definition: Credentials of the governing organization are reflective of state requirements and include:

- * ADN Faculty – Master’s degree or higher in nursing, one year clinical experience, and one (1) CEU or three (3) hours of credit of formal education annually. Exceptions may be granted to the degree by the Mississippi IHL Director for Department of Nursing Education as long as exception faculty is continuously enrolled in a graduate degree program that will be completed within a three year time period (maximum).
- * All Faculty – Unencumbered MS or compact state license as RN and clearance of criminal background check.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection & Analysis	Actions for Maintenance, Program Development, or Revision
Faculty credentials	100% of faculty are credentialed	-Time of appointment -Annually; fall semester	Review of faculty files	100% of faculty meet credentialing requirements	Maintenance - continue to report to ACEN, Mississippi IHL, LA Board of Regents, & LA State Board of Nursing annually. General Faculty Minutes: 8/2011 – “personnel folders to include PRCC Professional Development Record and IHL Professional Development Plan”; 8/2012 – “update personnel folders with current copy of curriculum vitae, Development Plans and Records”; 8/2013 – “PRCC Professional Development Records to have CEU proof attached.”

Systematic Evaluation Plan: ADN Program

Criterion 2.3 Credentials of practice laboratory personnel are commensurate with their level of responsibilities.

Definition: Practice laboratory personnel (Skills Lab Instructor) is considered faculty and is charged with organizing practice of skills for students as well as teaching and/or evaluating of student clinical skills.

Requirements for this level of responsibility include having a master’s degree in nursing and holding a valid license in Mississippi with at least one year clinical experience. The entire faculty earns at least one (1) CEU or three (3) hours of credit of formal education each year related to nursing education. All participate in achievement of the nursing unit’s purpose through teaching, service, and scholarship.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
Practice lab personnel: Skills Lab Instructor Faculty qualifications: a. License b. Minimum Master degree c. CEUs d. Professional experience e. Formal education	100% of practice lab personnel are academically & professionally qualified	- Time of appointment (a, b, d, e) -Annually; spring semester (a) -Annually; fall semester (c)	Review of personnel files	100% of practice lab personnel meet academic & professional requirements	Maintenance - continue to report to ACEN, Mississippi IHL, LA Board of Regents, & LA State Board of Nursing annually Program Development - creation of new job description to encompass future simulation lab requirements. Skills Lab Instructor job description changed from Skills Lab Manager fall 2013 to accommodate the creation of a simulation lab (Appendix C, p. 147). General Faculty Minutes: 8/2013, “new title for skill lab is instructor due to the creation of simulation lab... which will enable advising, grading, and evaluation of students.”

Systematic Evaluation Plan: ADN Program

Criterion 2.4 The number and utilization of faculty (full and part-time) ensure that program outcomes are achieved.

Definition: The number of full-time / part-time nursing faculty members meets state accreditation standards regarding ratio of faculty to students (1:10 in clinical, 1:15 in classroom). The number of faculty is adequate to fulfill the program’s purposes by the achievement of unit goals.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
Number and utilization of nursing faculty	100% of faculty are utilized in compliance with accreditation standards	Annually; fall & spring semesters and as necessary	Review of faculty & student enrollment files Comparison of the ratio of faculty to students	100% of faculty are utilized to meet accreditation requirements	Maintenance - continue to have faculty theory / clinical assignments meet needs of student enrollment and accreditation requirements (Table IV, p. 20).

Systematic Evaluation Plan: ADN Program

Criterion 2.5 Faculty (full and part-time) performance reflects scholarship and evidence-based teaching and clinical practices.

Definition: Faculty demonstrates diversity of talent through scholarly endeavors for teaching, integration, and application of knowledge. Teaching expertise is the ability to facilitate student learning in achievement of program outcomes. Integration of knowledge is utilizing information gleaned from other disciplines as well as assisting students to integrate classroom learning into clinical practice. Application of knowledge is seen in the use of evidence-based concepts in didactic and clinical instruction. The ADN faculty define scholarship as professional development.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
Faculty performance reflects scholarship, evidence-based teaching, & clinical practices	100% of faculty performance reflects scholarship & evidence-based practice	Annually; fall & spring semesters	NCLEX pass rates, review of faculty personnel files: Self-evaluations, classroom and clinical instructor evaluations	<p>100% of faculty report incorporating EBP into classroom and/or clinical instruction; obtain at least ten (10) contact hours annually</p> <ul style="list-style-type: none"> - Two faculty practice part-time as NPs; one as legal nurse consultant. - Two of the faculty teaches on-line courses for college; also two teach on-line for a comprehensive testing service. - One serves on an editorial board for a peer-reviewed nursing journal. -Five of the faculty is currently working towards doctoral degrees. 	<p>Maintenance - faculty will continue to earn at least ten (0) contact hours annually.</p> <p>Program Development - further incorporate EBP in theory / clinical, faculty will be required to obtain two (2) contact hours that are related to specific theory / clinical content area.</p> <p>General Faculty Minutes: 8/2012, "faculty required to have two of the ten required continuing education contact hours in specific content area."</p>

Systematic Evaluation Plan: ADN Program

Criterion 2.6 The number, utilization, and credentials of non-nurse faculty and staff are sufficient to achieve the program goals and outcomes.

Definition: Non-nurse staff is considered the non-nurse personnel (support staff) of the educational unit.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
Non-nurse staff: Secretaries Media/Records Manager	100% of non-nurse personnel	-Time of appointment -Annually	Review of personnel files	100% of non-nurse personnel support is sufficient to meet needs of program	Program Development - incorporation of Media/Records Manager in Fall 2012 has increased efficiency of student and faculty record keeping. Maintenance - maintain level of non-nurse personnel support. Program Development - integrate evaluation of Media/Records Manager, Admission, and Administrative Secretaries on future student evaluations. Outcomes Minutes: 4/2013 “suggest to incorporate non-nurse personnel into student evaluations”

Systematic Evaluation Plan: ADN Program

Criterion 2.7 Faculty (full and part-time) or oriented and mentored in their areas of responsibilities.

Definition: Upon employment, nursing faculty participate in general faculty orientation and are paired with a faculty member in their assigned course.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
Faculty orientation / mentoring	100% of faculty will participate in orientation/mentoring process; will be assigned mentor	Time of appointment	-Review of orientation check-list -End of Semester Interviews	100% of new faculty were assigned a mentor and received orientation 90% of new faculty felt competent with program expectations at end of semester interviews Adjunct comment: 5/2013 “had difficulty as to the level of expectation in which to score student on clinical evaluation form”	Maintenance - continue orientation/mentoring process; continue end of semester interviews with Director. Program Development - incorporate a care plan /clinical evaluation forms expectation session for each course level include particularly new adjunct faculty.

Systematic Evaluation Plan: ADN Program

Criterion 2.8 Systematic assessment of faculty (full and part-time) performance demonstrates competencies that are consistent with program goals and outcomes.

Definition: Faculty performance is evaluated annually using the PRCC institutional processes by the students and the director to assure ongoing professional development and competence.

Responsibility: Director, Department of Nursing Education, PRCC Vice President for Institutional and Planning Research

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
Faculty performance demonstrates competencies consistent with program goals and outcomes	100% of faculty will participate in institutional evaluation processes	Annually; fall & spring semesters	Faculty evaluations	100% of faculty completed the college-wide evaluation process in spring 2012. 100% of full / part-time faculty were evaluated either for theory or clinical and/or both in fall 2012 or spring 2013.	Maintenance – continue current rotation schedule for college-wide evaluation process Maintenance – continue current rotation schedule for student evaluation of faculty in theory and clinical

Systematic Evaluation Plan: ADN Program

Criterion 2.9 Non-nurse faculty and staff performance is regularly reviewed in accordance with the policies of the governing organization.

Definition: Non-nurse staff (Media/Records Manager and Secretaries) is evaluated using the PRCC institutional evaluation process.

Responsibility: Director, Department of Nursing Education

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Maintenance, Program Development, or Revision
Non-nurse staff performance review	100% of non-nurse staff will be evaluated	Institutional process based on years employed. <ul style="list-style-type: none"> - Annually if less than 6 years - Every 3 years if greater than 6 years 	Self & Director Evaluations	100% of non-nurse staff were evaluated according to college evaluation process. <ul style="list-style-type: none"> - (3 out of 3) of non-nurse staff completed college-wide evaluations in spring 2012. - (2 out of 3) of non-nurse staff completed college-wide evaluations in spring 2013 	Maintenance - continue current rotation schedule for college-wide evaluation process. Program Development - integrate evaluation of Media/Records Manager, Admission and Administrative Secretaries on future student evaluations to gather student opinions of non-nurse staff support to program, fall 2013.

Standard 3: Student polices, development, and services support the goals and outcomes of the nursing education unit.

Systematic Evaluation Plan: ADN Program					
<p>Criterion 3.1 Student policies of the nursing education unit are congruent with those of the governing organization, publicly accessible, non-discriminatory, and consistently applied; differences are justified by the goals and outcomes of the nursing education unit.</p> <p>Definition: Student rules and regulation of the ADN program are considered statements which inform, clarify, or explain processes, procedures, and expected conduct for students. They are publicly accessible, non-discriminatory, and consistently applied.</p> <p>Responsibility: Director and Assistant Director, Department of Nursing Education; ADN Rules and Regulations Committee and ADN Faculty</p>					
Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
ADN Rules and Regulations	<p>70% of the ADN rules and regulations are congruent with those of PRCC. Any differences are justified by the goals and outcomes of the nursing education unit.</p> <p>100% of the ADN rules and regulations are publicly accessible, non-discriminatory, and consistently applied.</p>	Annually; with any change at institutional or program level and as necessary.	ADN rules and regulations and college policies are reviewed by the Director of Nursing Education, the Assistant Director of Nursing Education, the ADN faculty, and the ADN Rules and Regulation Committee	At least 70% of the ADN rules and regulations are congruent with PRCC and 100 % of the rules are publicly accessible, non-discriminatory, and consistently applied.	Maintenance - reviewed in the ADN faculty meeting as revisions occur, presented in student orientation sessions at the beginning of each semester. Addendums are given to students if changes occur in the middle of the semester.

Systematic Evaluation Plan: ADN Program

Criterion 3.2 Student services are commensurate with the needs of the students pursuing or completing the associate and practical nursing programs, including those receiving instruction using alternative methods of delivery.

Definition: PRCC provides all ADN students with access to services that include but are not limited to health, counseling, academic advisement, career placement, and financial aid. The services are administered by qualified individuals.

Responsibility: Director and Assistant, Department of Nursing Education; Vice President for General Education and Technology Services, Vice President for Poplarville Campus and Hancock Campus (Director of Student Affairs, Director of Counseling Center and Director of Wellness Center); Vice President for Enrollment Management (Director of Financial Aid)

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Student Services	70% of the PRCC students who participate in an annual campus climate survey will indicate that they are satisfied with the campus climate.	Annually; fall semester	Campus Climate (Survey Monkey)	86% of PRCC students are satisfied with the overall campus climate.	<p>Maintenance - continue to obtain data and review results; no action needed at this time.</p> <p>Maintenance – continue to inform students of services available at new ADN student orientation every semester.</p> <p>2012-2013 PRCC Exit Survey: “three (3) main reasons for selecting PRCC...”</p> <ul style="list-style-type: none"> - Convenient locations - Selection of course offerings - Good reputation of the institution”

Systematic Evaluation Plan: ADN Program

Criterion 3.3 Student educational and financial records are in compliance with the policies of the governing organization and state and federal guidelines.

Definition: The ADN program adheres to PRCC's policies on educational and financial records.

