

Nursing, School of

CCNE Standard I - Mission, Goals, and Expected Outcomes

Goal Description:

The School of Nursing is na onally accredited by Commission for Collegiate Nursing Educa on (CCNE). This goal and its related objec ves align with one or more of the standards set out by CCNE.

The mission, goals and program outcomes shall demonstrate congruence with the parent ins tu on, college and professional standards of its accredi ng agency.

RELATED ITEMS/ELEMENTS

RELATED ITEM LEVEL 1

CCNE Standard 1: Academic Policies

Performance Objective Description:

The School of Nursing falls is in the College of Health Sciences at Sam Houston State University. The School of Nursing's academic policies are congruent with academic policies of the both the college and university.

RELATED ITEM LEVEL 2

CCNE Standard 1 - Academic Policies

KPI Description:

Academic policies within the Faculty Staff Handbook and the Student Handbook are reviewed annually for needed updates due to changes initiated during the assessment period by the School of Nursing, College of Health Sciences or the university. Academic policies for the School of Nursing shall be reviewed annually for congruence with the college and university.

Results Description:

Student Handbooks (prelicensure and RN-BSN) were updated in June, 2017 to reflect the newly approved tardy guidelines and the edits provided in the review by legal counsel. The Faculty Staff Handbook was revised with the updated organization chart for the School of Nursing. Position responsibilities for faculty, coordinators, and staff were revised to be more concise. Policies and procedures were included for notifying at-risk and failing students.

RELATED ITEM LEVEL 3

CCNE Standard I - Academic Policies

Action Description:

The newly revised Student Handbook is ready for dissemination to School of Nursing students beginning Fall 2017 semester. The newly revised Faculty Staff handbook is ready for dissemination to School of Nursing faculty and staff beginning Fall 2017

RELATED ITEM LEVEL 1

CCNE Standard I - Documents and Publications

Performance Objective Description:

SHSU School of Nursing documents and/or publications shall be accurately published with a clearly communicated process for making and disseminating changes. Such publications shall include, but not be limited to handbooks, bylaws, website and marketing materials.

RELATED ITEM LEVEL 2

CCNE Standard I - Publications

KPI Description:

Publications shall be reviewed annually for accuracy. Revision dates are clearly noted, primarily in the footer. Publications and their method of dissemination shall include:

- * Student Handbook - published for student accessibility on Blackboard, cohort page. Also accessible by nursing faculty and staff on shared t drive
- * Faculty/Staff Handbook - accessible by nursing faculty and staff on shared t drive
- * Bylaws - accessible by nursing faculty and staff on shared t drive
- * Website - http://www.shsu.edu/academics/health-sciences/nursing/
- * Marketing materials - Flyers and other marketing materials are disseminated a) to the Undergraduate Admission office Counselors for their Fall on-the-road marketing campaign; b) via email to prospective students and other interested parties; and c) to any interested party at a variety of recruitment events throughout the year.
- * Meeting minutes - accessible by nursing faculty and staff on shared t drive

Results Description:

Due to the recent changes in state norms regarding students' admissions to nursing schools in the State of Texas, as reflected in THECB's state-wide study (Satin grant), the School of Nursing presented changes to their Admissions Standards which were approved by APR and Faculty Assembly.

The new Admission Standards updates include: 1) a heavier weight on prerequisite courses' GPA as opposed to a candidate's overall GPA; and 2) a heavier weight given for the Reading Comprehension and Science scores from the candidate's TEAS test as opposed to the candidate's overall TEAS test score. Math was found to not be a predictor on the state-wide study (Satin grant).

The review of admission criteria and curriculum is documented in the Advising Team meeting notes. The website was updated and the Student Handbook and the Faculty Staff Handbook were revised during summer 2017 to reflect admission standards update. The RN-BSN flyer, BSN flyer, and website were updated by marketing to reflect admission standards update.

RELATED ITEM LEVEL 3

CCNE Standard I - Publications

Action Description:

Review admissions data from incoming cohorts and document comparative data from prior cohorts in regards to updated criteria in admissions standards.

RELATED ITEM LEVEL 1

CCNE Standard I - Faculty knowledge of missions, goals, and expected outcomes.

Performance Objective Description:

Expectations related to the School of Nursing's mission, goals, and expected student outcomes are clearly communicated to faculty to reflect professional nursing standards and guidelines and the needs and expectations of the community which it serves.

RELATED ITEM LEVEL 2

CCNE Standard I - Expectations of the Faculty Role

KPI Description:

The expectation of the faculty's role and any changes therein shall be clearly and concisely noted in the Faculty job description, orientation agenda and/or minutes from faculty meetings. Full-time faculty are required to attend 1) SHSU orientation facilitated by Human Resources offered prior to the beginning of every long semester, 2) New Faculty Orientation facilitated by the School of Nursing offered prior to the beginning of every long semester, and 3) Faculty Investment seminar facilitated by PACE offered prior to the beginning of every long semester. Full-time faculty are highly encouraged, but not required, to attend the COHS Fall Kickoff luncheon/workshop offered at the beginning of the Fall semester. Full-time faculty are expected to attend a bi-monthly faculty meeting facilitated by the School of Nursing and which meeting minutes are accessible to all faculty via the shared t drive.

