

**SYSTEMATIC PROGRAM EVALUATION PLAN FOR RSU ADN PROGRAM  
FY 2015-2016**

<b>Standard 6</b>	
<p>Criterion 1: The systematic plan for evaluation of the nursing education unit emphasizes the ongoing assessment and evaluation of each of the following:  Student learning outcomes;  Program outcomes;  Role-specific graduate competencies; and  The ACEN Standards.  The systematic plan of evaluation contains specific, measurable expected levels of achievement; frequency of assessment; appropriate assessment methods; and a minimum of three years of data for each component within the plan.**</p>	
Expected Level of Achievement: 1-The SPE includes assessment and evaluation of SLO, PO, and role-specific competencies. 2-100% of the ACEN 2013 Standards and Criteria contain measurable ELA, frequency, appropriate assessment methods and a minimum of 3 years of data.	
Frequency of Assessment: Review with change	Assessment Methods: Systematic Program Evaluation data, Assessment and Evaluation Committee Minutes, Faculty Meeting Minutes (See Criterion Folder)
<p>Results of Data Collection:  <b>FY 2014-2015:</b> No data available  <b>FY 2015-2016:</b> 1- SPE includes assessment of SLO, PO, and role-specific competencies.  2- 100%</p>	
<p>Actions for Program Development, Maintenance, or Revision:  Upon review of previous SPE, data was unable to be located in October 2015. Department Head delegated to previous department head currently on faculty to update the SPE prior to the final date of employment. No update received.  <b>FY 15-16:</b> ELA's updated to reflect ACEN 2013 Standards and Criteria (Assessment and Evaluation Committee Minutes 01/13/16, 02/11/16, 04/28/16 and Faculty Meeting Minutes 05/16/16). All standards and criterion present and current.</p>	

Criterion 2: Evaluation findings are aggregated and trended by program option, location, and date of completion and are sufficient to uniform program decision-making for the maintenance and improvement of the student learning outcomes and the program outcomes.	
Expected Level of Achievement: 1-Both quantitative and qualitative data from the ADN program are aggregated and trended. 2-Findings are used in decision making for the program.	
Frequency of Assessment: Annually in May	Assessment Methods: Faculty Governance Meeting Minutes and surveys (See Criterion Folder)
Results of Data Collection:	

<b>FY 2014-2015:</b> No data available <b>FY 2015-2016:</b> 1- Quantitative and qualitative data are aggregated and trended. 2- Decisions made after review of data.	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>Upon review of previous SPE, data was unable to be located in October 2015. Department Head delegated to previous department head currently on faculty to update the SPE prior to the final date of employment. No update received.</p> <p><b>FY 15-16:</b> ELA revised to reflect the criterion. Quantitative and qualitative data were examined regarding completion rate. See Standard 6.4.2 for explanation of aggregated data. Surveyed employees, current students, and prospective pre-nursing candidates regarding offering a generic BSN program. Results overwhelming indicated the desire to move to a different program option (Faculty Meeting minutes 10/09/2015 and <b>see surveys</b>).</p>	

Criterion 3: Evaluation findings are shared with communities of interest.	
Expected Level of Achievement: Evaluation findings are annually shared with one or more of the communities of interest: including (but not excluded to) 1- Stakeholders, 2-University Assessment Committee	
Frequency of Assessment: Review Annually in May	Assessment Methods: University Assessment Committee Peer Review Report, Stakeholder meeting dates (See Criterion Folder)
<p>Results of Data Collection:</p> <p><b>FY 2013-2014:</b> UAC Peer Review 2/21/2014, Stakeholder meeting November 2013 and April 2014</p> <p><b>FY 2014-2015:</b> UAC Peer Review (date unknown), Stakeholder meeting November 2014 and April 2015</p> <p><b>FY 2015-2016:</b> UAC Peer Review (4/22/2015), Stakeholder meeting November 2015</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p>The previous ELA stated that 100% of faculty share evaluation findings with one or more of the communities of interest. Data found confirming that evaluation findings were being reported to both the University Assessment Committee and the Stakeholders, but no data confirming that 100% of the faculty were involved. (UAC Peer Review Report 2012-2013, 2013-2014, and 2014-2015; Stakeholder meetings- Nov. 2013, April 2014, Nov 2014, and April 2015).</p> <p><b>FY 15-16</b> ELA revised to reflect the criterion. ELA changed to state "Evaluation findings are annually shared with.." Shared findings with stakeholders (November 2015). Report of evaluation findings provided to UAC. Conducted annual meeting with UAC to review the report (4/22/2015).</p>	

Criterion 4.1: Performance on licensure exam: the program's three-year mean for the licensure exam pass rate will be at or above the national mean for the same three-year period.
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Expected Level of Achievement: A) The 3-year NCLEX pass rate mean for the Claremore Campus ADN program will be at or above the national NCLEX pass rate. B) The 3-year NCLEX pass rate mean for the Bartlesville Campus ADN program will be at or above the national NCLEX pass rate.

