

# Nursing, School of

## CCNE Standard I - Mission and Program Goals Congruence

**Goal Description:**

The mission, goals and program outcomes demonstrate congruence with the parent ins tu on, college and professional standards.

RELATED ITEMS/ELEMENTS\_-----

RELATED ITEM LEVEL 1

**Academic policies are congruent with the college and university.**

**Performance Objective Description:**

Academic policies are congruent with the college and university.

RELATED ITEM LEVEL 2

**Policies are reviewed for congruence annually when the handbooks are updated or when changes are made at the university or college level.**

**KPI Description:**

Policies are reviewed for congruence annually when the handbooks are updated or when changes are made at the university or college level.

**Results Description:**

Student Handbook, Lab Policy and Procedures and Faculty Staff Handbook were revised during June and July 2016. The policies were reviewed for congruence with the university documents at the SON level and by the interim dean.

RELATED ITEM LEVEL 3

**Policy Congruence**

**Action Description:**

Final versions of the handbooks will be sent to the Dean's Office and Provost for signature. Policies related to student conduct will be revised with input from the Dean of Students Office.

RELATED ITEM LEVEL 1

**Documents and publications are accurate with a clearly communicated process for making and disseminating changes.**

**Performance Objective Description:**

Documents and publications are accurate with a clearly communicated process for making and disseminating changes.

RELATED ITEM LEVEL 2

**Publications (handbooks, bylaws, website, and marketing materials) are reviewed annually for accuracy. The review is indicated with a date in the footer (handbooks and bylaws) or in minutes (website and marketing materials).**

**KPI Description:**

Publications (handbooks, bylaws, website, and marketing materials) are reviewed annually for accuracy. The review is indicated with a date in the footer (handbooks and bylaws) or in minutes (website and marketing materials).

**Results Description:**

The website was updated in the spring 2016 semester to reflect policy changes and admission criteria. Marketing materials were revised during the summer 2016 to reflect changes in admissions criteria and the advising process within COHS and the School of Nursing. The Student Handbook, Lab Policy and Procedures Manual, and School of Nursing bylaws, and Faculty Handbook were revised summer 2016.

RELATED ITEM LEVEL 3

**Policy Congruence**

**Action Description:**

Final versions of the handbooks will be sent to the Dean's Office and Provost for signature. Policies related to student conduct will be revised with input from the Dean of Students Office.

RELATED ITEM LEVEL 3

**Publication Consistency**

**Action Description:**

Publications and printed materials are reviewed for accuracy annually and with any curriculum or catalog revisions.

RELATED ITEM LEVEL 1

**Expectations related to mission goals and program outcomes are clearly communicated to faculty.**

**Performance Objective Description:**

Expectations related to mission goals and program outcomes are clearly communicated to faculty.

RELATED ITEM LEVEL 2

**American Nurses Association (ANA), CCNE and specialty organizations will be reviewed every year for updated standards. Program outcomes and goals will be revised to reflect appropriate changes.**

**KPI Description:**

American Nurses Association (ANA), CCNE and specialty organizations will be reviewed every year for updated standards. Program outcomes and goals will be revised to reflect appropriate changes.

**Results Description:**

ANA Scope and Standards and CCNE standards were reviewed while updating the program evaluation plan during summer 2016. The program goals were reviewed and edited for grammar and punctuation. No substantive changes were made.

RELATED ITEM LEVEL 3

**Curriculum Crosswalk Development**

**Action Description:**

The curriculum crosswalk is being updated to include the AACN Baccalaureate Essentials. The Texas DEC's were added in AY 2015.

RELATED ITEM LEVEL 2

**Faculty job description, orientation agenda and meeting minutes reflect expectation of the faculty role and any changes. 100% of full-time faculty will attend university, college and program orientation.**

**KPI Description:**

Faculty job description, orientation agenda and meeting minutes reflect expectation of the faculty role and any changes. 100% of full-time faculty will attend university, college and program orientation. 100% of meeting minutes will be accessible to faculty via the shared drive.

**Results Description:**

Faculty orientation was revised based on feedback from previous orientations. 100% of the agendas and meeting minutes are available on the shared network drive and are accessible to all full-time faculty. Faculty job descriptions were reviewed and updated in the Faculty-Staff Handbook.

RELATED ITEM LEVEL 3

**Faculty Job Description and Orientation**

**Action Description:**

Faculty development activities for fall 2016 were designed to address needs identified by the program review conducted by the dean's office. An updated organization chart was developed. The faculty manual was revised to include staff and bylaws were updated. Orientation dates and beginning of the year meetings and agendas have been shared with faculty. 100% of the faculty hired in 2015 have attended the New Faculty Investment at the university level and School of Nursing faculty orientation. The shared drive was reorganized to improve accessibility during summer 2016. The new organizational structure will be shared with faculty at the fall kick-off meeting.

RELATED ITEM LEVEL 1

**Faculty and students participate in program governance. Nursing faculty participate in school, college and university governance through a committee structure.**

**Performance Objective Description:**

Faculty and students participate in program governance. Nursing faculty participate in school, college and university governance through a committee structure.

RELATED ITEM LEVEL 2

**100% of the nursing faculty members serve on a committee at the school, college, or university level.**

**KPI Description:**

100% of the nursing faculty members serve on a committee at the school, college, or university level.

**Results Description:**

All full-time faculty serve on a School of Nursing committee. 20% serve on college committees and 10 % serve on university committees.