Responsibility: Director and Assistant Director, Department of Nursing Education; Vice President for General Education and Technology Services; Vice President for Enrollment Management (Director of Financial Aid)

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Educational records	100% of educational records are maintained according to PRCC's policies and auditing agencies.	Every semester and as needed	Records reviewed to verify graduate eligibility and for progression within the ADN program. Records are maintained in the ADN Admissions Office.	100% of the educational records are maintained according to PRCC's policies and auditing agencies.	Maintenance – continue to monitor; no action needed at this time.
Financial records	100 % of financial records are maintained according to PRCC's policies and auditing agencies.	Every semester and as needed	Records are maintained in the financial aid office.	100% of the financial records are maintained according to PRCC's policies and auditing agencies.	Maintenance - financial aid office continues to maintain and audit records each semester.

Systematic Evaluation Plan: ADN Program

Criterion 3.4 Compliance with the Higher Education Reauthorization Act Title IV eligibility and certification requirements is maintained.

Criterion 3.4.1 A written, comprehensive student loan repayment program addressing student loan information, counseling, monitoring, and cooperation with lenders is available.

Criterion 3.4.2 Students are informed of their ethical responsibilities regarding financial assistance.

Definition: A program of compliance is available and is shared to assist students seeking financial aid.

Responsibility: Director of Financial Aid

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Compliance with Title IV / Entrance Loan Counseling	100% of students who receive financial aid will be aware of the Entrance Loan Counseling	Every semester and as needed	Students complete the Entrance Loan Counseling online.	Financial Aid office reports, "All students are made aware of the Entrance Loan Counseling."	Maintenance - monitored and maintained by the Financial Aid Office

Systematic Evaluation Plan: ADN Program

Criterion 3.5 Integrity and consistency exist for all information intended to inform the public, including the program’s accreditation status and ACEN contact information.

Definition: Information intended to inform the public is consistent in the PRCC Catalog, ADN Application Packet, ADN brochures, and the ADN PRCC website.

Responsibility: Director and Assistant Director, Department of Nursing Education and ADN Admission Committee

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Integrity and consistency of information	100% of documents and the ADN PRCC website will contain accurate information about the ADN program, the accreditation status, and the ACEN contact information.	Annually and as needed	Review of information	100% of documents contain accurate information.	<p>Maintenance - documents are reviewed and updated as changes occur, Appendix J: Document Review Checklist, p. 170).</p> <p>Spring 2013 Development – PRCC undergoing new website design, changes ongoing.</p> <p>Fall 2013 Development – changed ADN program application to online document; links available for Criminal Background Questionnaire, LPN Employer Verification Form, and NLN Testing Service.</p> <p>Revision – requests for ACEN name change, listing of new biology prerequisites, ADN full-time status requirement change, and elimination of Computer Concepts requirement have been sent to PRCC webmaster. *At time of this writing, web p. does not reflect all required changes (September 23, 2013) Appendix K: Hardcopy/Online Catalog Revisions, p. 171).</p>

Systematic Evaluation Plan: ADN Program

Criterion 3.6 Changes in policies, procedures, and program information are clearly and consistently communicated to students in a timely manner.

Definition: Changes in the ADN rules and regulations and the college policies are communicated at the beginning of each semester and as necessary.

Responsibility: Director and Assistant Director, Department of Nursing Education; ADN Rules and Regulations Committee, Vice-President for Poplarville Campus and Hancock Campus (Director of Student Affairs); Vice-President for General Education and Technology Services; PRCC Policy and Procedure Committee

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Communication of ADN rules and regulations changes and of PRCC college policy changes.	100% of the ADN students are informed of changes in the ADN Rules and Regulations and PRCC college policy changes	Every semester and as necessary	ADN New Student Orientation session every semester. Course orientation on the first day of class.	Students acknowledge the receiving and understanding of information by signature upon admissions. As changes occur, addendums are given, receiving and understanding of addendum information is acknowledged by student signature.	Maintenance – continue to disseminate information at new student orientation sessions; continue to include addendums as means of informing students of policy changes. Maintenance – Fall 2010, the formation of Level Liaisons was created to relay information to all faculty and students; this means of communication continues to be implemented.

Systematic Plan of Program Evaluation: ADN

Criterion 3.7 Orientation to technology is provided and technological support is available to students, including those receiving instruction using alternative methods of delivery.

Definition: PRCC students are provided instruction and support for use of technological resources.

Responsibility: Director and Assistant Director, Department of Nursing Education, Vice President for General Education and Technology Service (Department of Technology Services and Department of Extended & Online Instruction) Skills Lab Instructor, AND Faculty, and the Curriculum Enhancement Center

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Student orientation to technology	All students are oriented to technology and technological resources, including, but not limited to; Kaplan, Prep-U, and Canvas.	Each semester	Orientation to computer lab and other technologies upon admission and upon course orientation	All students are oriented to technology and technological resources.	<p>Maintenance - monitor students' ability to use technology; continue formal orientation sessions with product services for students and faculty</p> <p>Fall 2012 Lippincott conducted formal orientation for faculty and students to PrepU on Level II.</p> <p>Spring 2013 Lippincott led formal orientation for faculty and students to PrepU on Level II; additional orientation held to include Level III students.</p> <p>Lippincott introduced Electronic Health Record program to faculty; anticipated adoption of EHR program in spring 2014.</p> <p>Faculty attended information session on Kaplan Nursing Testing Service at MOADN Convention, March 2013.</p> <p>Summer 2013 Kaplan Nursing Testing Service conducted formal information session on products available to aid</p>

					<p>student learning.</p> <p>Fall 2013 Kaplan Nursing Testing Service has held formal orientation sessions for both faculty and students on testing products; integration of testing products commenced this semester.</p>
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Standard 4. The curriculum prepares students to achieve the outcomes of the nursing education unit, including safe practice in contemporary health care environments

Systematic Evaluation Plan: ADN Program

Criterion 4.1 The curriculum incorporates established professional standards, guidelines, and competencies and has clearly articulated student learning and program outcomes.

Definition: Individual course objectives, graduate student learning outcomes (G-SLOs), and program outcomes are specific to this program and reflect professional standards, guidelines, and competencies and are clearly articulated to students and faculty.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and ADN Faculty

Plan				Implementation	
Component	“Expected Level of Achievement”	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Curriculum	The curriculum contains: - professional standards - guidelines -competencies - student learning outcomes - program outcomes	Ongoing; each semester	Level I students attendance at new student orientation: receive ADN Handbook which contains programs: - Mission Statement - Philosophy - Program outcomes - G-SLOs - Conceptual Framework -Professional standards	100% of students receive ADN Student Handbook	Program Development – attendance of family members to new student orientation was started in fall 2011 to familiarize students and family about the nursing program, expectations, and requirements. Maintenance - continue to require new students to attend orientation session; continue to give students copy of the ADN Handbook

			<p>Level I students are required to sign a statement that they have read & understand ADN handbook.</p> <p>All levels incorporate professional standards and competencies in teaching.</p>	<p>100% of Level I students sign understanding statement.</p>	<p>Maintenance – continue to include ANA: Policies and Standards, NLN: Outcomes and Competencies, IOM and QSEN Initiatives, and MS Nurse Practice Law in Level I lecture content and provide handouts to students.</p> <p>Program Development - Fall 2011, faculty was given ANA: Policies & Standards, NLN: Outcomes & Competencies, QSEN, IOM: Future of Nursing and Bloom’s Taxonomy to update power points, teaching delivery, and reference the source of information (Appendix 4.1-1: p. 172).</p> <p>Maintenance/Revision - Changes/updates in terminology, guidelines, and/or objectives are brought to curriculum committee initially for evaluation and approval; final approval brought to general faculty. (Curriculum & General Faculty Minutes: 11/2012 – “faculty discussed and agreed to continue using the terms Provider of Care, Manager of Care, and Member within the Discipline of Nursing.”)</p> <p>Program Development - October 2012 all faculty members attended a workshop hosted by MS Council of Deans & Directors on “MS Nurse of the Future: Nursing Core Competencies”.</p> <p>Revision – fall 2012, curriculum committee began implementing new NLN competencies into program of study (Curriculum Minutes: 10/2012 – “email between members discussed looking at philosophy and adding new NLN competencies into program.”)</p>
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					<p>Program Development – currently ad hoc committee completing gap analysis of program’s competencies to competencies identified in the MS Nursing Competency Model:</p> <p>Patient-centered care, Professionalism, Leadership, Systems-based practice, Informatics and technology, Communication, Teamwork and collaboration, Safety, Quality improvement, and Evidence-based practice (Appendix4.1-1: p. 172)</p>
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Systematic Evaluation Plan: ADN Program

Criterion 4.2 The curriculum is developed by the faculty and regularly reviewed for rigor and currency.

Definition: Faculty members are responsible for developing and routinely updating the curriculum that meets the philosophy of this program. Faculty performs systematic reviews for rigor and currency on an ongoing basis.

Responsibility: Director of Nursing Education, Assistant Director of Nursing Education, ADN Curriculum Committee, ADN Faculty.

Plan				Implementation	
Component	“Expected Level of Achievement”	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Review for rigor and currency.	The curriculum is developed by the nursing faculty and is regularly reviewed for rigor and currency and revised as needed.	Ongoing assessment	Review components of curriculum: mission statement, philosophy, conceptual framework, course syllabi, assignments, supplemental study materials, textbooks, DVDs, computer programs, and current research.	<p>Course content reviewed; redundant content discovered</p> <p>Course syllabi reviewed; inconsistency in wording and format were identified.</p>	<p>Fall 2011 Development – an In-house Curriculum Chart devised to identify content taught on each level (General Faculty Minutes: 10/2011 – “committee is presently reviewing syllabi from all courses, accentuating content areas and hours taught.” Curriculum Minutes: 2011-PTSD will remain under Level IV content, remove from Level I”) Appendix 4.2-1: p.195.</p> <p>Fall 2012 Revision – curriculum chart revised; faculty reminded to include components of the role of the nurse. Development – syllabus guidelines established to ensure rigor, currency and consistency within the program. Q-SEN, IOM, National Patient Safety guidelines, ISMP, evidence based nursing and Bloom’s Taxonomy included in the syllabi updates to reflect rigor and currency (General Faculty Minutes: 11/2012 – “syllabus updates and revisions will be developed for consistency in course progression”) Appendix 4.2-3: p. 215. Maintenance – copies of the mission statement, philosophy, and conceptual framework was given to faculty (General</p>

				<p>Review of clinical evaluations revealed need for detailed evaluation for communication lab.</p> <p>Ongoing assessment of syllabi, textbooks, evaluation tools, etc. for currency</p>	<p>Faculty Minutes: 8/2012 – “review for next faculty meeting.”) (Curriculum Minutes: 10/2012 – “review relation of mission, philosophy and framework to NLN: Competencies and Outcomes”) (General Faculty Minutes: 11/2012 – “faculty unanimously to uphold current mission statement, philosophy, and conceptual framework.”</p> <p>Fall 2013 Maintenance – faculty emailed current mission statement, philosophy, and conceptual framework, asked to review and recommend any changes (General Faculty email Minutes: 8/2013)</p> <p>Spring 2012 Development – communication lab progress report created (Curriculum Committee Minutes: 2/2012- “committee chair presented progress report at General Faculty Meeting, copy of report supplied, asked for input, members had no further suggestions, report adopted for use.”)</p> <p>Revision – faculty updated references that were older than five (5) years. All levels using the medical terminology textbook, QSEN references are added to syllabi, ATI Skills Modules added to each unit of study (General Faculty Minutes: 4/2012 – “reference medical terminology text chapter under corresponding course unit.”)</p>
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				<p>Clinical evaluation tools/clinical objectives were reviewed for currency.</p>	<p>Spring 2012 Revision - Clinical evaluation tools revised to be specific to all levels of nursing. New clinical objectives for specialty areas.</p> <ul style="list-style-type: none"> • Example: Spring 2012, Level I in conjunction with Curriculum Committee developed a clinical evaluation tool specific to Communication Clinical Lab; fall 2012, Level I assigned new clinical objectives for the wound care rotation. Implemented in spring 2013 (Appendix 4.5-2: p. 273).
				<p>Testing guidelines and test blueprint reviewed need to update for rigor and currency.</p>	<p>Fall 2011 Development- testing guidelines were developed to be implemented by faculty to reflect rigor, currency and consistency (Appendix 4.2-7: p. 222).</p> <p>Spring 2012 Revision - Test blueprints were updated to reflect NCSBN testing guidelines. Bloom's taxonomy included to reflect rigor in the program (Curriculum Minutes: 1/2012 – committee discussed the number of alternative questions that need to be added on unit tests and if this number should be reflected on the blueprint") Appendix 4.2-6: p. 220.</p>

