

**SYSTEMATIC PROGRAM EVALUATION PLAN FOR RSU ADN PROGRAM
FY 2018-2019 Working Copy**

Standard 6

Criterion 1:

The program demonstrates evidence of students' achievement of each end-of-program student learning outcome.

There is ongoing assessment of the extent to which students attain each end-of-program student learning outcome.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

Expected Level of Achievement: Upon graduation, students will achieve the student learning outcome on *professional behaviors* AEB:

- 1- Performance on faculty- developed test questions on *professional behaviors* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Professionalism will be no less than 850

Upon graduation, students will achieve the student learning outcome on *communication* AEB:

- 1- Performance on faculty- developed test questions on *communication* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Communication will be no less than 850

Upon graduation, students will achieve the student learning outcome on *assessment* AEB:

- 1- Performance on faculty- developed test questions on *assessment* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Assessment will be no less than 850

Upon graduation, students will achieve the student learning outcome on *clinical decision making* AEB:

- 1- Performance on faculty- developed test questions on *clinical decision making* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Clinical Decision Making will be no less than 850

Upon graduation, students will achieve the student learning outcome on *clinical decision making* AEB:

- 1- Performance on faculty- developed test questions on *caring interventions* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Nursing Interventions will be no less than 850

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Upon graduation, students will achieve the student learning outcome on *teaching and learning* AEB:

- 1- Performance on faculty- developed test questions on *teaching and learning* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Teaching and Learning will be no less than 850

Upon graduation, students will achieve the student learning outcome on *collaboration* AEB:

- 1- Performance on faculty- developed test questions on *collaboration* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Care Collaboration will be no less than 850

Upon graduation, students will achieve the student learning outcome on *management of care* AEB:

- 1- Performance on faculty- developed test questions on *management of care* in NURS 2246 will be no less than an aggregate score of 80%
- 2- Performance on proprietary exam questions on the Exit Exam that reflect the Nursing Concept: Managing Care will be no less than 850

Frequency of Assessment:

Annually in May

Reviewed May 17, 2018, May 14, 2019

Assessment Methods: ~~Assessment and Evaluation Committee~~

~~Minutes, Faculty Meeting Minutes (See Criterion Folder)~~ Systematic Program Evaluation data, Table of ExamSoft Results, HESI Exit Exam Assessment

Results of Data Collection:

FY 2015-2016: 1- SPE includes assessment of SLO, PO, and role-specific competencies.

2- 100%, see SPE from 2015-2016 for reference to these data

Data on SLO using a different ELA and method of collection located in 6.4.6, below.

FY 2016-2017: 1- Professional Behaviors: NURS 2246: 95.19% (3 items)

2- Communication: NURS 2246: 86.89% (8 items)

3-Assessment: NURS 2246: 82.69% (102 items)

4-Clinical Decision Making: NURS 2246: 82.06% (70 items)

5-Caring Interventions: NURS 2246: 84.71% (10 items)

6-Teaching and Learning: NURS 2246: 88.47% (36 items)

7-Collaboration: NURS 2246: 79.18% (3 items)

8-Managing Care: NURS 2246: 79.28% (58 items)

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FY 2016-2017 elaborated tripartite data

Competency Topic Student Learning Outcomes	HESI Performance Weighted Score ELA > 850	Survey Results ELA > 80% Agree or Strongly Agree	Exam Performance Percent Number of items ELA > 80%	Number of indicators met, action
Professional Behaviors	864	99.72%	95.19% 3 items	3 None
Communication	816	100%	86.89% 8 items	2 Watch
Assessment	820	99.5%	82.69% 102 items	2 Watch
Clinical Decision Making	816	100%	82.06% 70 items	2 Watch
Caring Interventions	812	99.92%	84.71% 10 items	2 Watch
Teaching/Learning	804	100%	88.347% 36 items	2 Watch
Collaboration	843	100%	79.18% 3 items	1 Investigate
Managing Care	794	99.6%	79.28% 58 items	1 Investigate