Results Description:

New faculty hired in fall 2016 attended the university faculty orientation in August 2016. The spring faculty hire attended August 2017. Nursing orientation was held in August and January and all new hires participated. The orientation agenda is available on the shared t drive. Job qualifications and responsibilities are in the faculty staff handbook. Faculty assembly minutes are available on the department shared drive and all faculty have access.

RELATED ITEM LEVEL 3

CCNE Standard I - Expectations of the Faculty Role

Action Description:

The New Faculty Orientation facilitated by the School of Nursing shall be reviewed for quality content and updated as deemed appropriate.

RELATED ITEM LEVEL 2

CCNE Standard I - Faculty knowledge of mission, goals and expected outcomes.

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. The updates and changes will be discussed with faculty during regularly scheduled meetings. The updates and changes will be documented as required by national accrediting organization CCNE, in meeting minutes, and also in SHSU assessment software.

Results Description:

CCNE is in the process of reviewing and revising its standards. The School of Nursing will continue to monitor the status of the updates in preparation for a self-study report and onsite visit in October 2018.

RELATED ITEM LEVEL 3

CCNE Standard I - Faculty knowledge of mission, goals and expected outcomes

Action Description:

The School of Nursing will continue to monitor the status of CCNE's changes to their standards and shall implement those updates in preparation for a self-study report and onsite visit in October 2018.

RELATED ITEM LEVEL 1

CCNE Standard I - Mission Statement Review

Performance Objective Description:

The mission statement of the university, College of Health Sciences and the School of Nursing shall be compared for congruence every 3 years and as needed. The last review was conducted Spring 2018. The next review shall be Spring 2018.

RELATED ITEM LEVEL 2

CCNE Standard I - Mission Statements Cross-walk

KPI Description:

A cross-walk table will be developed to compare the mission statements between the university, the College of Health Sciences and the School of Nursing. The cross-walk will demonstrate 100% congruence. Once the cross-walk is complete and 100% congruence is confirmed, a review of the same shall be conducted every three years or when the university's, college's, or school's mission, goals and/or outcomes have been revised.

Results Description:

A cross-walk table was designed and completed which outlines the missions statements and goals of the university, College of Health Sciences, and School of Nursing. A review of the cross-walk's currency was completed and it was determined that the three areas are in alignment with one another in regards to mission statement and goals.

RELATED ITEM LEVEL 3

CCNE Standard I - Mission Statement Crosswalk

Action Description:

The Mission Statement Cross-walk table is scheduled for review on a three-year cycle. The next review shall be conducted in Spring 2018.

RELATED ITEM LEVEL 1

CCNE Standard I - Program Governance

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

CCNE Standard I - Program Governance - Committees

KPI Description:

Full-time nursing faculty members shall serve on a committee at the school, college, and/or university level. Committees shall include:

1. Executive Committee, 2. Admissions Progression and Retention (APR) Committee, 3. Curriculum Committee, 4. Faculty/Staff Affairs Committee,5. Laboratories Facilities Committee, 6. Student Affairs Committee, and 7. Testing Committee.

Results Description:

Attached is a list of the committees and faculty members of the committees for this assessment cycle. The document reflects that 100% of faculty served on a School of Nursing committee; 30% of the faculty served on a college committee; and 22% served on a university committee during this assessment cycle.

Attached Files

 [Committees - 2016-17](#)

RELATED ITEM LEVEL 3

CCNE Standard I - Program Governance - Committees

Action Description:

Encourage new 2017-18 faculty members to serve on committees.

RELATED ITEM LEVEL 2

CCNE Standard I - Program Governance - Meeting Minutes

KPI Description:

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

Results Description:

Meeting minutes located on the shared drive reflect issues presented by faculty and students. Votes indicate faculty decision making on issues. Students are non-voting members but the minutes reflect their voice on issues.

Attached Files

 [Minutes sample](#)

RELATED ITEM LEVEL 3

CCNE Standard I - Program Governance: - Meeting Minutes

Action Description:

Minutes template is working well and displays required elements. Continue using same for next assessment cycle.

RELATED ITEM LEVEL 2

CCNE Standard I - Program Governance - Student Representatives

KPI Description:

At least one student representative shall serve on committees which the School of Nursing faculty are also are required to serve. Those committee include:

1. Executive Committee, 2. Admissions Progression and Retention (APR) Committee, 3. Curriculum Committee, 4. Faculty/Staff Affairs Committee,5. Laboratories Facilities Committee, 6. Student Affairs Committee, and 7. Testing Committee.