RELATED ITEM LEVEL 3

**Program Governance**

**Action Description:**

Committee assignments will be reviewed annually for faculty and every semester for students. New members will be appointed when terms expires or students graduate.

RELATED ITEM LEVEL 2

**Committee meeting and faculty meeting minutes reflect faculty and student participation in governance decisions.**

**KPI Description:**

Committee meeting and faculty meeting minutes reflect faculty and student participation in governance decisions.

**Results Description:**

Committee and faculty organization minutes reflect faculty and student input into the decision-making.

EG. APR minutes and Faculty Organization minutes reflect the approval of a campus transfer policy in spring 2016. The policy was implemented and 2 students have transferred from the Huntsville campus to TWC for fall 2016.

RELATED ITEM LEVEL 3

Policy Congruence

Action Description:

Final versions of the handbooks will be sent to the Dean's Office and Provost for signature. Policies related to student conduct will be revised with input from the Dean of Students Office.

RELATED ITEM LEVEL 2

Student representatives will be selected for all nursing committees.

KPI Description:

Student representatives were selected for all committees in 2015-2016 following the guidelines in the SON Student Handbook.

Results Description:

All SON committees had student members who participate in meetings. See committee minutes in the shared drive.

RELATED ITEM LEVEL 3

Student Representatives

Action Description:

SON committees will be restructured for fall 2016 creating 6 standing committee rather than 4.

The committees with student representation will be Admission, Progression, and Retention (APR), Curriculum, Lab Facilities, Student Affairs and Testing. The committees that have no student representatives will be the Executive Committee and Faculty/Staff Affairs.

Student representatives to the Faculty Organization will be selected from each cohort and campus for better representation based on feedback from open forum meetings with the SON Director/Interim Director.

RELATED ITEM LEVEL 1

Mission statement of university, college and school are compared every 3 years and as needed for congruence.

Performance Objective Description:

Mission statement of university, college and school are compared every 3 years and as needed for congruence.

RELATED ITEM LEVEL 2

A cross-walk table will be developed to compare the mission statements which will demonstrate 100% congruence.

KPI Description:

A cross-walk table will be developed to compare the mission statements which will demonstrate 100% congruence. The initial review will take place in 2015-2016 and subsequent reviews will occur every 3 years or when the institution’s, college’s or school’s mission, goals and outcomes are revised.

Results Description:

Crosswalk of mission and vision statements for the School of Nursing, College of Health Sciences and SHSU created.

Attached Files

 [School of Nursing Mission Vision Comparison](#)

RELATED ITEM LEVEL 3

Mission Statement

Action Description:

The next review will occur as part of the CCNE accreditation self study scheduled for Sp/Summer 2018 prior to the Fall 2018 site visit.

CCNE Standard II - Institutional Resources and Support

Goal Description:

There is evidence of institutional commitment to and support for the School of Nursing.

RELATED ITEMS/ELEMENTS -----

RELATED ITEM LEVEL 1

Academic support services (technology, Academic Success Center [tutoring support], library, computer labs, SHSU online, etc.) are adequate for student needs.

Performance Objective Description:

Academic support services (technology, Academic Success Center [tutoring support], library, computer labs, SHSU online, etc.) are adequate for student needs.

RELATED ITEM LEVEL 2

Exit surveys, IDEA surveys, and course reports will reflect adequacy of academic support services 80% of the time.

KPI Description:

Exit surveys, IDEA surveys, and course reports will reflect adequacy of academic support services 80% of the time.

Results Description:

Course reports were not consistently submitted.

IDEA data are summarized in the table below. The percentages represent the students converted raw scores in the higher and much higher categories. The numbers in parentheses represent the average score in each area. The converted scores are all above 50.

Semester	Progress on Relevant Objectives	Excellence of Teacher	Excellence of Course	Summary Evaluation
Fall 2015	82% (61)	58% (55)	55% (55)	72% (58)
Spring 2016	79% (61)	60% (54)	59% (56)	70% (58)

Exit survey

The satisfaction ratings for academic support services are collected via the alumni survey. The satisfaction percentage (students rating of "Satisfied" or higher) for academic support services is 62.07%

The table breakdown is seen below:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Satisfaction Level of Academic Support Services	0	1	10	13	5	29
Percentage	0.00%	3.45%	34.48%	44.83%	17.24%	
				Satisfaction Rating	62.07%	

RELATED ITEM LEVEL 3

Course Reports

Action Description:

Develop a tracking system for course reports through the director's office. Note completion of reports in the FES for course coordinator faculty.

RELATED ITEM LEVEL 1

Faculty scholarship, professional development, and service activities are reviewed annually as outlined in the FES and promotion and tenure policies.

Performance Objective Description:

Faculty scholarship, professional development, and service activities are reviewed annually as outlined in the FES and promotion and tenure policies.

RELATED ITEM LEVEL 2

100% of the faculty receive an annual performance evaluation.

KPI Description:

100% of the faculty receive an annual performance evaluation.

Results Description:

Faculty evaluations for all full-time and adjunct faculty were conducted by the director and assistant director in March, 2016.

RELATED ITEM LEVEL 3

Annual Performance Evaluation

Action Description:

SON Evaluation Form will be aligned with the SHSU FES to meet SHSU expectations and maintain needed documentation for SON reports.

RELATED ITEM LEVEL 3

Faculty Qualifications

Action Description:

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

#### RELATED ITEM LEVEL 2

**100% of the tenure/tenure-track faculty undergo the appropriate DPTAC review as outlined in policy.**

##### **KPI Description:**

100% of the tenure/tenure-track faculty undergo the appropriate DPTAC review as outlined in policy.