FY 2017-2018 elaborated tripartite data

Competency Topic Student Learning Outcomes	HESI Performance Weighted Score ELA > 850	Exam Performance Percent Number of items ELA > 80%	Number of indicators met, action
Professional Behaviors	857	86.84% 14 items	2 None
Communication	836	86.22% 17 items	1 Watch
Assessment	789	80.53% 106 items	1 Watch

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Clinical Decision Making	800	82.67% 84 items	1 Watch
Caring Interventions	799	66.67% 8 items	0 Investigate
Teaching/Learning	786	87.38% 27 items	1 Watch
Collaboration	793	88.94% 4 items	1 Watch
Managing Care	800	83.50% 50 items	1 Watch

FY 2018-2019 elaborated tripartite data

Competency Topic Student Learning Outcomes	HESI Performance Weighted Score ELA > 850	Exam Performance Percent Number of items ELA > 80%	Number of indicators met, action
Professional Behaviors	842	87.67% 5 items	
Communication	769	84.05% 13 items	
Assessment	778	82.81% 108 items	
Clinical Decision Making	790	83.61% 88 items	
Caring Interventions	796	95.44% 7 items	
Teaching/Learning	758	84.47% 25 items	
Collaboration	803	86.81% 2 items	
Managing Care	796	116.86% 45 items	

Actions for Program Development, Maintenance, or Revision:

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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.

FY 15-16: 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.

FY 16-17 The criterion changes from ACEN were assessed, and the ELA was updated to reflect these changes. In NURS 2246, **ELA mostly met** on all objectives except for collaboration and managing care. There were only 3 items evaluated as *Professional Behaviors and Collaboration*, which is a limited data sample. **Faculty identified the need to increase questions on Professional Behaviors and Collaboration.**

FY 17-18 Managing care needs to be investigated, Collaboration could be investigated, but only 3 items evaluated. **Curriculum committee charged with conducting a curriculum crosswalk of low performing Client Needs categories, which includes Manager of Care (MOC). Revisit decision made last year to not test on some MOC topics in 2223.** Due to the consistently high results that the survey reflected and it not providing reliable data, the faculty decided to eliminate the survey as part of the evaluation of this criterion. With the data collected, it was identified that there were only 8 Caring Intervention items. The faculty decided to more closely identify the test items with categories and emphasize soft skills in lab, simulation, clinical, and theory. The Managing Care results increased after the increased identification of test items, curriculum crosswalk, and testing the MOC topics.

FY 18-19 Planning to compare these findings with the NCLEX report in the fall and the first time unsuccessful students with their weaknesses in order to gather more data.

Program decision making actions in red

Criterion 2 :

The program demonstrates evidence of graduates' achievement on the licensure exam.

The program's most recent annual licensure examination pass rate will be at least 80% for all first-time test-takers during the same 12-month period.

There is ongoing assessment of the extent to which graduates succeed on the licensure examination.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' attainment of each end-of-program student learning outcome.

There is a minimum of the three (3) most recent years of available licensure examination pass rate data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion.