Results Description:

Nominations for committee representation was solicited among students in the nursing program. Student representation on committees include:

Executive Committee - no student nominations, no student representative

Admissions, Profession and Retention Committee - Vita Resilia

Curriculum Committee: Jenna Baker

Faculty/Staff Affairs - no student nominations, no student representative

Laboratory Facilities: Paloma Garcia-Duran

Student Affairs: Lucy Devillier (S1) and Jessica Dominguez (J1)

Testing: no student nominations, no student representative

RELATED ITEM LEVEL 3

CCNE Standard I - Program Governance - Student Representation

Action Description:

Assess how the nomination process is handled. Improve process to avoid vacancies in student representation on committees.

CCNE Standard II - Institutional Resources and Support

Goal Description:

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

RELATED ITEM LEVEL 1

CCNE Standard II - Academic Support Services

Performance Objective Description:

Academic support services offered by the university, college and school shall include but not be limited to technology, tutoring services, full library access, computer labs and shall be adequate for student needs.

RELATED ITEM LEVEL 2

CCNE Standard II - Academic Support Services

KPI Description:

Alumni surveys and end-of-course surveys will reflect adequacy of academic support services 80% of the time. Academic support shall include, but not be limited to, technology, tutoring services, library services, and computer services. Attached are template surveys provided to students.

Attached Files

- [1 - Common Profile Survey](#)
- [Exit Survey 2 - Profile Metric](#)
- [Exit Survey 3](#)
- [Exit Survey 4](#)
- [Exit Survey 4B Student Enviro](#)
- [Exit Survey 5](#)
- [Exit Survey 6](#)
- [Exit Survey LimeSurvey - Employer Survey of SHSU BSN Graduates](#)
- [Exit Survey LimeSurvey - Sam Houston State University Alumni Outcomes Surve](#)

Results Description:

71% of the courses had course reports submitted within 6 weeks of the end of the term. 100% of the end of course reports identified adequate academic support services.

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 60.53%

The table breakdown is seen below:

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Satisfaction Level of Academic Support Services	0	2	13	17	6	38
Percentage	0.00%	5.26%	34.21%	44.74%	15.79%	

Satisfaction Rating	60.53%
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RELATED ITEM LEVEL 3

CCNE Standard II - Academic Support

Action Description:

Modify surveys to grade individual components rather than aggregate scores.

RELATED ITEM LEVEL 1

CCNE Standard II - Budget

Performance Objective Description:

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

RELATED ITEM LEVEL 2

CCNE Standard II - Budget

KPI Description:

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

Results Description:

The FY 2016-17 budget provided resources that were in line with the other divisions in the college. With careful planning, the budget was sufficient to cover School of Nursing needs for the academic year. Travel was restricted to clinical supervision and conferences with accepted presentations until late spring. Grant funds were used to pay for faculty development for 2 faculty and to bring consultants to campus one time in the fall and one time in the spring semesters.

RELATED ITEM LEVEL 3

CCNE Standard II - Budget

Action Description:

The School of Nursing will be merging its Huntsville operations with it's operations in The Woodlands Center beginning Fall 2018. New budget items will be considered when developing/submitting the next fiscal year's budget.

RELATED ITEM LEVEL 1

CCNE Standard II - Faculty Performance

Performance Objective Description:

Faculty scholarship, professional development, and service activities are reviewed annually as outlined in Faculty Evaluation System (FES) Policy 820317 and in Promotion and Tenure Policy 98024.

Attached Files

 [Policy - 980204 Performance Eval of Tenured Faculty](#)

 [Policy - 820317 FES](#)

RELATED ITEM LEVEL 2

CCNE Standard II - Faculty Performance: DPTAC Review

KPI Description:

Tenure/tenure-track faculty shall undergo the appropriate DPTAC review as outlined in university's Tenure and Promotion Policy 980204.

Results Description:

Six tenure-track faculty were eligible for, and received, the appropriate review by the DPTAC. One was eligible for a tenure vote, two were eligible for the 3-year mid-cycle tenure pre-vote, and three were eligible for annual review.

RELATED ITEM LEVEL 3

CCNE Standard II - Faculty Performance: FES

Action Description:

Continue review as per stated policy 820317 in FY 2017-18.

RELATED ITEM LEVEL 3

CCNE Standard II - Faculty Performance: Tenure and Promotion Review

Action Description:

Continue review process as per stated Tenure and Promotion Policy 980204 in FY 2017-18.

RELATED ITEM LEVEL 2

CCNE Standard II - Faculty: Annual Evaluation.

KPI Description:

The Director of Nursing shall perform an annual evaluation on all faculty in the School of Nursing.

Results Description:

In March 2017, and in lieu of a Director, the Interim Director performed annual evaluations on all faculty in the School of Nursing. The evaluation results were shared with the respective faculty. Reports were placed in the respective faculty personnel files and a copy was forwarded to the COHS Intermin Dean.

RELATED ITEM LEVEL 3

CCNE Standard II - Faculty: Annual Evaluation

Action Description:

Continue managing annual evaluations. Analyze the process of annual evaluations for possible improvements.