Frequency of Assessment: Annually in March	Assessment Methods: NCSBN Number of Candidates Taking the NCLEX Examination Report, Report from the Oklahoma Board of Nursing, Faculty Governance Meeting Minutes (See Criterion Folder)
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Results of Data Collection:		
National Results from 2011: 87.90%	Claremore Results from 2011: 96.23%	Bville Results from 2011: 100%
National Results from 2012: 91.46%	Claremore Results from 2012: 94.23%	Bville Results from 2012: 100%
National Results from 2013: 83.04%	Claremore Results from 2013: 89.86%	Bville Results from 2013: 80%
National Results from 2014: 81.78%	Claremore Results from 2014: 94.64%	Bville Results from 2014: 62.50%
National Results from 2015: 84.53%	Claremore Results from 2015: 93.65%	Bville Results from 2015: 100%
3-year mean for 2011-2013: 87.47%	Claremore: 93.44%	Bville: 93.33%
3-year mean for 2012-2014: 85.43%	Claremore: 92.91%	Bville: 80.83%
3-year mean for 2013-2015: 83.12%	Claremore: 92.72%	Bville: 80.83%

Actions for Program Development, Maintenance, or Revision:

**FY 2014-2015** ELA met. 05/11/15-Reviewed NCLEX program report and ATI predictor tests as a faculty of the whole. Identified pharmacology is a continued area of weakness. The decline in the results from Bartlesville in 2013 and 2014 were due to an insufficient number of candidates sitting for the NCLEX exam. In 2013, Bartlesville had 10 candidates take the exam, and in 2014, Bartlesville had 8 candidates take the exam.

**FY 2015-2016** ELA revised to reflect the criterion. ELA met. 01/22/16-Review of the NCLEX Program Report revealed pass rates above the national average. To address continued concerns regarding Pharmacology the faculty agreed to increase the percentage of Pharmacology questions on each exam incrementally throughout the program. First semester a minimum of 5% of each exam is dedicated to pharmacological concepts; second semester 10%; third semester 15% and 20% by fourth semester. Additionally, the faculty agreed to increase the discussion and practice with medications both in the didactic and clinical setting, and they adopted a study tool for the students to use.

Criterion 4.2: Program completion: Expected levels of achievement for program completion are determined by the faculty and reflect student demographics and programs options.

Expected Level of Achievement: 70% of the students who are enrolled 2 weeks after the start of the first NURS course requiring competitive admission will complete the program within 6 semesters (150% of time from start to finish).

Frequency of Assessment:	Assessment Methods:
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Annually in March	Oklahoma Board of Nursing Annual Report (See Criterion Folder)
Results of Data Collection: <b>2013:</b> 87% <b>2014:</b> 82% <b>2015:</b> 74%	
Actions for Program Development, Maintenance, or Revision: <b>FY 15-16</b> ELA revised to reflect the criterion. Prior to 2015-2016 the program completion rate was calculated using the following formula: number of students beginning third semester divided by the number of students who graduated in the fourth semester. This formula was updated in 2015-2016 to reflect the current ELA which is also in compliance with the Oklahoma Board of Nursing. Completion rates are concerning when using the OBN formula. ELA met. 1/22/16 The faculty adopted a new formula for admitting students to the program. The formula weights GPA for prerequisite courses heavier than in the past. The criteria for readmission was reviewed and the faculty agreed to uphold the policy of not accepting students into the program who were unsuccessful and dismissed in another program. 03/04/2016- No changes to ELA or actions by faculty.	

Criterion 4.3: Graduate program satisfaction: Qualitative and quantitative measures address graduates six to twelve months post-graduation.	
Expected Level of Achievement: Within 6-12 months after graduation 80% of the reporting alumni indicate being <i>satisfied</i> or <i>very satisfied</i> with their nursing educational experience at RSU.	
Frequency of Assessment: Annually in March	Assessment Methods: 6-month Post-Graduation Surveys (See Criterion Folder)
Results of Data Collection: <b>2013:</b> No data available <b>2014:</b> 92% of the reporting alumni indicated being <i>satisfied</i> or <i>very satisfied</i> with their nursing educational experience at RSU (39% report rate) <b>2015:</b> 100% of the reporting alumni indicated being <i>satisfied</i> or <i>very satisfied</i> with their nursing educational experience at RSU (54% report rate)	
Actions for Program Development, Maintenance, or Revision: <b>FY 14-15</b> ELA met. Consider ways of increasing rate of return (ROR). <b>FY 15-16</b> ELA revised to reflect the criterion. ELA met. Survey Monkey implemented with multiple email reminders to recipients. Noted a 15% increase ROR. Consider obtaining text msg information for 2016 graduating class to continue to improve ROR. 03/04/2016- No changes to ELA or actions by faculty.	