			<p>NCLEX-RN pass rates</p>	<p>2011 NCLEX rate: 84%</p> <p>2012 NCLEX rate: 87%</p> <p>2013 (1st quarter) rate: 94%</p>	<p>Standard 6 for detailed NCLEX pass rates</p> <p>Summary: (Appendix 4.2-4: p.216) Overall, G-SLOs, general education courses and nursing courses were evaluated as effective or highly effective. Based on fall 2012 and spring 2013 data, it was identified that students did not feel Sociology was an effective course; further discussion is warranted along with continued trending of data. Beginning fall 2013, Computer Concepts will no longer be a college requirement, A&P I with lab and Microbiology with lab will have new prerequisites.</p>
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Systematic Evaluation Plan: ADN Program

Criterion 4.3 The student learning outcomes are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.

Definition: Student learning outcomes are measurable learner-oriented abilities that are consistent with standards of professional practice.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Student learning outcomes	100% of individual course objectives are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	Each semester and as needed to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.	Review of all course syllabi to clarify/verify individual course objectives.	100% of individual course objectives are measurable learner oriented abilities and provide rigor and currency to course.	<p>Fall 2011 Maintenance/Revision - Individual nursing courses have individual course objectives written within each syllabus; revised to include current standards of practice, national guidelines, and initiatives.</p> <p>Development- testing guidelines were developed to be implemented by faculty to reflect rigor, currency and consistency (Appendix 4.2-7: p. 222).</p> <p>Spring 2012 Revision - Test blueprints were updated to reflect NCSBN testing guidelines. Bloom’s taxonomy included to reflect rigor in the program (Curriculum Minutes: 2012 – “site visitors stated unable to see progress until end of program;</p>

	<p>100% of graduate student learning outcomes (G-SLOs) are used to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.</p>	<p>Each semester and as needed to organize the curriculum, guide the delivery of instruction, direct learning activities, and evaluate student progress.</p>	<p>Review of all G-SLOs to reflect current standards of practice, national guidelines and/or initiatives.</p>	<p>100% of the G-SLOs are measurable learner oriented abilities and provide rigor and currency to the curriculum.</p>	<p>Cognitive Test Plan designed to reflect course progression throughout program”) Appendix 4.2-5: p. 219.</p> <p>Maintenance - Individual course objectives are located in each course syllabi and are used to organize the course content, guide delivery, direct learning activities, and evaluate student progress; faculty arranges didactic material, testing and clinical evaluations based on these objectives (Appendix 4.3-1: p. 240).</p> <p>Appendix 4.1-2, p. 174: Correlation of G-SLOs and individual course objectives.</p> <p>Prior to fall 2011 graduate student learning outcomes, course student learning outcomes and course objectives were used interchangeable without clear definitions; since the site visit Student Learning Outcomes were renamed “Graduate Student Learning Outcomes” for clarification.</p> <p>Fall 2011 Revision – G-SLOs were reorganized and clearly defined and are now located in the ADN Handbook;</p>
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					<p>students are oriented to the G-SLOs at new student orientation every semester; same G-SLOs are utilized for Curriculum Evaluation by graduating students, Graduate Satisfaction Survey and Employer Satisfaction Survey.</p> <p>Fall 2012 Revision – in combination with Graduate Exit Interviews and evaluation of G-SLOs, delegation and management were content areas that students felt needed additional concentration (General Faculty Minutes: 10/2012 – “director asked clinical faculty to include delegation and management opportunities at all levels of instruction.”)</p> <p>Spring 2012 Revision – results of Curriculum Evaluations prompted rewording of G-SLOs to approach communication techniques differently (Outcomes Minutes: 5/2013 – “there has been an increase from 94% to 100% in positive responses in regard to communication.”)</p> <p>Fall 2013 Revision – one G-SLOs was reworded to reflect nursing judgment (Curriculum & Outcomes Minutes: spring 2013 – “new G-SLO to</p>
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					<p>read...practicing within the parameters of individual knowledge and experience.”)</p> <p>Maintenance - curriculum is updated to meet expected outcomes as needed as well as to remain current and provide rigor to the program.</p>
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Systematic Evaluation Plan: ADN Program

Criterion 4.4 The curriculum includes cultural, ethnic, and socially diverse concepts and may also include experiences from regional, national, or global perspectives.

Definition: The curriculum contains concepts related to regions, cultures, ethnicities that are different from one's own.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Cultural diversity and perspectives	Each nursing course will contain a minimum of one unit objective related to cultural, ethnic, and/or socially diverse concepts.	Ongoing each semester.	Review of course objectives; review of current textbook.	Review revealed all nursing courses contain at least one unit objective related to cultural, ethnic, or socially diverse concepts.	Maintenance – continue to review and revise course syllabi as needed to reflect rigor and currency of current information on cultural diverse concepts. Example: NUR 1111, Unit 1 - students are introduced to cultural diversity topics; given an assignment to present one of seven cultural presentations at the end of the semester. The seven cultural choices are from the local cultures identified.

Systematic Evaluation Plan: ADN Program

Criterion 4.5 Evaluation methodologies are varied, reflect established professional and practice competencies, and measure the achievement of student learning and program outcomes.

Definition: Evaluation methodologies are the means of determining achievement of student learning and program learning outcomes that are consistent with professional practice.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Evaluation methodologies	100% of the courses utilize a variety of methodologies to assist the student in achievement of student learning and program outcomes.	Ongoing	ATI testing ATI Comprehensive Predictor	Faculty uses a variety of methods to assist the students in achievement of student learning and program outcomes. Four semesters of results were reviewed. Fall 2011; Adjusted Group Score= 67.2% Individual Mean-Program= 68.1% Spring 2012; Adjusted Group Score=65.3% Individual Mean-	Maintenance/Revision - Proctored ATI Assessments provided the potential for extra points on student final exams; Kaplan Integrated Tests will provide the potential for extra points on student final exam in fall 2013. Maintenance/Revision - ATI Comprehensive Predictor utilized to disseminate deficient areas of study to individual course faculty; trending will continue with utilization of Kaplan Integrated Tests with comparison with NCLEX-RN pass rates.

				<p>Program=70.2%</p> <p>Fall 2012; Adjusted Group Score= 66.8% Individual Mean-Program= 70.2%</p> <p>Spring 2013; Adjusted Group Score= 68.9% Individual Mean-Program= 70.2%</p>	
			<p>Spring 2013 - ATI Practice Comprehensive Predictor, non-proctored.</p>	<p>Seven of the 52 students took advantage of this practice assessment from ATI. Of these seven, four scored 72% or greater, two of the seven scored 64.7% or greater. 86% of students taking the Practice Comprehensive Assessment achieved 81% or greater probability of passing NCLEX.</p>	<p>Revision – fall 2013, Kaplan Comprehensive Proctored Assessment after attending live NCLEX-RN review course</p>
			<p>Cooperative Testing</p>	<p>Following an exam, students are divided into groups and provided a timed opportunity to retake previously administered exam.</p>	<p>Maintenance – all Levels are able to utilize cooperative testing as a tool for the students to remediate on past exams.</p>

			<p>Clinical progress and summative evaluations.</p> <p>Test Blueprints/Testing Guidelines (Unit quizzes, tests, final exams)</p> <p>Skills Practice/ Check-offs</p>	<p>Clinical Evaluation Tools reflect achievement of student learning outcomes.</p> <p>Test Blueprints reflect student learning outcomes by course.</p> <p>Due to identified inconsistencies in wording, format and Bloom's Taxonomy, testing guidelines were developed.</p> <p>Level I and Level II teach, practice and check-off the majority of the skills. The students are provided with 3 opportunities to be successful with check-offs.</p>	<p>Maintenance - Clinical Evaluation Tools reflect student learning outcomes and are course specific.</p> <p>Fall 2011 & Spring 2012 Maintenance/Revision</p> <ul style="list-style-type: none"> - Testing Guidelines related to student outcomes were developed to assist faculty with testing construction. - Testing Blueprint revised to reflect currency and rigor utilizing Bloom's taxonomy and NCSBN Test Plan. <p>Spring 2013 Faculty attended "Learning to Improve Outcomes in Nursing Education Using the NCLEX-RN Test Plan" workshop. Revision - Testing Blueprint updated to reflect 2013 Test Plan</p> <p>Maintenance - Continue with current system of practice/skills check-offs.</p>
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Systematic Evaluation Plan: ADN Program

Criterion 4.6 The curriculum and instructional processes reflect educational theory, interdisciplinary collaboration, research, and best practice standards while allowing for innovation, flexibility, and technological advances.

Definition: The nursing curriculum utilizes educational theories, interdisciplinary collaborations, research and best practices to assist the student in completion of student learning and program outcomes.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Educational theory	Faculty will utilize current best educational practices, interdisciplinary collaboration, innovation and technological advances to assist the student to meet course and program outcomes.	Each semester and as needed, faculty reviews classroom presentations.	Syllabi are reviewed each semester for utilization of current educational practices and for integration of Benner's "novice to expert" theory.	<p>Review of syllabi revealed faculty utilizes current educational practices.</p> <p>Review of syllabi and ADN program philosophy faculty rediscovered that the program was based on Benner's "novice to expert" theory.</p>	<p>Maintenance – faculty will continue to review course syllabi and update as necessary; adopt teaching practices based on principles of typical college and adult learners; faculty will continue to utilize textbooks with research-based best practice content; communicate with clinical agencies; collaborate with other disciplines in healthcare and across campus.</p> <p>Development/Maintenance – faculty will continue to adopt teaching practices based on the learning style theory of Dunn and Dunn (group activities, concept maps, traditional lecture, interactive class handouts, PowerPoint, skits, role play, etc.); review implementation of QSEN, IOM, National Patient Safety Goals, ISMP, etc. to assist in student achievement of G-SLOs; review individual course objectives for utilization of Bloom's Taxonomy with progression from "novice to expert" (Table II, p. 17 and Table III, p. 18).</p>