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Expected Level of Achievement: 80% of all first-time test-takers from the RSU ADN program pass the NCLEX within a 12-month period from May 1-April 30.																																																													
Frequency of Assessment: Annually in May Reviewed May 17, 2018; May 14, 2019	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) for candidates taking the exam from May 1-April 30																																																												
<p>Results of Data Collection:</p> <p>FY 2014-2015: No data available</p> <p>FY 2015-2016: 1- Quantitative and qualitative data are aggregated and trended. 2- Decisions made after review of data.</p> <p>FY 2016-2017: Due to the changes in the ACEN Standards 2017, the ELA changed and the updated data collection results are listed below.</p> <p>Data below from 6.4.1</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Natl Results 2012: 91.46%</td> <td>Claremore Results 2012: 94.23%</td> <td>Bville Results 2012: 100%</td> <td></td> <td></td> </tr> <tr> <td>Natl Results 2013: 83.04%</td> <td>Claremore Results 2013: 89.86%</td> <td>Bville Results 2013: 80%</td> <td></td> <td></td> </tr> <tr> <td>Natl Results 2014: 81.78%</td> <td>Claremore Results 2014: 94.64%</td> <td>Bville Results 2014: 62.50%</td> <td></td> <td></td> </tr> <tr> <td>Natl Results 2015: 84.53%</td> <td>Claremore Results 2015: 93.65%</td> <td>Bville Results 2015: 100%</td> <td>Bridge Results 2015: 100%</td> <td>Trad 2015: 93%</td> </tr> <tr> <td>Natl Results 2016: 84.57%</td> <td>Claremore Results 2016: 96%</td> <td>Bville Results 2016: 100%</td> <td>Bridge Results 2016: 100%</td> <td>Trad 2016: 91%</td> </tr> <tr> <td>Natl Results 2017: 84.24%</td> <td>Claremore Results 2017: 84.29%</td> <td>Bville Results 2017: 89.47%</td> <td>Bridge Results 2017: 90.48%</td> <td>Trad 2017: 83.82%</td> </tr> <tr> <td>Natl Results 2018: 88.29%</td> <td>Claremore Results 2018: 79.71%</td> <td>Bville Results 2018: 75.00%</td> <td>Bridge Results 2018: 78.70%</td> <td>Trad 2018: 77.80%</td> </tr> </table> <table style="width: 100%; border-collapse: collapse;"> <tr> <td>3-year mean for 2012-2014: 85.43%</td> <td>Claremore: 92.91%</td> <td>Bville: 80.83%</td> <td></td> <td></td> </tr> <tr> <td>3-year mean for 2013-2015: 83.12%</td> <td>Claremore: 92.72%</td> <td>Bville: 80.83%</td> <td>Bridge: 81.09%</td> <td>Traditional: 93.75%</td> </tr> <tr> <td>3-year mean for 2014-2016: 82.66%</td> <td>Claremore: 94.76%</td> <td>Bville: 87.5%</td> <td>Bridge: 92.59%</td> <td>Traditional: 92.67%</td> </tr> <tr> <td>3-year mean for 2015-2017: 84.45%</td> <td>Claremore: 91.31%</td> <td>Bville: 96.49%</td> <td>Bridge: 96.83%</td> <td>Traditional: 89.09%</td> </tr> <tr> <td>3-year mean for 2016-2018: 85.70%</td> <td>Claremore: 86.66%</td> <td>Bville: 88.16%</td> <td>Bridge: 89.73%</td> <td>Traditional: 84.21%</td> </tr> </table>		Natl Results 2012: 91.46%	Claremore Results 2012: 94.23%	Bville Results 2012: 100%			Natl Results 2013: 83.04%	Claremore Results 2013: 89.86%	Bville Results 2013: 80%			Natl Results 2014: 81.78%	Claremore Results 2014: 94.64%	Bville Results 2014: 62.50%			Natl Results 2015: 84.53%	Claremore Results 2015: 93.65%	Bville Results 2015: 100%	Bridge Results 2015: 100%	Trad 2015: 93%	Natl Results 2016: 84.57%	Claremore Results 2016: 96%	Bville Results 2016: 100%	Bridge Results 2016: 100%	Trad 2016: 91%	Natl Results 2017: 84.24%	Claremore Results 2017: 84.29%	Bville Results 2017: 89.47%	Bridge Results 2017: 90.48%	Trad 2017: 83.82%	Natl Results 2018: 88.29%	Claremore Results 2018: 79.71%	Bville Results 2018: 75.00%	Bridge Results 2018: 78.70%	Trad 2018: 77.80%	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%	Bridge: 81.09%	Traditional: 93.75%	3-year mean for 2014-2016: 82.66%	Claremore: 94.76%	Bville: 87.5%	Bridge: 92.59%	Traditional: 92.67%	3-year mean for 2015-2017: 84.45%	Claremore: 91.31%	Bville: 96.49%	Bridge: 96.83%	Traditional: 89.09%	3-year mean for 2016-2018: 85.70%	Claremore: 86.66%	Bville: 88.16%	Bridge: 89.73%	Traditional: 84.21%
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<p>Actions for Program Development, Maintenance, or Revision:</p> <p>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.</p> <p>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,</p>																																																													

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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.