RELATED ITEM LEVEL 1

CCNE Standard II - Organizational Structure

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](#)

 [Org Chart Fall 2017](#)

RELATED ITEM LEVEL 2

CCNE Standard II - Org Structure: Qualified CNO (Director of Nursing)

KPI Description:

The CNO (Director of Nursing) shall be 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.

Results Description:

In the absence of a Director of Nursing, the School of Nursing appointed an Interim-Director in FY 2015-16. The Interim-Director was reappointed in June, 2017.

RELATED ITEM LEVEL 3

CCNE Standard II - Org Structure: Qualified CNO (Director of Nursing)

Action Description:

The College of Health Sciences is currently led by an Interim Dean. A Director of Nursing will be placed after a Dean for the College of Health Sciences has been hired. A Dean's search is currently under way.

RELATED ITEM LEVEL 2

CCNE Standard II - Org Structure: Qualified Faculty

KPI Description:

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.

Results Description:

Full-time and adjunct faculty members have the required academic credentials (MSN, PhD, or DNP) and are licensed as Registered Nurses in Texas prior at the time of hire with the university. Transcripts noting the degree and license number and expiration date are maintained in the personnel files.

RELATED ITEM LEVEL 3

CCNE Standard II - Org Structure: Qualified Faculty

Action Description:

Continue maintaining current process for recruiting and hiring qualified faculty. Review retention rates of SON faculty and determine if there is a need for focused retention efforts.

RELATED ITEM LEVEL 3

CCNE Standard II - Qualified Faculty

Action Description:

Continue due diligence when hiring faculty.

RELATED ITEM LEVEL 2

CCNE Standard II - Org Structure: Qualified Preceptors

KPI Description:

Preceptors are confirmed by the SON's Clinical Coordinator as qualified faculty extenders to meet the teaching needs of the School of Nursing as evidenced by licensure, employer competency verification and professional certification. Such documentation is maintained in the office of the SON's Clinical Coordinator and an electronic copy is maintained in Project Concert software. During regular clinical site visits, faculty shall meet with students assigned to site and discuss preceptor issues. If an issue arise and it is determined that the preceptor is not a good fit for the student, adjustments to schedules may be made or a change in preceptor may be initiated.

Results Description:

Preceptor credentials were verified by SON's Clinical Coordinator at the time clinical placements were made. All preceptors meet the minimum criteria. Additionally, during regular clinical site visits, faculty met with students to discuss preceptor issues. No preceptor issues arose during the 2016-17 academic year.

RELATED ITEM LEVEL 3

CCNE Standard II - Org Structure: Qualified Preceptors

Action Description:

For 2017-18, include sample documentation of faculty-student meetings regarding preceptors.

RELATED ITEM LEVEL 1

CCNE Standard II - Physical Facilities

Performance Objective Description:

The physical facilities shall be adequate for classroom and laboratory experiences.

RELATED ITEM LEVEL 2

CCNE Standard II - Physical Facilities

KPI Description:

Exit surveys and course reports will reflect adequacy of physical facilities 80% of the time.

Results Description:

Course reports were submitted for 71% of the courses within 6 weeks of course completion. Problems with inadequate space and classroom equipment were identified in 4 courses. The space issues were identified for Huntsville sections of lecture. Lecture capture equipment reliability and ease of use was identified in one course and affected both Huntsville and The Woodlands Center. Adult Health 1 identified some logistical issues with one clinical site early in the semester. These issues were resolved by making alternate clinical arrangements. Due to classroom space limitations at Huntsville campus, the cohort acceptance was modified from 40/20 split to a split of 30/30 beginning fall 2016.

Exit Survey Data: The Classroom Facilities Met my Needs

This past academic year, the classroom facilities met student needs 60% of the time

	Strongly Disagree	Somewhat Disagree	Neutral	Agree	Strongly Agree	Total
Cohort 8	3	9	3	15	11	41
Cohort 9	2	8	11	15	13	49
Total	5	17	14	30	24	90
Percentage	5.55%	18.89%	15.55%	33.33%	26.67%	

Since the inception of the program, the clinical facilities have met student needs 51.19% of the time

	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
Cohort 8	3	9	3	15	11	41
Cohort 9	2	8	11	15	13	49
Total	20	27	24	51	33	155
Percentage	12.90%%	17.42%	15.48%	32.90%	21.29%	

RELATED ITEM LEVEL 3

CCNE Standard II - Physical Facilities

Action Description:

Prepare for transition of School of Nursing move from Huntsville facilities to The Woodlands center facilities in fall 2018. Continue any needed space modifications to administrative offices, classrooms, lab space and storage to accommodate full cohort of 80 students.

CCNE Standard III - Curriculum and Student Outcomes

Goal Description:

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

RELATED ITEMS/ELEMENTS -----

RELATED ITEM LEVEL 1

CCNE Standard III - Clinical courses - Student/Teacher Ratio

Performance Objective Description:

All clinical courses shall meet Texas Board of Nursing's (TBON) requirements for student/teacher ratio of 10 students to 1 faculty member.