<p>Interdisciplinary collaboration</p>	<p>Faculty will demonstrate collaboration with clinical agencies, college resources and committees, and on the local, state, or national level.</p>	<p>Each semester and as needed, faculty communicates with specific clinical agencies; faculty is involved in various college committees and utilizes campus resources; faculty is involved in various local, state & national healthcare organizations.</p>	<p>Review of clinical communication minutes, college wide committee minutes, and faculty professional development records.</p>	<p>Results revealed clinical communication minutes are completed every semester and as needed.</p> <p>Results showed that at least 25% of faculty is involved on college committees, faculty and students utilize college resources: Student Success Center, Counseling Center, Financial Aid, Development Foundation, Curriculum Enhancement Center, etc.</p>	<p>Maintenance – continue open lines of communication with clinical agencies; faculty continue to email clinical rotation schedules to agencies; faculty continue to share clinical agency evaluation results (Clinical Communication email Minutes: 8/15/2013 – “we will begin clinical on Tuesday, 9/3 and end on Thursday, 10/31. Team leaders will arrive at 6 am and remainder of students will arrive at 6:15am. There will be 9 students in first two groups and 10 in the last group. Please let me know if you have any questions or concerns, I have attached clinical objectives and the information to be posted in the medication room.” 5/13/2013 – “Please note the attached evaluation of 6T North by the Level IV students who were in clinical this semester. It is very positive. Please share this with the entire staff.”</p> <p>Maintenance – continue faculty involvement on college-wide committees; continue communication with college resources to better aid students as well as resource to faculty. Example: Curriculum Enhancement Center staff is invited to ADN General Assembly every semester to inform students and faculty of the library hours and services available.</p>
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<p>Research and best practice standards</p>	<p>Faculty will demonstrate use of research and best practice standards.</p>	<p>Annually, faculty maintains membership in state associate degree organization (MOADN), attend various educational offerings.</p> <p>Annual evaluation of textbooks by faculty and students.</p>	<p>Review of faculty professional folders.</p> <p>Review of textbook evaluations.</p>	<p>Review of faculty professional folders revealed professional membership to local, state, and national organizations; professional development records revealed faculty attending professional workshops, meetings, etc. as well as some faculty serving as members on organizational boards, providing podium presentations and participating in poster presentations.</p> <p>Results revealed that textbooks are reviewed for reading level and currency (within five years) by faculty.</p> <p>Textbooks are evaluated by students and faculty yearly.</p> <p>Textbooks are from companies with research-based best practice content are utilized.</p>	<p>Maintenance – continue ten (10) CEU requirement of faculty for professional development; faculty to continue membership in professional organization and serving on professional boards; faculty encouraged to engage in scholarship activities.</p> <p>Maintenance – continue textbook evaluation process; continue use of textbooks from companies with research-based best practice content.</p>
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<p>Innovation, flexibility, technology</p>	<p>Curriculum design allows for innovation, flexibility, and use of technology.</p>	<p>Each semester</p>	<p>Review student evaluations of faculty.</p> <p>Review of faculty surveys in regard to available teaching tools.</p>	<p>Revealed opinion of students that faculty is innovative and utilizes technology in teaching practices.</p> <p>Determined the program possess the tools to meet the teaching needs of the faculty.</p>	<p>Maintenance – continue to encourage faculty to utilize technology in both theory and clinical arenas; remain flexible in delivery methods due to different group dynamics and individual learning styles; encourage attendance of professional development sessions to facilitate faculty use of technology. (General Faculty Minutes: spring 2012 – “members of the faculty attended ‘brown bag’ session in biology department on use of clickers.”)</p> <p>Development/Maintenance - aid faculty in utilizing new technology as it becomes available; added Sympodiums to classrooms; Sim-Man 3G purchased for skills lab; video components available for taping of skits and role playing; creation of simulation lab spring 2014. (Clinical Communication email Minutes: 8/2013 – “Please let me know if you have any questions about the schedule of training dates for Epics...just a reminder of our need for student rosters.”)</p>
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Systematic Evaluation Plan: ADN Program

Criterion 4.7 Program length is congruent with the attainment of identified outcomes and consistent with the policies of the governing organization, state and national standards, and best practices.

Definition: The program complies with PRCC, state and national standards, and incorporates best practice to meet the program length.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and Nursing Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Program length	2 academic years or four (4) semesters 72 credit hours required: 42 hours nursing courses and 30 hours general education courses	Annually	Comparison of program requirements, PRCC, state and national standards.	In spring 2011, the program was identified as not in compliance regarding program length. The spring 2011 program of student made it impossible for the program to be completed in four semesters. Due to the college policy for Biology as a prerequisite for A&P and Microbiology.	Following Accreditation review (March 2011), information of noncompliance was submitted to Dr. William Lewis, President of Pearl River Community College. Email correspondences between ADN Director, Dr. Arlene Jones and Department of Science, Mathematics, and Business began July 2011 – November 2012 with no resolution to issue. (Curriculum Minutes: 10/12/2011- “General Biology course: Director has submitted 2011 Self-Study visitor’s

					<p>report to General Biology department but has not received a response as of this date.”)</p> <p>Curriculum Minutes: 10/26/2011 – “Director reported that she received a statement from Biology Department, which has been forwarded to IHL and other Deans/Directors of nursing programs. Discussion ongoing.”)</p> <p>(Curriculum Minutes 2/2012 – “Director reported that the Biology Department rejected all statements except that statement regarding Advanced Placement.”)</p> <p>12/12/2012 – Director met with PRCC President, several Vice Presidents, and the Department of Science, Mathematics, and Business to discuss possible solutions to non-compliance issue regarding biology prerequisite to A&P and Microbiology.</p> <p>Spring 2013 Development - Biology statement going to the Instructional Council for approval (1/2013).</p> <p>Development - Biology statement approved by the Instructional Council and College Board (2/2013).</p> <p>Resolution: Appendix I: p. 169</p>
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				<p>PRCC Computer Concepts (3 credit hours) graduation requirement</p> <p>ADN students required to maintain full-time academic status</p>	<p>(General Faculty Minutes: 3/2013 - “Director gave an update regarding the Biology requirement for admission: High school students in good standing with an ACT Science sub-score of 21 and completed 3 high school sciences with C or better. In regards to the present class, 27 would have waived this requirement.”)</p> <p>Minutes from meeting approved in spring 2013 by the Vice-President of General Education and Distance Service and the Instructional Council, PRCC removed the graduation requirement of Computer Concepts.</p> <p>4/2013: ad hoc meeting regarding budgetary items, President of PRCC gave approval to remove the full-time requirement for students enrolled in Associate Degree Nursing and Allied Health programs effective Fall 2013.</p> <p>Note: The 2012-2014 College Catalog has been printed. These changes will be reflected on the PRCC web p. on-line Catalog sometime mid-Fall 2013 semester (Appendix K: p. 171).</p>
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				In spring 2011, site visitors commented that program of study difficulty to understand and/or follow.	Fall 2013 Revision – following college-wide changes to program that were implemented fall 2013, the program of study was redesigned for clarity and ease of understanding (Appendix 4.7-1: p. 276).
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Systematic Evaluation Plan: ADN Program

Criterion 4.8 Practice learning environments are appropriate for student learning and support the achievement of student learning and program outcomes; current written agreements specify expectations for all parties and ensure the protection of students.

Criterion 4.8.1 Clinical experiences reflect current best practices and nationally established patient health and safety goals.

Definition: Practice learning environments include Skills Lab, limited clinical simulation lab, and clinical facilities assist students with achieving competencies consistent with professional standards of practice while developing a safe practitioner.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Learning environments:	Practice learning environments are appropriate for student learning and support achievement of program outcomes.	Ongoing			Maintenance - continue to monitor all learning environments; address issues identified in order to improve practice learning environments.
Clinical facilities		Clinical communication minutes (formal & informal) filed end of every semester	Review of clinical communication minutes; informal evaluations of clinical agencies by faculty.	All clinical instructors maintained records of clinical communication minutes; minutes are in binders located in nursing conference room. Percentage of clinical faculty minutes found with clinical facilities: 2011-2012 100%	Maintenance – maintain relationships and continued communication with all contracted agencies; continue to maintain a record of clinical communication minutes as well as address any issue identified in said minutes.

		Annually; spring semester	Student evaluations of clinical agencies (Survey Monkey)	2012-2013 100%	
Clinical experiences	Faculty and students follow clinical facility policies and procedures regarding patient health, safety, and current best practices.	Ongoing; every semester Annually; spring semester	Faculty and students are oriented to each clinical facility utilized.	All core clinical facilities were evaluated in spring 2011, 2012, and 2013; results revealed satisfaction with clinical learning environments. Review of clinical orientation packets revealed all students participated in clinical facility orientation prior to start of clinical experiences.	Maintenance – continue to have students evaluate clinical facilities; address any issues identified with clinical facility in timely manner. Revision – Outcomes Committee discussing “changing interval for student evaluations of clinical facilities to fall semester in order to facilitate sharing of results with advisory committee members at spring meetings”, spring 2013 minutes. Maintenance – continue open communication with clinical facilities; continue to monitor and to have students and faculty participate in clinical facility orientations.
Current best practices	Faculty will inform students of current best practices in relation to clinical	Ongoing; every clinical rotation	Faculty incorporate current best practices into clinical rotations	Review of current best practices utilized in learning environments revealed faculty incorporating current best practices into nursing care being provided.	Development –Fall 2011, faculty was given ANA: Policies & Standards, NLN: Outcomes & Competencies, QSEN, IOM: Future of Nursing, ISMP, and Bloom’s Taxonomy to address site visitors concern of curriculum not being reviewed for currency and rigor.

<p>Skills Lab</p>	<p>experiences.</p> <p>Skills lab meets individual course and clinical objectives; supports clinical preparation.</p>	<p>Ongoing; every semester</p>	<p>Review of appropriateness of skills lab in relation to skill preparation.</p>	<p>Students receive clinical orientation, clinical guidelines and clinical objectives prior to start of clinical rotation.</p> <p>Review of faculty and student comments reveal satisfaction with skills lab in meeting clinical preparation.</p>	<p>Maintenance/Revision - Faculty maintains and updates clinical guidelines and clinical objectives to incorporate current best practices as well as reflect rigor into clinical learning experiences. Fall 2012, Level I assigned new clinical objectives for the wound care rotation, implemented in spring 2013 (Appendix 4.5-2: p. 273).</p> <p>Fall 2013 Development – Skills Lab position changed to faculty (General Faculty Minutes: 8/2013 – “position changed from staff to faculty in preparation for simulation lab.”)</p> <p>Development – grant received to facilitate the creation of simulation lab (General Faculty Minutes: 8/2013 – “program awarded \$150,000 grant for establishment of simulation lab.”)</p>
<p>Advisory Committee</p>	<p>Advisory Committee composed of members from core clinical facilities, PRCC administrators, ADN faculty and guests.</p>	<p>Annually; as needed.</p>	<p>Review of Advisory Committee Meeting minutes</p>	<p>Review revealed maintenance of all advisory committee minutes; minutes are in binders located in nursing conference room; collaboration with clinical facilities remains ongoing in order to provide the best learning environments.</p>	<p>Maintenance – Since the Advisory Committee was instituted spring 2011, the committee has met annually to maintain relationships, to gather information pertaining to current practices within each facility as well as provide members with updates on curriculum and program outcomes.</p>

Written agreements	100% of clinical facility contracts will reflect specific expectations.		Review of clinical facility contracts	Review revealed all clinical facility contracts are current and reflect specific expectations of both clinical facility and nursing program.	Maintenance – continue to review and maintain contracts with clinical facilities, update as needed.
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Standard 5: Fiscal, physical, and learning resources promote the achievement of the goals and outcomes of the nursing education unit.

Systematic Evaluation Plan: ADN Program					
<p>Criterion 5.1 Fiscal resources are sufficient to ensure the achievement of the nursing education unit outcomes and commensurate with the resources of the governing organization.</p> <p>Definition: Fiscal resources allow the nursing program to meet its goals as well as meet accreditation standards and program outcomes.</p> <p>Responsibility: Director, Department of Nursing Education</p>					
Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Fiscal Resources and ADN Budget	100% of the ADN budget is utilized to support the program.	Budget annually (March) Reviewed monthly	Submit request annually in spring. Review the monthly reports.	100% of the budget was utilized in expense & salary.	Maintenance - continue to monitor budget for program needs and provide input to administration concerning budgetary needs.