##### **Results Description:**

100% of the tenure-track faculty eligible for review received a DPTAC review as outlined in the SHSU policy during the spring 2016 semester.

#### RELATED ITEM LEVEL 3

##### **Faculty Qualifications**

##### **Action Description:**

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

#### RELATED ITEM LEVEL 1

**The School of Nursing budget will enable the program to fulfill its mission, goals and expected outcomes.**

##### **Performance Objective Description:**

The School of Nursing budget will enable the program to fulfill its mission, goals and expected outcomes.

#### RELATED ITEM LEVEL 2

**Budget is submitted annually following consultation with the dean's office to meet ongoing and growth needs.**

##### **KPI Description:**

Budget is submitted annually following consultation with the dean's office to meet ongoing and growth needs.

##### **Results Description:**

A budget request was submitted during the FY 17 budget request cycle.

#### RELATED ITEM LEVEL 3

##### **Budget Allocations**

##### **Action Description:**

FY 17 Budget allocations not yet received in SON.

Will work with Dean's Office to prepare FY18 Budget Request to reflect needs of growing program.

#### RELATED ITEM LEVEL 1

**The organizational structure of the School of Nursing meets the ongoing needs of the School of Nursing.**

##### **Performance Objective Description:**

The organizational structure of the School of Nursing meets the ongoing needs of the School of Nursing.

Attached Files

 [SON Org Chart Rvsd 8-2016](#)

#### RELATED ITEM LEVEL 2

**Preceptors are academically and experientially qualified to serve as faculty extenders in meeting the teaching needs of the School of Nursing as evidenced by licensure, employer competency verification and professional certifications 100% of the time.**

##### **KPI Description:**

Preceptors are academically and experientially qualified to serve as faculty extenders in meeting the teaching needs of the School of Nursing as evidenced by licensure, employer competency verification and professional certifications 100% of the time.

##### **Results Description:**

Clinical Coordinator worked with clinical agencies to identify appropriate qualified preceptor and to verify the credentials prior to assigning students.

#### RELATED ITEM LEVEL 3

##### **Qualified Preceptors**

##### **Action Description:**

Faculty will work with the Clinical Coordinator to verify preceptor qualifications each semester.

RELATED ITEM LEVEL 2

**The CNO (Director) is academically and experientially qualified to meet the leadership and teaching needs of the School of Nursing as evidenced by curriculum vitae, licensure and professional certifications 100% of the time.**

**KPI Description:**

The CNO (Director) is academically and experientially qualified to meet the leadership and teaching needs of the School of Nursing as evidenced by curriculum vitae, licensure and professional certifications 100% of the time.

**Results Description:**

The interim director was approved by the Texas Board of Nursing as meeting the qualifications for the CNO role.

Attached Files

 [Approval for appt D. Neill](#)

RELATED ITEM LEVEL 3

**CNO Qualifications**

**Action Description:**

The Texas Board of Nursing and CCNE will be notified when a new CNO is named.

RELATED ITEM LEVEL 2

**The faculty are academically and experientially qualified to meet the teaching needs of the School of Nursing as evidenced by education, licensure and professional certifications 100% of the time.**

**Results Description:**

Faculty files reflect educational and practice experience in the teaching areas. All faculty have a current license to practice in Texas.

RELATED ITEM LEVEL 3

**Faculty Qualifications**

**Action Description:**

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

RELATED ITEM LEVEL 1

**The physical facilities are adequate for classroom and laboratory experiences.**

**Performance Objective Description:**

The physical facilities are adequate for classroom and laboratory experiences.

RELATED ITEM LEVEL 2

**Surveys (exit and IDEA) and course reports will reflect adequacy of physical facilities 80% of the time.**

**KPI Description:**

Surveys (exit and IDEA) and course reports will reflect adequacy of physical facilities 80% of the time.

**Results Description:**

The Senior Exit survey, administered to graduating seniors, was used to determine how the students felt about the physical facilities. Cohort 6 and 7 are the most recent graduating classes and their percentages are shown below

The classroom facilities met my needs.

	Strongly Disagree	Somewhat Disagree	Neutral	Agree	Strongly Agree	Total
Cohort 6	5	6	3	10	5	29
Cohort 7	10	4	7	11	4	36
Total	15	10	10	21	9	65
Percentage	23.07%	15.38%	15.38%	32.30%	13.84%	

\*Percentage of students who rated "Agree" or above was 46.15%

The clinical facilities met my needs.

	Strongly Disagree	Somewhat Disagree	Neutral	Agree	Strongly Agree	Total
Cohort 6	1	1	4	12	11	29
Cohort 7	3	4	3	10	16	36
Total	4	5	7	22	27	65
Percentage	6.15%	7.69%	10.76%	33.84%	41.53%	

\*Percentage of students who rated "Agree" or above was 75.38%

The classroom facilities at the Huntsville campus are smaller and have more students per section than The Woodlands campus. Students were required to drive 1 hour or more to participate in some clinical activities.

RELATED ITEM LEVEL 3

Physical Facilities

Action Description:

The number of students per cohort will be evenly divided between the two campuses beginning Fall 2016. This results in smaller sections in Huntsville to accommodate for the smaller classrooms.

The Clinical Coordinator continues to seek clinical affiliation agreements in diverse locations to minimize driving distance while providing the opportunity to meet student learning outcomes.