Above copied from 6.4.1

FY 2016-2017 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 continue to use 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 continue the discussion and practice with medications both in the didactic and clinical setting, and they adopted a study tool for the students to use. The criterion changes from ACEN were assessed, and the ELA was updated to reflect these changes. With the updated ACEN Criterion, our data collection needed to be disaggregated by program option as well as location. We did not begin disaggregating this information until 2014 so a 3-year-mean on that data is not available. ELA met in all other areas both aggregated and disaggregated.

FY 2017-2018 ELA met. Conduct a crosswalk of the curriculum to the NCLEX® test plan, especially in the areas with a generally downward trend as indicated in the Mt. Measurement report. Link test times to MOC sub-topics. Include 2-3 challenging NCLEX®-style questions in each lecture/presentation. Develop a standardized list of topics to discuss in post-conference that reflect areas needing improvement.

FY 2018-2019: This graduating class is the first class to have half sheets available to them the entire program. Faculty are discussing eliminating the use of half sheets. Also, planning to implement stricter remediation requiring students to remediate if they make below 80%. The faculty are going to develop a standard for when a question is not reliable. Advisors will continue to remediate advisees.

Program decision making actions in red

Criterion 3:

The program demonstrates evidence of students' achievement in completing the nursing program.

The expected level of achievement for program completion is determined by the faculty and reflects student demographics.

There is ongoing assessment of the extent to which students complete the nursing program.

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There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of students' completion of the nursing program.

There is a minimum of the three (3) most recent years of annual program completion data, and data are aggregated for the nursing program as a whole as well as disaggregated by program option, location, and date of program completion or entering cohort.

Expected Level of Achievement:

- 1- 70% of the traditional Claremore students who are enrolled on the **first day** of the first NURS course requiring competitive admission will complete the program within 6 semesters (150% of time from start to finish).
- 2- 70% of the traditional Bartlesville students who are enrolled on the **first day** of the first NURS course requiring competitive admission will complete the program within 6 semesters (150% of time from start to finish).
- 3- 70% of the Bridge Claremore students who are enrolled on the **first day** of the first NURS course requiring competitive admission will complete the program within 3 semesters (150% of time from start to finish).
- 4- 70% of the Bridge Bartlesville students who are enrolled on the **first day** of the first NURS course requiring competitive admission will complete the program within 6 semesters (150% of time from start to finish). (ELA FY 18)

Frequency of Assessment:

Review Annually in May
Reviewed May 16, May 17; May 14, 2019

Assessment Methods: Oklahoma Board of Nursing Annual Report ,
Comprehensive data report

Results of Data Collection:

Class of	Claremore	Bartlesville	Traditional	Bridge
2014	60.44%	78.57%	61.29%	75.00%
2015	57.41%	60.00%	1 st day 56.38% After 2 week drop 56.99%	60.00%
2016	66.36%	50.00%	1 st day 67.33% After 2 week drop 68.00%	50.00%
2017	66.99%	95.24%	1 st day 69.80%	78.57%

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	2018	70.70%	92.86%	After 2 week drop 69.80% 67.4%	76.9%	
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Actions for Program Development, Maintenance, or Revision:

FY 15-16 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. All of the data reported in the table in the data collection reflect the updated formula. 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- Plan to start an invasive advising program for students who do not achieve a passing exam grade in the fall of 2016.**

FY 16-17 The criterion changes from ACEN were assessed, and the ELA was updated to reflect these changes. Actions for program Development, Maintenance and Revision for Completion rates prior to 2016-2017 are located in previous SPE 6.4.2 Substantive Change Report to ACEN regarding completion rates. Report was accepted. The most significant change was the development of an **invasive remediation for all students who earn an exam score of 75%** (8.9.16, 9.23.16, 10.16.16, 11.18.16) Meet with Records specialist to further disaggregate the data to include both campus sites (Claremore and B'ville) and student types (traditional ADN and Bridge)