Systematic Evaluation Plan: ADN Program					
Criterion 5.2 Physical resources are sufficient to ensure the achievement of the nursing education unit outcomes and meet the needs of faculty, staff, and students.					
Definition: Physical facilities are appropriate to support the mission of the ADN Program. Physical facilities include classrooms, skills lab, computer lab, conference room, and offices specifically dedicated to the nursing program.					
Responsibility: Director, Department of Nursing Education, ADN Faculty and Staff					
Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Physical Facilities: Classrooms Skills Lab & Equipment Computer Lab Conference Room Office Spaces	The nursing facility is appropriate and does support the mission of the ADN program. Faculty, Staff, and Students are satisfied with the physical facilities.	Every semester and as needed	Inventory Review is done in the spring semester. Classrooms and offices are assessed every semester by faculty and staff. Skills Lab is assessed every semester and as needed by the Skills Lab Instructor.	100% of resources support the faculty, staff, and students in accomplishing the mission.	Maintenance - continue to evaluate and maintain the components of the facility and make improvements as needed. Development – SimMan 3G purchased in spring 2011. Development – conference room & tiered classrooms equipped with new projection systems (General Faculty Minutes: fall 2012 – “new projection systems are being installed to allow use of all three tiers”) Development – new computer access area designated for use when testing occurring in computer lab (General Faculty Minutes: fall 2012 – “computer access available in front lobby of admission office “)

			<p>Computer Lab is assessed every semester and as needed by the Media/Records Manager.</p> <p>Routine maintenance checks on equipment are assessed in the summer and as needed.</p>		<p>Fall 2013 Development – grant received to facilitate the creation of simulation lab (General Faculty Minutes: 8/2013 – “program awarded \$150,000 grant for establishment of simulation lab.”)</p> <p>Development/Revision – computer lab rearranged into classroom style in preparation for electronic health record instruction, fall 2013.</p>
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Systematic Evaluation Plan: ADN Program

Criterion 5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students including those engaged in alternative methods of delivery.

Definition: Learning resources and technology are considered necessary for students to access the information they need for learning.

Responsibility: Director, Department of Nursing Education, ADN Media/Resource Committee, and Skills Lab Instructor

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Textbook	100% of resources will support faculty and students in order to accomplish the mission of the ADN program.	Annually; fall semester Faculty review annually in the spring and as needed.	Media Evaluations (Survey Monkey) Media Committee, ADN Faculty request	All learning resources was found to support student learning.	Maintenance – Media/Resource Committee will continue to review and make recommendations as needed; continue to utilize current (copyrighted within last 5 years) textbooks Spring 2013 Development – utilization of PrepU expanded to Level III students Fall 2013 Mental Health & Obstetric/Pediatric courses adopted new textbooks (General Faculty Minutes: 4/2013 – “adoption of new textbooks will allow continued utilization of PrepU.”)
Learning Resource Center		Students review annually in the fall per college	Campus Climate Survey	87% of students on college-wide survey find learning resources good or very good.	Fall 2013 Revision – name change of Learning Resource Center to Curriculum Enhancement Center,

<p>Learning Management System</p>		<p>“Campus Climate” surveys</p> <p>Students review annually in the fall per college “Campus Climate” surveys</p>	<p>Campus Climate Survey</p>	<p>Participation from the Campus Climate Survey shows 76% of students rated “Blackboard” as good or very good.</p>	<p>effective fall 2013.</p> <p>Maintenance – continue having director of Curriculum Enhancement Center share resources and information at ADN General Assembly in fall and spring semesters, started spring 2012.</p> <p>Maintenance/Revision - maintain contact and continue to utilize services of center for nursing students; encourage utilization of database systems by faculty and students.</p> <p>Summer 2013 Development/Revision – college adopted new state-wide learning management system; faculty received training spring 2013; students receiving orientation during course orientations in summer & fall semesters (General Faculty Minutes: 4/2013 – “mandatory for faculty to attend training prior to start of summer semester.”)</p>
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Systematic Evaluation Plan: ADN Program

Criterion 5.3 Learning resources and technology are selected by the faculty and are comprehensive, current, and accessible to faculty and students, including those engaged in alternative methods of delivery.

Definition: Learning resources and technology are considered those items necessary for students to access the information they need for learning.

Responsibility: Director, Department of Nursing Education, ADN Media/Resource Committee, Media/Records Manager, and Skills Lab Instructor

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Program Development, Maintenance, or Revision
Computer Lab	100% of resources will support faculty and students in order to accomplish the mission of the ADN Program.	Annually; fall semester by Director and Media/Resource Committee. Every semester by Media/Records Manager	Review of programs and technology by faculty and Media/Records Manager.	100% of resources support the faculty and students in accomplishing the mission of the ADN Program.	Maintenance - continue to maintain and/or update holdings in Computer Lab Fall 2012 Development – staff position added to program to facilitate and manage all aspects of technology for nursing program. Media/Records Manager oversees and maintains computer lab, maintains electronic files for student clinical requirements and assists faculty and students with technology issues. Development – computer software evaluated for currency by Media/Records Manager (General Faculty Minutes: 10/2012 – “outdated programs identified as well as non-functioning programs.”)

<p>Skills Lab</p>	<p>100% of resources will support faculty and students in order to accomplish the mission of the ADN Program.</p>	<p>Every semester per Skills Lab Instructor</p>	<p>Review of equipment and supplies by faculty and Skills Lab Instructor.</p>	<p>Comments on fall 2012 media/resource evaluations suggested, “printers should be available even during testing; need more printers.”</p> <p>100% of resources support the faculty and students in accomplishing the mission of the ADN Program.</p>	<p>Spring 2013 Maintenance/Revision – computer software updated; continue to incorporate current and relevant software as needed</p> <p>Development – separate area setup with computers and printer to accommodate students when computer lab is being used for testing in spring 2013</p> <p>Fall 2013 Development/Maintenance – computer lab rearranged into classroom style in preparation for electronic health record instruction, fall 2013; continue to maintain and/or update computer lab as needed.</p> <p>Fall 2013 Development – Skills Lab position changed to faculty (General Faculty Minutes: 8/2013 – “position changed from staff to faculty in preparation for simulation lab.”)</p> <p>Development – grant received to facilitate the creation of simulation lab (General Faculty Minutes: 8/2013 – “program awarded \$150,000 grant for</p>
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					<p>establishment of simulation lab.”)</p> <p>Maintenance - Continue to maintain and/or update equipment and supplies as needed.</p> <p>Revision – incorporate Computer Lab and Media/Records Manager as well Skills Lab and Skills Lab Instructor into student evaluation process in fall 2013.</p>
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Standard 6. Evaluation of student learning demonstrates that graduates have achieved identified competencies consistent with the institutional mission and professional standards and that the outcomes of the nursing education unit have been achieved.

Systematic Evaluation Plan: ADN Program

Criterion 6.1 The systematic plan for evaluation emphasizes the ongoing assessment and evaluation of the student learning and program outcomes of the nursing education unit and ACEN standards.

Definition: The “Progressive Systematic Evaluation Plan” incorporates assessment, aggregation, and trending of data related to aspects of the program identified by program, institutional, state, and national requirements. The findings are used to facilitate decision-making and program improvement and are shared with communities of interest as appropriate.

Responsibility: Director and Assistant Director, Department of Nursing Education and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision
Systematic Evaluation Plan (SEP):	Required Elements:			Results are distributed to course instructors, clinical instructors, Media/Resources and Curriculum Committees, and Director for review and discussion.	Maintenance/Revision – changes to program are based on areas falling below set standards and narrative comments.
Curriculum Evaluation	70% of respondents will respond positively Note: wording such as “always” or “sometimes” was utilized	Fall and Spring semesters (Level IV students only)	Survey Monkey	- Data collection in place for G-SLOs since fall 2010; Level IV students have consistently rated curriculum above 70% (Appendix 4.2-4: p. 216).	Revision - G-SLO wording restructured on Curriculum Evaluation to reflect currency of program. (Curriculum Committee Minutes: Fall 2011, Spring 2012) Fall 2012, evaluations were emailed to students to complete outside of school hours because of very poor response rates, students will be required to complete surveys during school hours. (Outcomes Minutes: 1/2013)

			<p>Fall 2011: 125 students 96% positive response *52 of these were Level IV students.</p> <p>G-SLOs, general education courses and nursing courses were evaluated as effective or highly effective.</p> <p>Spring 2012: 78 students out of 78 96% positive response</p> <p>Fall 2012: 23 students out of 54 96% positive response *students allowed to participate in survey from home</p> <p>Spring 2013: 53 students out of 56 99% positive response</p>	<p>Fall 2011 It was determined that Level II students were inadvertently given access to said survey.</p> <p>Spring 2012 Revision - added all G-SLOs, Biology with Lab and Computer Concepts to the survey.</p> <p>Fall 2012 Revision – due to the limited number of responses, students are now required to take survey during class time</p> <p>Plan: continue to trend data since 28% of students rated Sociology as not effective; 28.6% of students rated Computer Concepts as not effective.</p> <p>Spring 2013 Revision – one G-SLO added to fall 2013 survey to incorporate clinical judgment. Plan: continue to trend data since 30.4% of students rated Sociology as not effective; 21.7% of students rated Computer Concepts as not effective.</p> <p>Fall 2013 Revision – Biology with lab and Computer Concepts will be removed</p>
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<p>Course Evaluation</p>	<p>70% of respondents will respond positively</p>	<p>Spring semester</p>	<p>Survey Monkey</p>	<p>- Student responses on course evaluations remain positive overall (Appendix 6.1-3: Dosage Course Evaluation Results, p. 291).</p> <p>- Skills Lab and Computer Lab are not formally being evaluated.</p> <p>- Skills Review Sessions (fall 2012 & spring 2013) were viewed by students as being extremely helpful.</p> <p>Comments: “wished we had this in previous semesters”; “helpful to hear from another instructor their opinion how to do skills”</p>	<p>since no longer college requirement.</p> <p>Maintenance/Revision – continue to evaluate individual courses in spring semester; discuss and revise courses as appropriate in Curriculum and Level meetings (Curriculum Minutes: fall 2011 & spring 2012 – “more time is needed for dosage”).</p> <p>Development - Skills and Computer Labs will be added to individual Course Evaluations in spring 2014. (Outcomes Committee Minutes: 2/2013; General Faculty Minutes: 3/2013)</p> <p>Maintenance/Revision – continue Skills Review Sessions every semester; include care plan expectations into sessions.</p>
<p>Clinical Agency Evaluation</p>	<p>70% of respondents will respond positively</p>	<p>Fall semester</p>	<p>Survey Monkey</p>	<p>- Students originally completed evaluation in spring, delay in providing results to Clinical Agencies.</p> <p>- Students have continually responded positive >70% to clinical agencies utilized.</p>	<p>Revision – Evaluations of Clinical Agency moved to fall 2013 to facilitate sharing of results with agency representatives at spring Advisory Committee meetings. (Outcomes Minutes: 2/2013; General Faculty Minutes: 3/2013)</p>