RELATED ITEM LEVEL 2

CCNE Standard III - Clinical courses: Teaching workload and student/Teacher Ratio

KPI Description:

The teaching workload schedule and rosters shall reflect meeting TBON standards for fall spring and summer semesters (see attached standards). Course caps shall be set to maintain student enrollment that meets TBON standards for all clinical courses. Course rosters shall be verified by the Registrar.

Attached Files

 [NURS - Clinical Supervision of Students](#)

Results Description:

Teaching workload schedules reflect appropriate ratios for faculty and students in all clinical courses and are maintained in office files. Rosters were verified by the Registrar and course caps were set to maintain student enrollment that met TBON standards for all clinical courses each semester. (See attached workload schedule)

Attached Files

 [NURS Fall 2016 Workload](#)

 [NURS Spring 2017 Workload](#)

RELATED ITEM LEVEL 3

CCNE Standard III - Teaching workload, Student/Teacher Ratios

Action Description:

Continue the process for meeting these TBON standards.

RELATED ITEM LEVEL 1

CCNE Standard III - Curriculum Structure

Performance Objective Description:

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

RELATED ITEM LEVEL 2

CCNE Standard III - Curriculum Structure

KPI Description:

The BSN degree plan and structure of its curriculum shall reflect curriculum requirements of THECB, TSUS core curriculum, SHSU, and TBON.

Results Description:

ATI provides nursing students a standardized test which is a precursor exam for the national RN certification NCLEX test. Due to lower than desired scores on the ATI standardized test and based on scores and comments on the faculty and student course evaluations, the curriculum structure was shifted as follows: Credit hours were shifted between degree specific courses in the curriculum. One clinical credit hour was removed from the older adult course and added to the fundamentals course for didactic credit which will provide students more concentration in needed areas. Patho/Pharm was split into two separate courses: Pathophysiolgoy and Pharmacology. TBON was notified of the changes. The courses continue to meet all state and national requirements.

RELATED ITEM LEVEL 3

CCNE Standard III - Curriculum Structure

Action Description:

Evaluate ATI standardized test scores to determine if changes made to curriculum structure improved students' scores in affected areas.

RELATED ITEM LEVEL 1

CCNE Standard III - Student learning outcomes

Performance Objective Description:

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

RELATED ITEM LEVEL 2

CCNE Standard III - Student Learning Outcomes: Curriculum Crosswalk

KPI Description:

A curriculum crosswalk shall demonstrate inclusion of program mission, goals, Texas DEC's, and Baccalaureate Essentials (AACN, 2008) for each course offered in the School of Nursing.

Results Description:

The curriculum crosswalk is currently in the development stage. The curriculum committee is overseeing the process. 100% prelicensure BSN courses have the course objectives mapped to the program student outcomes. 86% of the courses have the course objectives mapped to the Texas Differentiated Essential Competencies and 50% of the courses are mapped to the AACN Baccalaureate Essentials.

All RN-BSN courses have been mapped.

RELATED ITEM LEVEL 3

CCNE Standard III - Student Learning Outcome: Curriculum Crosswalk

Action Description:

The Curriculum Crosswalk for the BSN program and the RN-BSN program shall be completed during FY 2017-18.

RELATED ITEM LEVEL 1

CCNE Standard III - Teaching-learning practices and environments

Performance Objective Description:

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

RELATED ITEM LEVEL 2

CCNE Standard III - Course reports

KPI Description:

Course reports shall reflect the achievement of desired student learning outcomes 80% of the time. Course syllabi shall be reviewed for student learning outcomes and mapped to program goals and TBON's TX Differential Essential Competencies (TXDECS) and AACN's Baccalaureate Essentials.

Results Description:

91.30% of students did not meet course expectations by failing a course during fall 2016 and spring 2017.

276 total students were enrolled in BSN courses the Fall 2016/Spring 2017 semesters. 24 of these students failed to meet course expectations in at least one course.

#Student Failed	Total	%Outcomes Met
24	276	91.30

RELATED ITEM LEVEL 3

CCNE Standard III - Course Reports

Action Description:

Perform meta analysis on review process to determine if adjustment increase in accuracy benchmark of 80% should be increased.

RELATED ITEM LEVEL 2

CCNE Standard III - IDEA Evaluations: SON results compared to Institution

KPI Description:

IDEA evaluations shall 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:

See attached. SON scores were lower than the institutional and IDEA scores.

Attached Files

[!\[\]\(206536f97fdb267876a3a10ea42b0254_img.jpg\) Unit-Institution IDEA comparison](#)

RELATED ITEM LEVEL 3

CCNE Standard III - IDEA Evaluations

Action Description:

A formal program for faculty development was instituted for all faculty in fall 2016. There were additional sessions for newly hired faculty. Formal faculty development will continue in the next academic year.

RELATED ITEM LEVEL 2

CCNE Standard III - Idea Evaluations and Student Learning Outcomes

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:

The unit average score increased across all 4 objectives from Fall 2016 to Spring 2017 and was higher than the IDEA average on all 4 objectives. See attached document.