CCNE Standard III - Curriculum and Student Outcomes

Goal Description:

The curriculum, teaching learning practices and teaching environment are in line with the program’s mission, goals and expected student outcomes. The teaching learning practices and teaching environment are congruent with and foster student learning outcomes.

RELATED ITEMS/ELEMENTS -----

RELATED ITEM LEVEL 1

Clinical courses meet TBON requirements for student/teacher ratio.

Performance Objective Description:

Clinical courses meet TBON requirements for student/teacher ratio.

RELATED ITEM LEVEL 2

Teaching workload schedule and rosters reflect meeting TBON standards each semester.

KPI Description:

Teaching workload schedule and rosters reflect meeting TBON standards each semester.

Results Description:

Teaching schedules and course rosters reflect a ratio that does not exceed the TBON ratio of 1 faculty for 10 students in direct care clinical learning settings or 1 faculty to 12 students where 2 students are precepted. The ratio does not exceed 1 faculty to 24 students in preceptor learning settings. Appropriate caps are set in the course registration system to manage enrollment in clinical course sections. The clinical coordinator works with the director and faculty to locate appropriate clinical placements to meet learning needs and maintain the desired ratios.

RELATED ITEM LEVEL 3

Teaching Workload Schedule and Rosters

Action Description:

Appropriate caps will be set in the course registration system to manage enrollment in clinical course sections with the Texas Board of Nursing requirements. The clinical coordinator will work with the director and faculty to locate appropriate clinical placements to meet learning needs and maintain the desired ratios.

RELATED ITEM LEVEL 1

Student learning outcomes are congruent with the program’s mission, goals, and professional role standards.

Performance Objective Description:

Student learning outcomes are congruent with the program’s mission, goals, and professional role standards.

RELATED ITEM LEVEL 2

The curriculum crosswalk demonstrates inclusion of program mission, goals, Texas DEC’s, and Baccalaureate Essentials (AACN, 2008).

KPI Description:

The curriculum crosswalk demonstrates inclusion of program mission, goals, Texas DEC’s, and Baccalaureate Essentials (AACN, 2008).

**Results Description:**

Course objectives are mapped to program goals and Texas DEC's in some course syllabi. The crosswalk is being updated from the previous crosswalk and course syllabi. Baccalaureate Essentials will be added in 2016-17. The curriculum committee will oversee the process of mapping course objectives and creating the crosswalk.

RELATED ITEM LEVEL 3

**Curriculum Crosswalk Development**

**Action Description:**

The curriculum crosswalk is being updated to include the AACN Baccalaureate Essentials. The Texas DEC's were added in AY 2015.

RELATED ITEM LEVEL 1

**Teaching-learning practices and environments support the achievement of expected student learning outcomes.**

**Performance Objective Description:**

Teaching-learning practices and environments support the achievement of expected student learning outcomes.

RELATED ITEM LEVEL 2

**Clinical evaluations reflect achievement of student learning outcomes at 80% accuracy.**

**KPI Description:**

Clinical evaluations are graded as pass/fail.

**Results Description:**

Two students each failed 1 course based on clinical performance in 2015-2016. This is well above the 80% standard established.

RELATED ITEM LEVEL 3

**Course Reports**

**Action Description:**

Develop a tracking system for course reports through the director's office. Note completion of reports in the FES for course coordinator faculty.

RELATED ITEM LEVEL 2

**Course reports reflect the achievement of desired student learning outcomes 80% of the time.**

**KPI Description:**

Course reports reflect the achievement of desired student learning outcomes 80% of the time

**Results Description:**

Course reports have not been consistently completed by faculty. This criteria cannot be evaluated due to missing reports.

RELATED ITEM LEVEL 3

**Course Reports**

**Action Description:**

Develop a tracking system for course reports through the director's office. Note completion of reports in the FES for course coordinator faculty.

RELATED ITEM LEVEL 2

**IDEA evaluations reflect the expected distribution when compared to the Institution using adjusted scores in the 4 categories (A. Progress on Relevant Objectives; B. Excellence of Teacher; C. Excellence of Course; D. Summary Evaluation [Avg. of A-C])**

**KPI Description:**

IDEA evaluations reflect the expected distribution when compared to the Institution using adjusted scores in the 4 categories (A. Progress on Relevant Objectives; B. Excellence of Teacher; C. Excellence of Course; D. Summary Evaluation [Avg. of A-C])

**Results Description:**

Faculty scores on the adjusted scores when compared with the institutional scores are presented in the table below. Faculty scored similar or higher in all 4 categories. The top category, Much Higher, was well below the expected 10% in all areas. The fall 2015 scores were higher than the spring 2016 scores in the higher and much higher categories. The spring 2016 scores were higher in the similar and below categories than the fall 2015 categories.

Half of the converted scores are at or above the institutional converted score and half the converted scores were below. Converted scores were higher in the fall semester in all four areas than they were for the spring semester.



Converted Score Category	Expected Distribution	A. Progress on Relevant Objectives		B. Excellence of Teacher		C. Excellence of Course		D. Summary Evaluation (Avg.of A, B, C)	
		F2015	Sp2016	F2015	Sp2016	F2015	Sp2016	F2015	Sp2016
Much Higher (63 or higher)	10%	2%	1%	0%	0%	3%	0%	0%	0%
Higher (56-62)	20%	27%	18%	28%	15%	17%	5%	25%	9%
Similar (45-55)	40%	60%	65%	52%	55%	38%	47%	60%	72%
Lower (38-44)	20%	8%	11%	8%	19%	25%	28%	10%	11%
Much Lower (37 and below)	10%	3%	5%	12%	11%	17%	19%	5%	8%
Converted Score This Summary		52	50	50	48	46	44	50	48
Converted Score This Institution		50	50	50	50	50	50	50	50
Converted Score This institution compared to IDEA		53	53	51	51	52	52	52	52

RELATED ITEM LEVEL 3

Faculty Qualifications

Action Description:

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

RELATED ITEM LEVEL 2

IDEA evaluations reflect the perceived support of desired student learning outcomes on IDEA objectives 1 through 4 70% of the time.