<p>Media Evaluation</p>	<p>70% of respondents will respond positively</p>	<p>Fall semester</p>	<p>Survey Monkey</p>	<p>Example: Spring 2012, student clinical experience on FGH – Unit 7T; 98% positive response (Appendix 6.1-4: Clinical Evaluation of Unit 7T: p. 293).</p> <p>- Students have continually responded positive >70% to formats of media utilized such as textbooks, online assignments and audiovisuals.</p> <p>Example: Fall 2012, Fundamental student media evaluation results; overall 96% (Appendix 6.3-1: p. 298).</p>	<p>Maintenance/Revision – continue to monitor media/resource evaluation process; include non-nurse staff in fall 2013 media/resource evaluations.</p>
<p>Graduate Satisfaction Survey</p>	<p>90% satisfied with program</p>	<p>12 months following graduation</p>	<p>Formal: Email / Postcard provides link to Survey Monkey</p> <p>Informal: Phone call</p>	<p>- Difficulty in contacting former students to obtain Graduate Satisfaction Surveys:</p> <ol style="list-style-type: none"> a. School email accounts closed or student did not check email following graduation b. Phone number changed c. Address changed <p>Fall 2011 graduates – utilizing postcards 80% satisfied with program (5 respondents out of 38; 1 dissatisfied)</p>	<p>Revision – methods of collecting Graduate Satisfaction Surveys have evolved:</p> <ul style="list-style-type: none"> • Outcomes Committee met with Counseling Center to evaluate tracking system utilized for college; committee adapted similar form for tracking ADN graduates (Outcomes Minutes: 9/2012; Appendix 6.1-2: p. 290). • Graduate Satisfaction Surveys emailed to student private emails (Outcomes Minutes: 8/2012) • Graduate Satisfaction Surveys frequency changed to every 12 months (previously 6-9 months) (Outcomes Minutes: 8/2012) • Graduate Satisfaction Surveys

<p>Graduate Employment</p>	<p>90% employed</p>	<p>12 months following graduation</p>	<p>Graduate Tracking Form</p>	<p>Spring 2012 graduates – utilizing postcards 100% satisfied with program (4 respondents out of 65)</p> <p>Fall 2012 had 49 graduates; 45 contacted faculty following NCLEX-RN passage.</p> <ul style="list-style-type: none"> - Phone calls has yielded 8 out of 10 satisfied 80% (1 - “need to have course in finding job”; 1 - “make students and faculty follow same standard” - Repeat phone attempt, mailing postcards and Survey Monkey link will be available in October <p>- Difficulty in contacting former students to obtain Graduate Employment:</p> <ol style="list-style-type: none"> a. School email accounts closed or students did not check email following graduation b. Phone number changed c. Address changed <p>Fall 2011 graduates – 100% employed (27 employed out of 27)</p> <p>Spring 2012 graduates – 91% employed (49 employed out of 54)</p> <p>Fall 2012 graduates – 84%</p>	<p>restructured Spring 2013 to reflect current G-SLOs (Curriculum & Outcomes Minutes: 5/2013)</p> <ul style="list-style-type: none"> • Appendix 6.2-1: p. 295 <p>Maintenance - Level IV instructors utilize tracking form (Appendix: 6.1-2, p. 290) to follow post-graduates; this process has increased contact from graduates; will continue to monitor graduate satisfaction evaluation process.</p> <p>Revision – methods of collecting Graduate Employment information have developed:</p> <ul style="list-style-type: none"> • Graduate Employment Surveys emailed to student private emails (Outcomes Minutes: 8/2012) • Graduate Employment Surveys frequency changed to every 12 months (previously 6-9 months) (Outcomes Minutes: 8/2012) <p>Maintenance - Level IV instructors utilize tracking form (Appendix: 6.1-2, p. 290) to follow post-graduates; this process has increased contact from</p>
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<p>Employer Satisfaction</p>	<p>90% satisfied with program</p>	<p>Annually</p>	<p>Email to contact person at facilities; Paper /Pencil survey done at Advisory Committee Meeting (Spring semester); Face-to-Face</p>	<p>employed (as of this writing 38 out of 45 have contacted faculty; no contact from 4; employment will be included in Graduate Satisfaction Survey process in October)</p> <p>- Analyzing data revealed graduate employment outside 70 mile radius.</p> <p>- Poor response rate on Employer Satisfaction Surveys</p> <p>Advisory Committee:</p> <ul style="list-style-type: none"> - Fall 2011 (10 facilities represented) - Spring 2012 (6 facilities represented) Spring 2013 (2 facilities represented) <p>*facility representatives did not voice any concerns in respect to graduate performance at any of the Advisory Committee meetings.</p> <p>Spring 2013 – Survey Monkey link provided to 9 facilities; only 2 responses received both with positive remarks.</p>	<p>graduates; will continue to monitor process in which to gather information concerning graduate employment.</p> <p>Development – previously Graduate Employment Survey asked if employment was “within a 70 mile radius of the PRCC campus”; the survey was changed to read “employed in various health care settings.” (Outcomes Minutes: 2/2013, General Faculty: 2/2013)</p> <p>Revision - Employer Satisfaction Surveys will be completed once a year; agency representatives will be given a choice: (Outcomes Minutes: 1/2012)</p> <ul style="list-style-type: none"> • Survey Monkey • Paper / Pencil Survey at Advisory Committee Meeting (every Spring semester) <p>Revision - core clinical facilities will be given Employer Satisfaction Surveys every spring at Advisory Committee Meeting; any facility not present at Advisory Committee Meeting will be contacted and sent survey link (Outcomes Minutes: 1/2013)</p> <p>Revision - Employer Satisfaction Survey restructured to reflect current G-SLOs (Outcomes Minutes: 2/2013); Survey was updated for Advisory Meeting held on 4/24/2013 (Appendix 6.4-1: p. 299).</p>
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NCLEX Pass Rates	ACEN Standard: licensure exam pass rate on 1 st writes will be at or above the national mean.	Annually	MSBON Reports	See Criterion 6.5.3 – Face to Face facility visits NCLEX Pass Rates:	Development - Fall 2011, faculty was given ANA: Policies & Standards, NLN: Outcomes & Competencies, QSEN, IOM: Future of Nursing and Bloom’s Taxonomy to update power points, teaching delivery, and reference the source of information in order to provide currency and rigor to program (Appendix 4.1-1, p. 172). Outcomes/Curriculum/General Faculty Minutes: 2011/2012 – “noted decrease in pass rates of graduates on 1 st writes, faculty to research other testing services”; 4/2013 – “faculty discussed Kaplan presentation at MOADN convention as possible testing service.” Development / Revision: - Fall 2012, Spring 2013 faculty began to look for alternative comprehensive testing service. - Fall 2013 integration of Kaplan Comprehensive Testing Service into program Maintenance - continue to revise curriculum and testing methods as needed to improve NCLEX-RN Pass Rates.
	IHL Standard: percentage of graduates who pass NCLEX-RN for all test takers (1 st and repeat) will be at or above 80% over a 3 year period.	Annually	MSBON Reports	IHL Pass Rates:	

Year	PRCC	Mean
2011	84%	87%
2012	87%	89%
2013 1 st quarter	94%	89%

Year	PRCC
2011	98%
2012	98%

<p>Completion Rates</p>	<p>60% or greater of students enrolled in program will graduate within 150% of stated program length</p>	<p>Fall & Spring semesters</p>	<p>Comparison of initial enrollment cohort roster with same graduation cohort roster</p>	<p>Results reveal that completion rates have increased over the past two years.</p> <p>Completion rates:</p> <table border="1" data-bbox="1129 370 1455 532"> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Fall 2011</td> <td>65%</td> </tr> <tr> <td>Spring 2012</td> <td>60%</td> </tr> <tr> <td>Fall 2012</td> <td>73%</td> </tr> <tr> <td>Spring 2013</td> <td>76%</td> </tr> </tbody> </table>	Year	Rate	Fall 2011	65%	Spring 2012	60%	Fall 2012	73%	Spring 2013	76%	<p>Fall 2011 Revision - Success Manager added fall 2011 for remediation of students having difficulty (General Faculty: 8/2011)</p> <p>Spring 2012 Revision – Level I added ATI Skills Modules as required completion for skills rechecks, “students are not utilizing ATI tutorials.” (Level I Minutes: 11/2011)</p> <p>Revision – Dosage combined with Fundamentals to prevent students from retaking dosage alone (Level I, Curriculum, General Faculty Minutes: 4/2012)</p> <p>Spring 2013 Revision – ATI’s Self-Assessment Inventory required of Level I students to help with test taking skills and self-awareness (Level I email Minutes: 1/2013)</p> <p>Revision – Level I, II, & III students required to remediate with two level appropriate proctored ATI prior to final examination (Curriculum & General Faculty Minutes: 2/2013)</p> <p>Development – Comprehensive Skills Review at end of semester for Level I students (Level I email Minutes: 1/2013)</p> <p>Fall 2013 Development – Comprehensive Skills Review with care plan expectations for Level II, III, & IV students prior to start of clinical (General Faculty Minutes: 4/2013); integration of Kaplan Nursing fall 2013.</p>
Year	Rate														
Fall 2011	65%														
Spring 2012	60%														
Fall 2012	73%														
Spring 2013	76%														

Systematic Evaluation Plan: ADN Program

Criterion 6.2 Aggregated evaluation findings inform program decision-making and are used to maintain or improve student learning outcomes.

Definition: The “Progressive Systematic Evaluation Plan” incorporates assessment, aggregation, and trending of data related to aspects of the program identified by program, institutional, state, and national requirements. The findings are used to facilitate decision-making and program improvement.

Responsibility: Direction and Assistant Director, Department of Nursing Education, ADN Outcomes Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision
Evaluation findings are used for program improvement	Expected levels are set for each program outcome: Criteria 6.1	Evaluation frequencies are set for each program outcome: Criteria 6.1	Survey Monkey, Paper / Pencil, Emails, Postcards, Face-to-Face, or Review of reports	Revisions are based on Program Outcome Results: - <i>Curriculum Evaluations</i> 1. Slight decrease noted on G-SLO related to communication techniques 2. Students commented on introduction of delegation and leadership earlier in program - <i>Course Evaluations</i> 1. Negative comments about course layout on Blackboard 2. Comments suggesting additional class time for dosage “dosage should be longer than an hour; dosage	1. Revision – restructured G-SLOs to include verbal & non-verbal communication techniques. Development – communication lab revised to include videotaping of role playing with debriefing sessions 2. Development – faculty to introduce delegation and leadership content into earlier clinical rotations 1. Revision – tabs changed in Blackboard to make more user friendly, fall 2012 (Level I Minutes, 4/2012) 2. Revision - dosage class changed to Wednesdays to allow for more consistency (started Fall 2012); Lunch n’ Learn sessions added throughout semester (started Fall 2012); combined with