Attached Files

[!\[\]\(6f570b68c0ee531e594eca882aeed36a_img.jpg\) IDEA Relevant Objectives Progress AY2017](#)

RELATED ITEM LEVEL 3

CCNE Standard III - Idea Evaluations and student Learning Outcomes

Action Description:

Continue building data before averages are calculated.

RELATED ITEM LEVEL 2

CCNE Standard III - Preceptor Evaluations

KPI Description:

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

Results Description:

Preceptor evaluations were reviewed by course coordinators as part of the course evaluation process. Course coordinators communicate with the Clinical Coordinator regarding the preceptor evaluation. There were no reports of dissatisfaction related to preceptors in Community Nursing, Pediatrics, or Maternal-Child. Leadership had no reported dissatisfaction with preceptors in Fall 2016 (48 placements) one reported dissatisfaction with the preceptor in Spring 2017 (49 placements).

RELATED ITEM LEVEL 3

CCNE Standard III - Preceptor Evaluations

Action Description:

The one preceptor with the report of dissatisfaction will not be assigned a student in future semesters.

RELATED ITEM LEVEL 2

CCNE Standard III - Student Grading and Evaluation Policies an Procedures

KPI Description:

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

Results Description:

Syllabi are reviewed by the curriculum committee and level or program coordinators. 100% of the syllabi outline the grading and evaluation policies and procedures.

RELATED ITEM LEVEL 3

CCNE Standard III - Student Grading and Evaluation Policy and Procedure

Action Description:

Continue review of syllabi for all courses to assure language for student Grade and Evaluation Policies and Procedures are included. New faculty shall be informed of this requirement during SON's new faculty orientation and shall be reinforced through the mentoring process.

RELATED ITEM LEVEL 2

CCNE Standard III - Student Learning Outcomes: Clinical Evaluations

KPI Description:

Clinical evaluations shall be graded as pass/fail.

Results Description:

No students received failing clinical evaluations in the fall 2016 or spring 2017 semesters.

RELATED ITEM LEVEL 3

CCNE Standard III - Student Learning Outcomes: Clinical Evaluations

Action Description:

The evaluation tool used to measure clinical evaluations in relation to student learning outcomes shall be reviewed to determine sufficient granularity.

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

CCNE Standard IV - Faculty outcomes

Performance Objective Description:

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

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Faculty Outcomes: Tenure-Track Faculty

KPI Description:

Tenure and tenure track faculty will demonstrate adequate performance on the annual DPTAC review.

Results Description:

DPTAC review was conducted for the 6 tenure-track faculty. One faculty member was recommended for tenure (approved at all levels). Two faculty were up for 3 year review with a preliminary vote. Both received 5-0 votes indicating they were on track to meet tenure and promotion expectations. The remaining 3 faculty received letters indicating that they were not on track and were not meeting expectations for tenure at this time.

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness: Tenure-Track Faculty

Action Description:

A writing accountability group will be established in the SON during fall 2017. All tenure-track faculty will be strongly encouraged to engage with the group. Suggest tenure track faculty consider the 30-minutes-a-day writing model discussed by Dean Callaway. Also direct them to PACE activities/events that may assist them in their tenure-track duties. Direct tenure-track faculty to demonstrate progress toward meeting research expectations or they may be considered for the option of moving to a clinical track position.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Faculty Outcomes: Scholarship

KPI Description:

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

Results Description:

71% of faculty had a conference presentation or poster presentation reported on the FES for 2016. Current university criteria for DPTAC review do not count presentations as meeting criteria without publications. 43% of faculty had manuscripts accepted or published.

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Faculty Outcomes: Scholarship

Action Description:

Plan internal faculty development in conjunction with Office of Research and Sponsored Programs in an effort to connect tenure-track faculty with the people and tools to locate funding for research projects and assistance in pulling together information for funding request proposals.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Faculty Outcomes: Service Activities

KPI Description:

Faculty will demonstrate evidence of service activities that support the mission of the SON, COHS, university and profession each year. The Faculty Evaluation System shall reflect at least 80% of SON faculty participating in such activities.

Results Description:

100% of faculty met the minimum expectations for School of Nursing committee service and ceremony attendance. 81% of the faculty attended the expected university ceremonies. All faculty participated in community or professional service activities.

RELATED ITEM LEVEL 3

CCNE Standard IV - Faculty Outcomes: Service Activities

Action Description:

An annual report of faculty service activity information will be provided to the Dean at the end of each Spring semester, beginning FY 2017-18.

RELATED ITEM LEVEL 1

CCNE Standard IV - Program Effectiveness - Student Outcomes: Formal Complaints

Performance Objective Description:

Records of all formal complaints are reviewed and analyzed.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: Formal Complaints

KPI Description:

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

Results Description:

There were three grade appeals. Two students appealed to Tier 6 (COHS Dean). One student was supported and allowed to retake the final exam. The student subsequently passed the course. Exam review policies were revised during the spring 2017 semester.