KPI Description:

IDEA evaluations reflect the perceived support of desired student learning outcomes on IDEA objectives 1 through 4 70% of the time.

Results Description:

For IDEA Objective 1: Gaining factual knowledge (terminology, classifications, methods and trends) the summary score for fall 2015 evaluations is 4.6 with approximately 92% of the 43 classes receiving a raw average of at least 4.0. The summary score for spring 2016 evaluations is 4.6 with approximately 92% of the 48classes receiving a raw average of at least 4.0.

For IDEA Objective 2: Learning fundamental principles, generalizations, or theories the summary score for fall 2015 evaluations is 4.5 with approximately 95% of the 40 classes receiving a raw average of at least 4.0. The summary score for spring 2016 evaluations is 4.6 with approximately 98% of the 43classes receiving a raw average of at least 4.0.

For IDEA Objective 3: Learning to apply course material (to improve thinking, problem solving, and decisions) the summary score for fall 2015 evaluations is 4.6 with approximately 96% of the 50 classes receiving a raw average of at least 4.0. The summary score for spring 2016 evaluations is 4.6 with approximately 90% of the 65 classes receiving a raw average of at least 4.0.

For IDEA Objective 4: Developing specific skills, competencies, and points of view needed by professionals in the field most closely related to this course the summary score for fall 2015 evaluations is 4.5 with approximately 92% of the 46 classes receiving a raw average of at least 4.0. The summary score for spring 2016 evaluations is 4.6 with approximately 92% of the 61 classes receiving a raw average of at least 4.0.

#### RELATED ITEM LEVEL 3

##### **IDEA Evaluations-Objectives Support**

###### **Action Description:**

Review IDEA objectives and determine which objectives best relate to the various courses.

#### RELATED ITEM LEVEL 2

**Preceptor evaluations by students and faculty reflect satisfaction with the experience 80% of the time.**

###### **KPI Description:**

Preceptor evaluations by students and faculty reflect satisfaction with the experience 80% of the time.

###### **Results Description:**

Informal evaluation from faculty and feedback from students reflect satisfaction with the preceptor assignments greater than 80% of the time.

#### RELATED ITEM LEVEL 3

##### **Evaluation of Preceptor**

###### **Action Description:**

The process for formal evaluation of preceptors will be refined and documentation will be maintained by the Clinical Coordinator for use in future placement.

#### RELATED ITEM LEVEL 2

**Student grading and evaluation policies and procedures are outlined in the course syllabus and applied 100% of the time.**

###### **KPI Description:**

Student grading and evaluation policies and procedures are outlined in the course syllabus and applied 100% of the time.

###### **Results Description:**

Faculty applied grading criteria as outlined in the course syllabus. No grade appeals were filed.

#### RELATED ITEM LEVEL 3

##### **Course Reports**

###### **Action Description:**

Develop a tracking system for course reports through the director's office. Note completion of reports in the FES for course coordinator faculty.

#### RELATED ITEM LEVEL 3

##### **Faculty Qualifications**

###### **Action Description:**

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

#### RELATED ITEM LEVEL 1

**The curriculum structure is reviewed annually and revised as indicated based on changes in external and internal guidelines.**

###### **Performance Objective Description:**

The curriculum structure is reviewed annually and revised as indicated based on changes in external and internal guidelines.

#### RELATED ITEM LEVEL 2

**The degree plan reflects THECB, core curriculum, SHSU, and TBON requirements for curriculum 100% of the time.**

###### **KPI Description:**

The degree plan reflects THECB, core curriculum, SHSU, and TBON requirements for curriculum 100% of the time.

**Results Description:**

Student transcripts are reviewed prior to graduation. Each degree plan is reviewed to ensure that THECB, core curriculum, SHSU, and TBON requirements for the BSN are met.

RELATED ITEM LEVEL 3

**Course Reports**

**Action Description:**

Develop a tracking system for course reports through the director's office. Note completion of reports in the FES for course coordinator faculty.

RELATED ITEM LEVEL 3

**Curriculum Crosswalk Development**

**Action Description:**

The curriculum crosswalk is being updated to include the AACN Baccalaureate Essentials. The Texas DEC's were added in AY 2015.

RELATED ITEM LEVEL 3

**Degree Plans**

**Action Description:**

The Interim Director and COHS Degree Plan Analyst will continue to work with the Registrar's Office to improve the workflow to ensure timely graduation for all program options.

**CCNE Standard IV - Program Effectiveness Data**

**Goal Description:**

Program effectiveness is demonstrated in the areas of student outcomes, faculty outcomes and other outcomes.

RELATED ITEMS/ELEMENTS -----

RELATED ITEM LEVEL 1

**Faculty outcomes, individually and aggregate, demonstrate program effectiveness.**

**Performance Objective Description:**

Faculty outcomes, individually and aggregate, demonstrate program effectiveness.