				<p>needs more time; would help to have more dosage time”</p> <p>3. Comments concerning expense of ATI services “the cost of tests are expensive....for what is used; system is not user friendly; wished tests could be taken from home”</p> <p>4. Negative comments about lack of access to computer lab printers in fall 2012 “printers should be available; need more printers”</p>	<p>Fundamentals that allowed elimination of quizzes and tests (started Spring 2013) (recorded in Level, Curriculum & General Faculty Minutes: 8/2012; 1/2013)</p> <p>3. Revision - increased utilization of services: practice tests added for Level I students in fall 2012; Self-Assessment Inventory required of Level I students in spring 2013; all students given one practice test and one proctored test at end of semester coursework in spring 2013</p> <p>Development – students continued to express concern over expense of ATI services especially during graduate exit interviews with Director; due to these concerns, system setup, and decreased 1st write pass rates, new testing service incorporated fall 2013.</p> <p>4. Development – separate area setup with computers and printer to accommodate students when computer lab is being used for testing in spring 2013; accommodation testing moved to quiet area in Skills Lab in fall 2012.</p> <p>Development – Fall 2012 staff position added to program to facilitate and manage all aspects of technology for nursing program. Media/Records Manager oversees and maintains computer lab, maintains electronic files for student clinical requirements and assists faculty and students with technology issues.</p>
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				<p>- <i>Clinical Agency Evaluations</i> 1. Student responses are positive toward clinical sites providing adequate learning experiences “staff was helpful; able to practice skills in an environment that was conducive to learning; enjoyed seeing children in natural surroundings”</p> <p>- <i>Media/Resources Evaluations</i> 1. Obstetric and Pediatric combination textbook received poor remarks “difficult to follow; setup of presentation is confusing; many authors with varying opinions”</p> <p>- <i>Graduate Satisfaction Survey</i> - <i>Graduate Employment</i> - <i>Employer Satisfaction Survey</i> Results revealed satisfaction with program from graduates and employers; graduates are gainfully employed in various health care settings.</p> <p>- <i>NCLEX-RN Pass Rates</i></p>	<p>1. Maintenance – continue to monitor student clinical agency evaluations; faculty to continue to maintain open communication with agency representatives; continue annual Advisory Committee Meeting</p> <p>1. Revision – textbook changed in Level III to accommodate separation of courses (Obstetric and Pediatric) in fall 2013 (Media/Resources Minutes: 3/2013)</p> <p>Maintenance – continue utilizing tracking form to enhance responses from graduates; continue to incorporate formal and informal means of communication with facilities to monitor satisfaction with program; continue to monitor evaluation process.</p> <p>Outcomes/Curriculum/General Faculty Minutes: 2011/2012 – “noted decrease in pass rates of graduates on 1st writes based on ACEN Standards.”</p>
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				<p>ACEN Pass Rates:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>PRCC</th> <th>Mean</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>84%</td> <td>87%</td> </tr> <tr> <td>2012</td> <td>87%</td> <td>89%</td> </tr> <tr> <td>2013 1st quarter</td> <td>94%</td> <td>89%</td> </tr> </tbody> </table> <p>IHL Pass Rates:</p> <table border="1"> <thead> <tr> <th>Year</th> <th>PRCC</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>98%</td> </tr> <tr> <td>2012</td> <td>98%</td> </tr> </tbody> </table> <p>- <i>Completion Rates</i></p> <ol style="list-style-type: none"> 1. Rates slightly < 60% of expected outcome prior to fall 2011 2. Increase in completion rate noted since implementation of required remediation <p>Other changes:</p> <ol style="list-style-type: none"> 1. Delay in receiving, trending, and distributing evaluation results 	Year	PRCC	Mean	2011	84%	87%	2012	87%	89%	2013 1 st quarter	94%	89%	Year	PRCC	2011	98%	2012	98%	<p>Development / Revision:</p> <ul style="list-style-type: none"> - Fall 2012, Spring 2013 faculty began to look for alternative comprehensive testing service. - Fall 2013 integration of Kaplan Comprehensive Testing Service into program <p>Maintenance - continue to revise curriculum and testing methods as needed to improve NCLEX-RN Pass Rates.</p> <ol style="list-style-type: none"> 1. Development - Success Manager added fall 2011 for remediation of students having difficulty (General Faculty Minutes: 8/2011) 2. Maintenance – continue early referral of students who are unsuccessful on first quiz or unit test <ol style="list-style-type: none"> 1. ADN Program opened Survey Monkey account Spring 2012 (Outcomes Minutes: 2/2012) 2. Each Outcome Committee member is responsible for trending evaluation results for their level and for disseminating results through level meetings (previously distributed by Level Coordinators) (Outcomes Minutes: 1/2012) 3. Duties have been designated to each Outcome Committee member to assure
Year	PRCC	Mean																					
2011	84%	87%																					
2012	87%	89%																					
2013 1 st quarter	94%	89%																					
Year	PRCC																						
2011	98%																						
2012	98%																						

					<p>information is being disseminated and recorded appropriately</p> <p>4. Recommendation that all results for the semester be discussed at the last faculty meeting for the semester if results are available, or at the first meeting of the next semester (Outcomes Minutes: 2/2013)</p>
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Systematic Evaluation Plan: ADN Program

Criterion 6.3 Evaluation findings are shared with communities of interest.

Definition: The “Progressive Systematic Evaluation Plan” incorporates assessment, aggregation, and trending of data related to aspects of the program identified by program, institutional, state, and national requirements. The findings are shared with communities of interest as appropriate.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Outcomes Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision
Dissemination of evaluation findings with communities of interest	100% of evaluation findings are shared with clinical facilities, Advisory Committee Members, PRCC Administration, ADN Faculty, and other communities of interest as appropriate.	<p>Annually in the Spring:</p> <ul style="list-style-type: none"> - Course Evaluations - Clinical Instructor Evaluations <p>Annually in the Fall:</p> <ul style="list-style-type: none"> - Media Evaluations - Clinical Agency Evaluations <p>Fall and Spring:</p> <ul style="list-style-type: none"> - Curriculum Evaluation 	<p>Survey Monkey, Paper / Pencil, Emails, Postcards, Face-to-Face, or Review of reports</p> <p>Meeting Minutes: General Faculty, Liaison, Level, Outcomes, Curriculum, Rules & Regulations, Media/Resources, Clinical Communication</p>	<p>Communication forms and meeting minutes are used to track dispersing of evaluation findings to communities of interest.</p> <p>Director shares NCLEX results with PRCC administration, ADN Advisory Committee, and the public.</p> <p>Director shares ongoing program results with MS IHL, PRCC administration and Board of Trustees, and ADN Advisory Committee</p>	<p>Maintenance - faculty continue to meet with clinical facility personnel and keep a record of Clinical Communication minutes; Director and Faculty continue to share findings in General Faculty Meetings; Director continues to share program results with appropriate communities of interest. (General Faculty Minutes, Advisory Committee Minutes, PRCC Administrative Council Minutes: 2011-2012, 2012-2013)</p> <p>Fall 2011</p> <ul style="list-style-type: none"> - Written Employer Satisfaction Evaluations were given to Advisory Committee members during meeting. This was initiated because of low response rates to mailing postcards of Employer Satisfaction Evaluations. - Advisory Committee Meeting: 22 in attendance including PRCC Administration, ADN Faculty and 10 facilities represented.(Advisory Committee Minutes: 2011/2011 – “updates on curriculum included cognitive test plan, testing guidelines, and gap analysis for MS-Education Redesign Task Force. Evaluation process presented including

					<p>requirements of SACS, IHL, and NLNAC (ACEN). Program outcomes were shared including pass rates, graduate and employer satisfaction. Update on faculty professional development and competencies were given.”)</p> <p>Spring 2012</p> <ul style="list-style-type: none"> - Survey Monkey account opened to improve data collection and dissemination in a timely manner (Outcomes Minutes: 2/2012) - Each Outcomes Committee member is responsible for trending evaluation results for their level and for disseminating results through level meetings (was previously distributed by Level Coordinators) (Outcomes Minutes: 1/2012) - Advisory Committee Meeting: 19 in attendance including PRCC Administration, ADN Faculty and 6 clinical facilities represented. Attendees were updated “...on the NLNAC (ACEN) report; areas of concern include curriculum and outcomes. Updates were given on admissions, program completion rates and graduate/employer satisfaction. Director explained the need for completion of Employer Satisfaction Survey including areas of program needing improvement and areas of strength. Members updated on requirement change for faculty to include two (2) CEUs specific to content area for professional development.”
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					<p>Spring 2013</p> <ul style="list-style-type: none"> - Core clinical facilities will be given evaluations every year at Advisory Committee meeting; any facility not represented will be contacted and sent survey link (Outcomes Minutes: 1/2013) - Advisory Committee Meeting: 14 in attendance including ADN faculty, PRCC administration, 2 representatives from University of Southern Mississippi (USM) College of Nursing, and 2 clinical facilities (decrease in attendance due to inclement weather). Updates were given on NLNAC (ACEN) follow-up report, program outcomes including pass rates and satisfaction rates. Dr. Mary Coyne, USM, presented on new RN-BSN and RN-MSN programs offered by university.
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Systematic Evaluation Plan: ADN Program

Criterion 6.4 Graduates demonstrate achievement of competencies appropriate to role preparation.

Definition: Expected levels of achievement of graduate student learning outcomes demonstrate achievement of competencies appropriate for role preparation.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Curriculum Committee, and ADN Faculty

Plan				Implementation											
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision										
<p>Graduate achievement of competencies:</p> <p>Graduate Student Learning Outcomes (G-SLOs)</p>	70% of respondents will respond positively (“always” or “sometimes”)	<p>Fall and Spring:</p> <ul style="list-style-type: none"> - Curriculum Evaluation - Graduate Satisfaction Evaluation - NCLEX-RN Pass Rates <p>Annually, Spring:</p> <ul style="list-style-type: none"> - Employer Satisfaction Evaluation 	Survey Monkey, Paper / Pencil, Emails, Postcards, or Face-to-Face	<p><i>Curriculum Evaluations:</i> (Appendix 4.2-4, p. #)</p> <table border="1"> <thead> <tr> <th>Semester</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Fall 2011</td> <td>96%</td> </tr> <tr> <td>Spring 2012</td> <td>96%</td> </tr> <tr> <td>Fall 2012</td> <td>96%</td> </tr> <tr> <td>Spring 2013</td> <td>99%</td> </tr> </tbody> </table> <p><i>Graduate Satisfaction Evaluations:</i> Appendix 6.2-1: p. #</p> <p>Fall 2011 graduates – utilizing postcards 80% satisfied with program (5 respondents out of 38; 1 dissatisfied)</p> <p>Spring 2012 graduates – utilizing postcards 100%</p>	Semester	Rate	Fall 2011	96%	Spring 2012	96%	Fall 2012	96%	Spring 2013	99%	<p>Fall 2011 Revision- Curriculum Evaluation restructured G-SLOs to encompass communication technique outcomes (Curriculum Committee Minutes: 2011/2011)</p> <p>Spring 2012 Revision - Curriculum Evaluation updated G-SLOs to reflect currency in nursing judgment (Curriculum & Outcomes Committees: 4/2012)</p> <p>Spring 2013/ Fall 2013 Maintenance - Level IV instructors follow graduates after graduation for employment information and continue contact until Graduate Satisfaction Survey completed; improved response rates noted (Outcomes Minutes: 1/2013, 4/2013, 8/2013)</p>
Semester	Rate														
Fall 2011	96%														
Spring 2012	96%														
Fall 2012	96%														
Spring 2013	99%														

<p>NCLEX-RN Pass Rates</p>	<p>ACEN Standard: The Licensure exam pass rate on 1st writes will be at or above the national mean</p>	<p>Each academic year</p>	<p>MSBON reports</p>	<p>satisfied with program (4 respondents out of 65)</p> <p>Fall 2012 had 49 graduates; 45 contacted faculty following NCLEX-RN passage.</p> <ul style="list-style-type: none"> - Phone calls has yielded 8 out of 10 satisfied 80% (1 - “need to have course in finding job”; 1 - “make students and faculty follow same standard” - Repeat phone attempt, mailing postcards and Survey Monkey link will be available in October <p>ACEN Pass Rates:</p> <table border="1" data-bbox="1098 948 1411 1138"> <thead> <tr> <th>Year</th> <th>PRCC</th> <th>Mean</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>84%</td> <td>87%</td> </tr> <tr> <td>2012</td> <td>87%</td> <td>89%</td> </tr> <tr> <td>2013 1st quarter</td> <td>94%</td> <td>89%</td> </tr> </tbody> </table> <p>IHL Pass Rates:</p> <table border="1" data-bbox="1098 1260 1312 1357"> <thead> <tr> <th>Year</th> <th>PRCC</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>98%</td> </tr> <tr> <td>2012</td> <td>98%</td> </tr> </tbody> </table>	Year	PRCC	Mean	2011	84%	87%	2012	87%	89%	2013 1 st quarter	94%	89%	Year	PRCC	2011	98%	2012	98%	<p>Development / Revision:</p> <ul style="list-style-type: none"> - Fall 2012, Spring 2013 faculty began to look for alternative comprehensive testing service. - Fall 2013 integration of Kaplan Nursing Testing Service into program <p>Maintenance - continue to revise curriculum and testing methods as needed to improve NCLEX-RN Pass Rates.</p>
Year	PRCC	Mean																					
2011	84%	87%																					
2012	87%	89%																					
2013 1 st quarter	94%	89%																					
Year	PRCC																						
2011	98%																						
2012	98%																						

				<p><i>Employer Satisfaction Evaluations: Appendix 6.4-1: p. 299</i></p> <p>Advisory Committee*: - Fall 2011 (10 facilities represented) - Spring 2012 (6 facilities represented) Spring 2013 (2 facilities represented)</p> <p>*facility representatives did not voice any concerns in respect to graduate performance at any of the Advisory Committee meetings.</p> <p>Spring 2013 – Survey Monkey link provided to 9 facilities; only 2 responses received both with positive remarks.</p> <p>See Criterion 6.5.3 – Face to Face facility visits</p>	<p>Revision- Updated Employer Satisfaction Evaluations containing current G-SLOs were given to Advisory Committee Members during annual meeting (Advisory Committee Minutes: 4/2013)</p> <p>Maintenance – continue face to face visits with core facilities; continue providing Survey Monkey link to unit managers</p>
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Systematic Evaluation Plan: ADN Program

Criterion 6.5 The program demonstrates evidence of achievement in meeting program outcomes of performance on licensure exam, program completion, program satisfaction, and job placement.