One student was denied the appeal and the failing check-off grade stood. The student is eligible to repeat the course.

The third student appealed to Tier 3 (Level Coordinator) regarding absences. The student dropped the appeal after being denied by the level coordinator.

There was one dismissal appeal. The COHS APR committee recommended allowing the student to remain in the program but required additional measures (online course and volunteer hours) to demonstrate meeting professional standards before being granted the diploma.

All responses to formal complaints were handled according to grievance and appeal policies.

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Formal Complaints

Action Description:

Continue to adhere to grievance and appeal policies.

RELATED ITEM LEVEL 1

CCNE Standard IV - Program Effectiveness: Master Program Evaluation Plan (MPEP)

Performance Objective Description:

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

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness: Master Program Evaluation Plan (MPEP)

KPI Description:

The MPEP is ongoing and shall continue to be reviewed to confirm that it reflects changes in accreditation standards.

Results Description:

No changes were needed as there have been no changes in accreditation standards.

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness: MPEP

Action Description:

In FY 2017-18, data shall continue to be collected for the MPEP program and will be revised to reflect changes to accreditation standards, if any.

RELATED ITEM LEVEL 1

CCNE Standard IV - Program effectiveness: Student Outcomes

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

CCNE Standard IV - Program Effectiveness - Student Outcome: Standardized Exit Exam

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. The 60% benchmark was selected based on historical data.

Results Description:

68% of the spring 2017 graduates taking the ATI Comprehensive Predictor Exam scored at or above the national mean.

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Standardized Exit Exam

Action Description:

Evaluate historical data to determine if a benchmark of '60% of students taking standardized exit exam' needs to be increased.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey

KPI Description:

In the Senior Exit Survey, 70% of students will indicate they have been offered a nursing position. The 70% benchmark was selected based on historical data.

Results Description:

Since the inception of the current Senior Exit Survey, 64.74% of graduates indicated that at the time of the Exit Survey being administered, they had been offered a nursing position. The most recent cohort (cohort 9) had an unusually high number of students who had interviewed but had not received any offers. This is probably because we sent out the Exit Survey a few weeks earlier than in past semesters.

	I Have Not Searched Yet	I Have Researched Fields of Interest	I have applied but not had any interviews yet	I have interviewed but received no offers	I have been offered a position but have not accepted	I have been offered a position and accepted	I intend to be self - employed	Already employed	NA	%Offered
Cohort 6	1	0	1	2	1	17	0	5	3	73.33%
Cohort 7	1	0	1	1	1	31	0	1	0	88.88%
Cohort 8	1	1	1	8	0	29	0	0	1	70.73%
Cohort 9	0	0	2	25	4	17	0	1	0	36.73%
Total	3	1	5	36	6	94	0	7	4	64.74%

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey

Action Description:

The numbers of graduates interviewed and not receiving an offer was low in 2016-17 when compared to prior years. The Senior Exit Survey was submitted earlier than in prior years. Re-evaluate when to submit the Senior Exit Survey.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: Employer Surveys

KPI Description:

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

Results Description:

88% of all employers surveyed rate SHSU School of Nursing graduates as prepared or better in each student learning outcome:

<u>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.</u>	<u>Very Poorly Prepared</u>	<u>Poorly Prepared</u>	<u>Prepared</u>	<u>Well Prepared</u>	<u>Very Well Prepared</u>	<u>N/A</u>	<u>TOTAL</u>	<u>% Prepared or higher</u>
Integrate knowledge from liberal studies and nursing science to practice beginning level professional nursing in a holistic, caring manner.	0	1	1	3	3	0	8	88%
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.	0	1	1	3	3	0	8	88%
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.	0	1	1	3	3	0	8	88%
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.	0	1	1	3	3	0	8	88%
Demonstrate professional leadership and management skills while implementing safety principles in the delivery of nursing care.	0	1	1	3	3	0	8	88%
Base safe patient care upon evidence and clinical reasoning.	0	1	1	3	3	0	8	88%
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.	0	1	1	3	3	0	8	88%
Demonstrate accountability for lifelong learning and professional growth.	0	1	1	3	3	0	8	88%
Demonstrate competency with technology and information management in the delivery of safe care, while maintaining confidentiality and protecting patient rights.	0	1	1	3	3	0	8	88%
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.	0	1	1	3	3	0	8	88%
What skills were SHSU BSN graduates lacking that would be desirable for their positions in your institution?	0	1	1	3	3	0	8	88%
What strengths do SHSU BSN graduates bring to their positions in your institution?	0	1	1	3	3	0	8	88%
Overall, how do SHSU BSN graduates you have hired compare to other RN graduates? Would you say SHSU BSN graduates are:	0	1	1	3	3	0	8	88%

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Employer Surveys

Action Description:

Look at historical data on employer surveys and see what trend emerges to determine if a benchmark of more than 80% of graduates are rated as 'Prepared or Higher' needs to be set.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: On-time Completion Rate

KPI Description:

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

Results Description:

The current graduation rate for the School of Nursing is 81.73%. Cohort 9 graduation rates will be known at the end of Fall 2017 as some students failed a semester and have rolled over to cohort 10. The expected graduation numbers at that point will be 54 for cohort 9 (90%). The overall graduation rate will increase to 82.37%

	Graduates		
	Graduated	Non-Grad	% Pass
Cohort 1	21	0	100%
Cohort 2	11	1	92%
Cohort 3	25	5	83%
Cohort 4	33	5	87%
Cohort 5	33	4	89%
Cohort 6	36	4	90%
Cohort 7	31	8	79%
Cohort 8	41	14	74%
Cohort 9*	42	20*	67%

273	61	81.73%
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RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness: On-time Completion Rate

Action Description:

Admission criteria and progression data will be reviewed to determine correlations and causations of students not meeting the On-time Graduation criteria of 36 months from date of acceptance into the nursing program.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: Post Graduation Survey

KPI Description:

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

Results Description:

Since the inception of the alumni survey, 73.68% of alumni surveys would say they were satisfied with the quality of the SHSU nursing program.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total
Satisfaction of the Quality of SHSU Nursing Program	0	1	4	11	3	19
Percentage	0.00%	5.26%	21.05%	57.89%	15.79%	

Satisfaction Rating	73.68%
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RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Post Graduation Survey

Action Description:

The SON will work with the Alumni Relations office for obtaining alumni contact information and assistance in obtaining alumni survey information.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey 3

KPI Description:

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

Results Description:

The total overall program satisfaction rate since we implemented the current Exit Survey is 48.07%. This overall number is up from last years overall satisfaction rating of 37.87%

SUMMER 2017

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfaction Rating
Cohort 6	4	11	12	3	50%
Cohort 7	7	19	8	2	27.78%
Cohort 8	3	12	22	4	63.41%
Cohort 9	6	19	19	5	48.97%
Total	20	61	61	14	48.07%

SUMMER 2016

	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%

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey 3

Action Description:

Continue to evaluate emerging trends.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey 4

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:

The satisfaction rating for meeting the student level outcomes is 73.71%. This is up from last year when the satisfaction rating was 60.60%

Summer 2017

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfaction Rating
Cohort 6	0	6	16	8	80%
Cohort 7	2	18	12	4	44.44%
Cohort 8	0	4	28	9	90.24%
Cohort 9	1	10	28	10	77.55%
Total	3	38	84	31	73.71%

Summer 2016

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfaction Rating
Cohort 6	0	6	16	8	80%
Cohort 7	2	18	12	4	44.44%
Total	9	27	22	9	60.60%

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey 4

Action Description:

Continue evaluating emerging trends.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey 5

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:

The satisfaction rating for the clinical facilities as of Summer 2017 is 81.93%. This percentage is up from last summer's percentage of 75.38%.

Summer 2017

	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%
Cohort 8	0	5	3	14	19	80.48%
Cohort 9	0	3	1	21	24	91.83%
Total	4	13	11	57	70	81.93%

Summer 2016

	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

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey 5

Action Description:

Continue to evaluate emerging trends.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness - Students Outcomes: Senior Exit Survey 2

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:

The current satisfaction rated for simulations is at 53.84% which is up from the satisfaction rating of 46.96% last year.

Summer 2017

	Dissatisfied	Somewhat Satisfied	Satisfied	Very Satisfied	Satisfaction Rating
Cohort 6	4	8	11	7	60%
Cohort 7	5	19	10	2	33%
Cohort 8	3	11	19	8	65.85%
Cohort 9	3	15	24	7	63.26%
Total	15	53	64	24	53.84%

Summer 2016

	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%

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Senior Exit Survey 2

Action Description:

Continue to evaluate trends from accumulating data.

RELATED ITEM LEVEL 2

CCNE Standard IV - Program Effectiveness- Student Outcomes: Standardized Specialty Exam

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:

The only exam with level 2 or higher was the maternal newborn exam.

Attached Files

[ATI Standardized Specialty Exam Results](#)

RELATED ITEM LEVEL 3

CCNE Standard IV - Program Effectiveness - Student Outcomes: Standardized Specialty Exam

Action Description:

NEED ACTION

Update to Previous Cycle's Plan for Continuous Improvement from 2016-17

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

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.

Update of Progress to the Previous Cycle's PCI:

The interim director continued to refine the assessment plan and make clear the links between the objectives, KPI and goals in relation to the CCNE Standards.

Evaluation of the benchmarks established is needed. Some benchmarks, especially related to standardized testing, may not be the most reflective of student outcomes and program performance.

Plan for Continuous Improvement for 2017-18

Closing Summary:

Student outcome benchmark criteria will be evaluated in areas where indicators were not met to determine if the existing benchmark is appropriate. If the benchmark is appropriate, a plan will be established to improve performance. If the benchmark is inappropriate, the data trend will be re-evaluated and a new benchmark will be established. Faculty development activities will continue with emphasis on accreditation, clinical evaluation, curriculum development and faculty success.