RELATED ITEM LEVEL 2

**100% of tenure/tenure track faculty will demonstrate adequate performance on the annual DPTAC review.**

**KPI Description:**

100% of tenure/tenure track faculty will demonstrate adequate performance on the annual DPTAC review.

**Results Description:**

Four of the tenure-track faculty underwent DPTAC review in spring 2016. Two faculty member received a review indicating expected progress toward tenure. Two faculty members did not receive satisfactory reviews.

RELATED ITEM LEVEL 3

**DPTAC Performance**

**Action Description:**

A formal mentoring process will be instituted in AY 16-17 to aid tenure track faculty with DPTAC review preparation.

RELATED ITEM LEVEL 3

**Faculty Qualifications**

**Action Description:**

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

RELATED ITEM LEVEL 2

**80% of faculty will demonstrate evidence of service activities that support the mission of the SON, COHS, university and profession each year on the FES.**

**KPI Description:**

80% of faculty will demonstrate evidence of service activities that support the mission of the SON, COHS, university and profession each year on the FES.

**Results Description:**

100% of the faculty in the SON serve on a school, college, university or professional committee.

RELATED ITEM LEVEL 3

**Faculty Qualifications**

**Action Description:**

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

RELATED ITEM LEVEL 3

**Service Activities**

**Action Description:**

Administration at the School and College level will continue to support service activities by promoting opportunities within the university and profession as they arise.

RELATED ITEM LEVEL 2

**80% of tenure/tenure-track faculty will show evidence of scholarship activities toward tenure and rank promotion each year.**

**KPI Description:**

80% of tenure/tenure-track faculty will show evidence of scholarship activities toward tenure and rank promotion each year.

**Results Description:**

Six of the seven (85%) tenured/tenure track faculty members received a grant, presented at a conference, or had a manuscript accepted for publication.

RELATED ITEM LEVEL 3

**Faculty Qualifications**

**Action Description:**

Newly hired faculty will provide proof of qualifications (academically and experientially). Current faculty will maintain licensure.

A structured faculty development plan for all nursing faculty will be instituted in the fall 2016 semester and will continue for AY 16-17. All faculty will be provided with a copy of the Billings and Halstead *Teaching in Nursing* 5th edition. Assigned readings from the text will serve as the foundation for discussion.

RELATED ITEM LEVEL 1

**Master Program Evaluation Plan (MPEP) is in place and data collection is ongoing.**

**Performance Objective Description:**

Master Program Evaluation Plan (MPEP) is in place and data collection is ongoing.

RELATED ITEM LEVEL 2

**The MPEP is revised to reflect changes in accreditation standards.**

**KPI Description:**

The MPEP is revised to reflect changes in accreditation standards.

**Results Description:**

MPEP revisions are needed to reflect the decision to move to a single accreditation with CCNE. Structure will reflect the CCNE standards.

RELATED ITEM LEVEL 3

**MPEP Revision**

**Action Description:**

The Executive Committee will revise the MPEP in fall 2016 to reflect the decision to move to a single accreditation with CCNE. Structure will reflect the CCNE standards.

RELATED ITEM LEVEL 1

**Program effectiveness is demonstrated based on student outcomes: graduation rates, NCLEX pass rates, employment rates and student satisfaction.**

**Performance Objective Description:**

Program effectiveness is demonstrated based on student outcomes: graduation rates, NCLEX pass rates, employment rates and student satisfaction.

RELATED ITEM LEVEL 2

**60% of students taking a standardized specialty exam will achieve at least the baseline score of proficient (level 2) on their best attempt.**

**KPI Description:**

60% of students taking a standardized specialty exam will achieve at least the baseline score of proficient (level 2) on their best attempt.

**Results Description:**

ATI data revealed that at least 60% of the students who took the Med-Surg, Newborn, Children, Mental Health, Community and Leadership exams achieved a minimum proficiency level 2 on the exams. Less than 60% of the students who took the Fundamentals, Nutrition and Pharmacology achieved a minimum proficiency level 2 on the exams. See the attached table from ATI reporting.

Attached Files

 [ATI Longitudinal Assessment Report](#)

RELATED ITEM LEVEL 3

**Standard Specialty Exams (ATI)**

**Action Description:**

Curriculum revisions will be submitted to add additional credit hours for Nursing Fundamentals, Pathophysiology and Pharmacology beginning Fall 2017. Credits will be reduced in Older Adult (NURS 3040) and NURS 3251 Perspectives in Cultural Nursing will be removed from the course inventory.

RELATED ITEM LEVEL 2

**80% of alumni surveyed 6-12 months after graduation will rate the quality of the program as satisfactory or higher.**

**KPI Description:**

80% of alumni surveyed 6-12 months after graduation will rate the quality of the program as satisfactory or higher.

**Results Description:**

The alumni survey is administered to graduating cohorts 6 months after they graduate from the program. 10 former students from cohort 6 responded to the survey out of 30. The survey respondents graduated in December 2015. The breakdown of respondents is seen below:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Number	0	1	1	5	3
Percentage	0%	10%	10%	50%	30%

Total satisfaction rating for this group of graduates was 80%.

RELATED ITEM LEVEL 3

**Alumni Surveys**

**Action Description:**

Continue efforts to increase response rate to alumni survey. Utilize social media and work with Alumni Office to make contacts.

RELATED ITEM LEVEL 2

**80% of employers surveyed will rate SHSU graduates as prepared or higher in all student learning outcomes.**

**KPI Description:**

80% of employers surveyed will rate SHSU graduates as prepared or higher in all student learning outcomes.