Criterion 6.5.1 Performance on licensure exam.

Definition: 1. ACEN Standard: First write pass rate on NCLEX-RN will be at or above the national mean.
 2. MS IHL Standard: The percentage of graduates who pass NCLEX-RN for all test takers (1st and repeat) will be at or above 80% over a 3 year period.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Outcomes Committee, and ADN Faculty

Plan				Implementation								
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision							
Performance on licensure exam	ACEN Standard: The licensure exam pass rate on 1 st writes will be at or above the national mean.	Each academic year	MSBON reports	ACEN Pass Rates:	Maintenance - continue to revise curriculum and testing methods as needed Development / Revision: - Fall 2012, Spring 2013 faculty began to look for alternative comprehensive testing service. - Fall 2013 integration of Kaplan Nursing Testing Service into program Outcomes/Curriculum/General Faculty Minutes: 2011/2012 – “noted decrease in pass rates of graduates on 1 st writes, continuous complaints from students on cost of ATI testing service, and inadequate use of testing service by studentsfaculty to research other testing services”; 4/2013 – “faculty discussed Kaplan presentation at MOADN convention as possible testing service.”							
				<table border="1"> <thead> <tr> <th>Year</th> <th>PRCC</th> <th>National Mean</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>84%</td> <td>87%</td> </tr> <tr> <td>2012</td> <td>87%</td> <td>89%</td> </tr> <tr> <td>2013 (1st quarter)</td> <td>94%</td> <td>89%</td> </tr> </tbody> </table>		Year	PRCC	National Mean	2011	84%	87%	2012
Year	PRCC	National Mean										
2011	84%	87%										
2012	87%	89%										
2013 (1 st quarter)	94%	89%										

	<p>MS IHL Standard: The percentage of graduates who pass NCLEX-RN for all test takers (1st and repeat) will be at or above 80% over a 3 year period.</p>	<p>Each academic year</p>	<p>NCSBN / MSBON reports</p>	<p>IHL Pass Rates:</p> <table border="1" data-bbox="1031 217 1245 315"> <thead> <tr> <th>Year</th> <th>PRCC</th> </tr> </thead> <tbody> <tr> <td>2011</td> <td>98%</td> </tr> <tr> <td>2012</td> <td>98%</td> </tr> </tbody> </table>	Year	PRCC	2011	98%	2012	98%	<p>Development - Program Outcomes updated to include change in the MS IHL Standard from “The percentage of graduates who pass the NCLEX-RN will be at or above the national mean” to “The percentage of graduates who pass NCLEX-RN for all test takers (1st and repeat) will be at or above 80% over a 3 year period” (Outcomes Minutes: 4/2013; General Faculty Minutes: 4/2013)</p>
Year	PRCC										
2011	98%										
2012	98%										

Systematic Evaluation Plan: ADN Program

Criterion 6.5 The program demonstrates evidence of achievement in meeting program outcomes of performance on licensure exam, program completion, program satisfaction, and job placement.

Criterion 6.5.2 Expected levels of achievement for program completion are determined by the faculty and reflect program demographics, academic progression, and program history.

Definition: 60% or greater of student enrolled in the program will graduate within 150% of the time of the stated program length.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Outcomes Committee, and ADN Faculty

Plan				Implementation											
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision										
Program completion	60% or greater of students enrolled in the program will graduate within 150% of the stated program length.	Each semester	Comparison of initial enrollment cohort roster with same graduation cohort roster	Completion Rates: <table border="1" data-bbox="1104 776 1392 938"> <thead> <tr> <th>Semester</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Fall 2011</td> <td>65%</td> </tr> <tr> <td>Spring 2012</td> <td>60%</td> </tr> <tr> <td>Fall 2012</td> <td>73%</td> </tr> <tr> <td>Spring 2013</td> <td>76%</td> </tr> </tbody> </table>	Semester	Rate	Fall 2011	65%	Spring 2012	60%	Fall 2012	73%	Spring 2013	76%	Fall 2011 Development - Success Manager added Fall 2011 for remediation of students having difficulty, with early referral for failure of first test (General Faculty Minutes: 8/2011) Spring 2012 Revision - Fundamentals added ATI Skills Module completion requirement for skills rechecks (Level I Minutes: 8/2011) Revision - Dosage course combined with Fundamentals to prevent students from retaking dosage alone (Level I & Curriculum Minutes: 4/2012) Development - Comprehensive Skills Review added at end of semester for Fundamentals (Level I Minutes: 2011/2012) Spring 2013 Revision - ATI Self Assessment Inventory required of Level I students to help with test
Semester	Rate														
Fall 2011	65%														
Spring 2012	60%														
Fall 2012	73%														
Spring 2013	76%														

					<p>taking and self-awareness (Level I Minutes: 1/2013)</p> <p>Revision - Made 2 attempts mandatory on all ATI proctored tests (Curriculum & General Faculty Minutes: 2/2013)</p> <p>Development - Skills Lab Manager began Comprehensive Skills Review for Level II, III, & IV students (Level Minutes: 1/2013)</p> <p>Revision – changed completion rate calculations so not to include semesters students not readmitted due to lack of space in course (Outcomes Minutes: 9/2012)</p> <p>Fall 2013 Development – Comprehensive Skills Review to include Care Plan Expectations added for all levels for Fall 2013 (email from Director 5/2013)</p>
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Systematic Evaluation Plan: ADN Program

Criterion 6.5 The program demonstrates evidence of achievement in meeting program outcomes of performance on licensure exam, program completion, program satisfaction, and job placement.

Criterion 6.5.3 Program satisfaction measures (qualitative and quantitative) address graduates and their employers.

Definition: Program satisfaction is the degree to which graduates and employers are satisfied with the preparation of the graduate after graduation.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Outcomes Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision
Graduate Satisfaction	90% of the graduate respondents will express satisfaction with the ADN program	12 months following graduation	Survey Monkey, Emails, Postcards, or Phone calls	Fall 2011 Graduates – 80% satisfied with program (5 respondents out of 38; 1 dissatisfied) Spring 2012 Graduates – 100% satisfied with program (4 respondents out of 65; all satisfied) Fall 2012 Graduates – 80% satisfied with program (10 respondents out of 49; 2 dissatisfied)	Development – implementation of new contact information system obtaining students’ private email addresses and emailing out Survey Monkey link has increased response rate (Outcomes Minutes: 11/2012, 1/2013) Maintenance – continue contact process; mail postcards & provide Survey Monkey link to private emails in October 2013.
Employer Satisfaction	90% of employer respondents will express satisfaction with the nursing practice of ADN graduates	Annually in Spring	Survey Monkey, Paper / Pencil, Emails, Postcards, or Face-to-Face	Advisory Committee Meetings: Fall 2011 – 10 facility attendees Spring 2012 – 6 facility attendees	Development – implemented distribution of Employer Satisfaction Surveys at Advisory Committee meetings (General Faculty & Advisory Minutes: 2011/2011, Advisory Minutes: 4/2012) Revision – only verbal comments obtained at Advisory Meeting in spring 2012, “graduates seek learning opportunities;

			<p>Spring 2013 – 2 facility attendees; 9 facilities provided survey link, only 2 responded.</p> <p>Assistant Director & Director visited core facilities fall 2011, spring 2012, summer 2012, fall 2012, spring 2013, and summer 2013.</p> <p>Excerpts from Director visits: Forrest General Hospital: Director has been a member of Research Committee since fall 2011 which meets monthly; obtains frequent updates on faculty, students, and graduates' performance from committee members</p> <p>Highland Community Hospital: 10/2012 – “discussed criminal background clearances, student orientations, and satisfaction of graduates hired”</p> <p>Covenant Rehabilitation & Nursing Home: 4/2013 – “inquired possibility of adding another clinical group for fall 2013, representative expressed</p>	<p>graduates from PRCC comfortable in providing patient care; work well with other staff members.” Facility representatives present felt unit managers who interact with graduates in better position to evaluate (Advisory: 4/2013 & Outcomes Minutes: 5/2013)</p> <p>-Poor attendance at Advisory Meeting spring 2012, due to inclement weather/flooding in surrounding areas; Committee members inquired with representatives in attendance best way to contact appropriate personnel to complete survey; Facility representatives present felt unit managers who interact with graduates in better position to evaluate (Advisory: 4/2013 & Outcomes Minutes: 5/2013)</p> <p>- Suggestions: 1. Hand carry surveys through clinical instructors 2. Continue face-to-face meetings done by Director/Assistant Director (Outcomes Minutes: 5/8/2013)</p>
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satisfaction with faculty and students.”

Slidell Memorial Hospital:
5/2013 – “follow up on request of facility on instructor assignments; facility undergoing construction. Director met with DON to reassign instructor to different unit until construction complete.”

Grove Nursing Home:
7/2013 – “visit was to inform facility of change in instructor, DON commended previous instructor and stated residents like the students and staff appreciate working with them.”

Systematic Evaluation Plan: ADN Program

Criterion 6.5 The program demonstrates evidence of achievement in meeting the program outcomes of performance on licensure exam, program completion, program satisfaction, and job placement.

Criterion 6.5.4 Job placement rates are addressed through quantified measures that reflect program demographics and history.

Definition: Job placement is the graduate being employed in a role which requires a license as an RN.

Responsibility: Director and Assistant Director, Department of Nursing Education, ADN Outcomes Committee, and ADN Faculty

Plan				Implementation	
Component	Expected Level of Achievement	Frequency of Assessment	Assessment Methods	Results of Data Collection and Analysis	Actions for Development, Maintenance, or Revision
Job placement rates	90% of the respondents to the graduate survey will reflect employment in various health-care settings	12 months following graduation	Survey Monkey, Emails, Postcards, or Phone calls	Fall 2011 Graduates – 100% employed (27 out of 27 contacts) Spring 2012 Graduates – 91% employed (49 out of 54 contacts) Fall 2012 Graduates – 84% employed (38 out of 45 contacts)	Development – implementation of new contact information form for obtaining students’ private email addresses and emailing out Survey Monkey link has increased response rate (Outcomes Minutes: 11/2012, 1/2013)