Criterion 4.4: Employer program satisfaction: Qualitative and quantitative measures address employer satisfaction with graduate preparation for entry-level position six to twelve months post- graduation.	
Expected Level of Achievement: Within 6-12 months after graduation , responding employers report an average score of 3 or higher (on a 4	

point Likert scale) of all of the questions on the <i>Employer Satisfaction Survey</i> .	
Frequency of Assessment: Annually in May	Assessment Methods: Employer Satisfaction Survey (See Criterion Folder)
Results of Data Collection: <b>2013:</b> No data available <b>2014:</b> 100% of responding employers report an average score of 3 or higher (on a 4 point Likert scale) of all of the questions on the <i>Employer Satisfaction Survey</i> . (55% report rate) <b>2015:</b> 100% of responding employers report an average score of 3 or higher (on a 4 point Likert scale) of all of the questions on the <i>Employer Satisfaction Survey</i> . (100% report rate)	
Actions for Program Development, Maintenance, or Revision: <b>FY 14-15</b> ELA met. Consider ways of increasing rate of return (ROR). 03/04/2016- deferred discussion. <b>FY 15-16</b> ELA revised to reflect the criterion.	

Criterion 4.5: Job placement rates: Expected levels of achievement are determined by the faculty and are addressed through quantified measures six to twelve months post-graduation.	
Expected Level of Achievement: 90% of the graduates from the ADN program are employed as a RN within 6-12 months after graduation.	
Frequency of Assessment: Annually in May	Assessment Methods: 6-month Post-Graduation Surveys (See Criterion Folder)
Results of Data Collection: <b>2013:</b> No data available <b>2014:</b> 100% of the reporting alumni are employed in an RN position (39% report rate) <b>2015:</b> 94.59% of the reporting alumni are employed in an RN position (54% report rate)	
Actions for Program Development, Maintenance, or Revision: <b>FY 14-15</b> ELA met. Consider ways of increasing rate of return (ROR). <b>FY 15-16</b> ELA revised to reflect the criterion. ELA met. Survey Monkey implemented with multiple email reminders to recipients. Noted a 15% increase ROR. Consider obtaining text msg information for 2016 graduating class to continue to improve ROR. 03/04/2016- No changes to ELA or actions by faculty.	

Criterion 4.6: Rogers State University nursing program outcomes: Qualitative and quantitative measures address student achievement of nursing program outcomes.	
Expected Level of Achievement: 80% of the respondents to the Associate Degree Nursing Graduate Survey will indicate that they <i>strongly agree</i> or <i>agree</i> to the survey items incorporating the 8 concepts that reflect the nursing program's student learning outcomes: 1) Professional Behaviors; 2) Communication; 3) Assessment; 4) Clinical Decision Making; 5) Caring Interventions; 6) Teaching and Learning; 7) Collaboration; 8) Managing Care.	

<p>Frequency of Assessment: Annually in March</p>	<p>Assessment Methods: 6 month Graduate Survey: 1) Professional Behaviors- Question 1; 2) Communication- Question 2; 3) Assessment- Question 5; 4) Clinical Decision Making- Question 8; 5) Caring Interventions- Question 10; 6) Teaching and Learning- 13; 7) Collaboration- Question 15; 8) Managing Care- Question 17. (See Criterion Folder)</p>
<p>Results of Data Collection:</p> <p><b>2015:</b> 1) Professional Behaviors- 100% of the respondents indicate that they agree or strongly agree that they incorporate ethical, legal, and regulatory standards of professional practice. (54% report rate)  2) Communication- 97% of the respondents indicate that they agree or strongly agree that they report unsafe practices of healthcare providers using appropriate channels of communication. (54% report rate)  3) Assessment- 100% of the respondents indicate that they agree or strongly agree that they report and document assessments, interventions, and progress toward patient outcomes. (54% report rate)  4) Clinical Decision Making- 100% of the respondents indicate that they agree or strongly agree that they make clinical judgments and patient management decisions to ensure accurate and safe care. (54% report rate)  5) Caring Interventions- 100% of the respondents indicate that they agree or strongly agree that they identify and honor the emotional, cultural, religious, and spiritual influences on the patient's health. (54% report rate)  6) Teaching and Learning- 100% of the respondents indicate that they agree or strongly agree that they feel competent in teaching the patient and significant support person(s) the information and skills needed to achieve desired learning outcomes. (54% report rate)  7) Collaboration- 100% of the respondents indicate that they agree or strongly agree that they coordinate the decision making process with the patient, significant support person(s), and other members of the interdisciplinary team. (54% report rate)  8) Managing Care- 100% of the respondents indicate that they agree or strongly agree that they assist the patient and significant support person(s) to access available resources and services. (54% report rate).</p>	
<p>Actions for Program Development, Maintenance, or Revision:</p> <p><b>FY 15-16</b> ELA revised to reflect the criterion. ELA met. This ELA was added in response to the need to collect this information for RSU assessment. 03/04/2016- No changes to ELA or actions by faculty.</p>	