**Results Description:**

The employer survey is randomly sent out to employers of SHSU School of Nursing grads. As of Summer 2016, here was the breakdown of all student learning outcomes. All employers surveyed rated SHSU School of Nursing grads as prepared or higher in all student learning outcomes.

Collaborate with other professionals on the health care team to provide health promotion, disease, and injury prevention across the lifespan for individuals, families, groups and communities.	Prepared	Well Prepared	Very Well Prepared	N/A	TOTAL	% Prepared or higher
Integrate knowledge from liberal studies and nursing science to practice beginning level professional nursing in a holistic, caring manner.	1	2	2	0	5	100%
Develop, implement, and evaluate safe, quality patient care through collaboration with patients and members of the interprofessional health care delivery team in various health care settings.	1	2	2	0	5	100%
Demonstrate ethical accountability and legal responsibilities using cultural parameters and professional nursing standards of practice and care in order to provide care to individuals, families, groups, and populations.	1	2	2	0	5	100%

Use therapeutic communication in formal and informal interaction with patients, families, groups, colleagues, and other members of the healthcare team in the delivery of nursing care.	1	2	2	0	5	100%
Demonstrate professional leadership and management skills while implementing safety principles in the delivery of nursing care.	1	2	2	0	5	100%
Base safe patient care upon evidence and clinical reasoning.	1	2	2	0	5	100%
Act as an advocate for both sick and healthy clients across the lifespan and for the nursing profession, reflecting current and changing health care systems, health policies, and global health care factors.	1	2	2	0	5	100%
Demonstrate accountability for lifelong learning and professional growth.	1	2	2	0	5	100%
Demonstrate competency with technology and information management in the delivery of safe care, while maintaining confidentiality and protecting patient rights.	1	2	2	0	5	100%

Collaborate with other professionals on the health care team to provide health promotion, disease, and injury prevention across the lifespan for individuals, families, groups and communities.	1	2	2	0	5	100%
What skills were SHSU BSN graduates lacking that would be desirable for their positions in your institution?	1	2	2	0	5	100%
What strengths do SHSU BSN graduates bring to their positions in your institution?	1	2	2	0	5	100%
Overall, how do SHSU BSN graduates you have hired compare to other RN graduates? Would you say SHSU BSN graduates are:	1	2	2	0	5	100%

RELATED ITEM LEVEL 3

Employer Surveys

Action Description:

Continue to reach out to employers. Consider using iPad and having faculty to ask hiring managers to complete the survey while in the clinical area with current students.

RELATED ITEM LEVEL 2

At the time of graduation, 60% of students taking a standardized exit exam will achieve a baseline score of national BSN mean on their last attempt.

KPI Description:

At the time of graduation, 60% of students taking a standardized exit exam will achieve a baseline score of national BSN mean on their last attempt.

Results Description:

66.7% of the 12/2015 graduates scored above the national mean. 77.1% of the 5/2016 graduates scored above the national mean.

RELATED ITEM LEVEL 3

Standardized Exit Exam

Action Description:

Increase percent of students to 70% for achieving a baseline of national BSN mean on their final exit exam attempt.

RELATED ITEM LEVEL 2

In the Senior Exit Survey, 70% of students will indicate they have been offered a nursing position.

KPI Description:

In the Senior Exit Survey, 70% of students will indicate they have been offered a nursing position.



**Results Description:**

This data comes from the senior exit survey administered at the end of each semester. We recently changed our survey to reflect the CCNE accreditation standards. The current survey results are available for the two most recent graduating cohorts (6 and 7).

	Total Graduates	Employed Upon Graduation?	Percentage
Cohort 6	30	23	76.67%
Cohort 7	36	32	88.89%
<i>Total</i>	<i>66</i>	<i>55</i>	<i>83.33%</i>

Attached Files

 [Employment Upon Graduation Numbers](#)

RELATED ITEM LEVEL 3

**Graduates with Position**

**Action Description:**

Continue to share job fair opportunities and to allow potential employers to meet with graduating students. Increase percent to 75% of students who have been offered a nursing position upon graduation and successful completion of NCLEX.

RELATED ITEM LEVEL 2

**In the Senior Exit Survey, 80% of students will rate that they are satisfied or above that simulations assisted them to become competent in the clinical setting.**

**KPI Description:**

In the Senior Exit Survey, 80% of students will rate that they are satisfied or above that simulations assisted them to become competent in the clinical setting.

**Results Description:**

This data comes from the senior exit survey administered at the end of each semester. We recently changed our survey to reflect the CCNE accreditation standards. The current survey results are available for the two most recent graduating cohorts (6 and 7).

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfaction Rating
Cohort 6	4	8	11	7	60%
Cohort 7	5	19	10	2	33%
Total	9	27	22	9	46.96%

Attached Files

 [Simulation Setting Responses](#)

RELATED ITEM LEVEL 3

**Simulation and Clinical Competence**

**Action Description:**

Use of simulation will increase. Faculty development related to simulation as a teaching strategy will continue with an onsite consultant in Fall 2016.

RELATED ITEM LEVEL 2

**In the Senior Exit Survey, 80% of students will rate the overall program as satisfactory or above.**

**KPI Description:**

In the Senior Exit Survey, 80% of students will rate the overall program as satisfactory or above.

**Results Description:**

This data comes from the senior exit survey administered at the end of each semester. We recently changed our survey to reflect the CCNE accreditation standards. The current survey results are available for the two most recent graduating cohorts (6 and 7).

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfaction Rating
Cohort 6	4	11	12	3	50%
Cohort 7	7	19	8	2	27.78%
Total	11	30	20	5	37.87%

Cohort 7 students experienced numerous program changes including faculty that were new to the academic nursing role.

RELATED ITEM LEVEL 3

Program Satisfaction

Action Description:

Faculty development, faculty mentorship and consistent faculty assignments will be maintained to the extent possible.

RELATED ITEM LEVEL 2

In the Senior Exit Survey, 80% of students will rate themselves as prepared or higher on all 10 SLOs.

KPI Description:

In the Senior Exit Survey, 80% of students will rate themselves as prepared or higher on all 10 SLOs.

Attached Files

[📄 Student Learning Outcomes Responses](#)

Results Description:

This data comes from the senior exit survey administered at the end of each semester. We recently changed our survey to reflect the CCNE accreditation standards. The current survey results are available for the two most recent graduating cohorts (6 and 7).

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfaction Rating
Cohort 6	0	6	16	8	80%
Cohort 7	2	18	12	4	44.44%
Total	2	24	28	12	60.60%

RELATED ITEM LEVEL 3

Program Satisfaction

Action Description:

Faculty development, faculty mentorship and consistent faculty assignments will be maintained to the extent possible.

RELATED ITEM LEVEL 2

In the Senior Exit Survey, 80% of students will rate they are satisfied or above that clinical assignments allowed them to apply theories learned in the program.

KPI Description:

In the Senior Exit Survey, 80% of students will rate they are satisfied or above that clinical assignments allowed them to apply theories learned in the program.

Results Description:

This data comes from the senior exit survey administered at the end of each semester. We recently changed our survey to reflect the CCNE accreditation standards. The current survey results are available for the two most recent graduating cohorts (6 and 7).

The clinical facilities met my needs.

	Strongly Disagree	Somewhat Disagree	Neutral	Somewhat Agree	Strongly Agree	Satisfaction Rating
Cohort 6	1	1	4	12	11	79.31%
Cohort 7	3	4	3	10	16	72.22%
Total	4	5	7	22	27	75.38%

RELATED ITEM LEVEL 3

Program Satisfaction

Action Description:

Faculty development, faculty mentorship and consistent faculty assignments will be maintained to the extent possible.

RELATED ITEM LEVEL 2

On time completion rate (graduation within 36 months of admission to the nursing program) will be 70%.

KPI Description:

On time completion rate (graduation within 36 months of admission to the nursing program) will be 70%.

Results Description:

<u>Graduates</u>				<u>Program Dates</u>	
	Graduated	Non-Grad	% Graduated	Start Date	Graduation Date
Cohort 1	21	0	100%	January 2011	December 2012
Cohort 2	11	1	92%	September 2011	May 2013
Cohort 3	23	5	82%	September 2012	May 2014
Cohort 4	35	2	95%	January 2013	December 2014
Cohort 5	33	6	85%	September 2013	May 2015
Cohort 6	30	2	93%	January 2014	December 2015
Cohort 7	36	5	88%	September 2014	May 2016
	189	22	89.57%		

Attached Files

 [On Time Completion Rate Data](#)

RELATED ITEM LEVEL 3

On-Time Graduation

Action Description:

Continue curriculum measures and seek additional scholarship opportunities to support students.

RELATED ITEM LEVEL 1

Records of all formal complaints are reviewed and analyzed.

Performance Objective Description:

Records of all formal complaints are reviewed and analyzed.

RELATED ITEM LEVEL 2

Formal complaints are reviewed as outlined in the appeals and grievance policies.

KPI Description:

Formal complaints are reviewed as outlined in the appeals and grievance policies.

Results Description:

There were no formal complaints filed.

Formal Complaints

Action Description:

Maintain formal complaint policy outlined in the student handbook posted in the Blackboard Cohorts page.

Update to Previous Cycle's Plan for Continuous Improvement

Previous Cycle's Plan For Continuous Improvement (Do Not Modify):

Gathering alumni information is extremely difficult; However, we have begun working with the Alumni office to get information on our graduates that will help us locate students. This will ensure that we have the most up to date information on our students after they graduate.

However, we expect that there are a large number of students who will not respond to our contact attempts and it is even possible that the Alumni office does not have the most up to date information. We have begun, and will continue, employing social media to get the latest information on our students, and we would like to use social media to engage our alumni in networking, ongoing discussion and mentoring for our newly graduating students.

Surveys administered through Lime Survey have had a very encouraging response rate prior to student graduation. We will continue to gather as much information from students prior to graduation as possible through Lime Survey. We have been gathering their latest contact e-mail so that we can contact them after graduation.

Update of Progress to the Previous Cycle's PCI:

Work continues with the Alumni Office to reach graduates. Social media, both institutional and personal faculty accounts are used to make contact with graduates. Lime Surveys were used to gather contact information.

Plan for Continuous Improvement for 2016-17

Closing Summary:

The School of Nursing has experienced tremendous growth in faculty and staff during its short history. Many of the faculty are experienced clinicians and novice academic nursing educators. Thirty-five percent of the faculty are in their first year and 26% have between one and five years teaching experience. Faculty development needs are a high priority in order to maintain and improve student learning outcomes. Faculty development will include information related to teaching best practices and regarding deficiencies in the current year's assessment data.

The School of Nursing is undergoing a leadership change. An interim director was appointed and assumed leadership June 1, 2016. The program assessment plan will be revised and reformatted under the new leadership to reflect CCNE standards.