FY 17-18 Attended a meeting of the ADN directors in June of 2017 and learned the completion rate date needs to be *from the first day of attendance* and not at the date the roster is certified by the Registrar (2 week into the semester). **Conduct a retrospective review of the students attending on the first day of class.** The ELA was modified to reflect the requirements from the Oklahoma Board of Nursing and ACEN. **Plan to trend the data for each ELA and evaluate for any statistically significant difference between first day of class and 2 weeks into the semester.** If no difference, plan to collect data from first day of class. **Charge the Policy Committee to evaluate completion trends by a retrospective review of Exit Interview forms and evaluate admission criteria. Continue with invasive remediation. Formalized remediation, assignments, documentation of remediation, and who is in charge of follow-up with remediation, and faculty agreed to including 2-3 challenging NCLEX style question in each lecture/presentation (Fac. Mtg. 01/10/18).**

FY 18-19 The completion rate will continue to be addressed as the program moves into a traditional BSN program. With the addition of the Intro to Nursing course as a prerequisite for competitive admission, the faculty suspect that the completion rate will continue to rise.

Program decision making actions in red

Criterion 4

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The program demonstrates evidence of graduates' achievement in job placement.

The expected level of achievement for job placement is determined by the faculty and reflects program demographics.

There is ongoing assessment of the extent to which graduates are employed.

There is analysis of assessment data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of graduates being employed.

There is a minimum of the three (3) most recent years of available job placement data, and data are aggregated for the nursing program as a whole.

Expected Level of Achievement: 90% of the graduates from the ADN program are employed as an RN within 6-12 months after graduation.

Frequency of Assessment:
Annually in March

Assessment Methods: 6-month post-graduation surveys (See Criterion Folder)

Results of Data Collection:

2014: 100% of the reporting alumni are employed in an RN position (39% report rate)

2015: 94.59% of the reporting alumni are employed in an RN position (54% report rate)

2016: 95.31% of the reporting alumni are employed in an RN position (78% report rate)

2017: No Data Available

2018: 65.06% of the reporting alumni are employed in an RN position (67.47% report rate)

Actions for Program Development, Maintenance, or Revision:

FY 14-15 ELA met. **Consider ways of increasing rate of return (ROR).**

FY 15-16 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.

FY 16-17 The criterion changes from ACEN were assessed, and the ELA was updated to reflect these changes. **Noted 9% decrease in ROR with Survey Monkey data in March 2017.** Request for survey completion was sent via text as well as Facebook. Will revise and make the survey shorter. **Sent email-to-text to graduating class of 2016 and simply asked if they are employed as an RN. ROR increased to 78% with ELA met.**

FY 17-18 No Data Available

FY 18-19 The low job placement rate is suspected because many students were unsuccessful on their first attempt at NCLEX and many others chose to continue their education before getting a position as an RN.

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Program decision making actions in red

<p>Criterion Five The program demonstrates evidence of graduates achievement on the licensure examination and completion of the nursing program. The expected level of achievement is determined by the faculty. There is ongoing assessment of graduates completing the nursing program and the extent to which graduates succeed on the licensure examination. There is analysis of assessment of data and documentation that the analysis of assessment data is used in program decision-making for the maintenance and improvement of completion of the program and succeeding on the licensure examination.</p>																																		
<p>Expected Level of Achievement: The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the <u>bridge students</u> will be no less than 160. The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the <u>traditional students</u> will be no less than 160. The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the <u>Claremore students</u> will be no less than 160. The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the <u>Bartlesville students</u> will be no less than 160. The combined annual NCELX pass rate as reported by the OBN and the ACEN completion rate for the <u>all students</u> will be no less than 160.</p>																																		
<p>Frequency of Assessment: Annually in August</p>			<p>Assessment Methods: OBN Annual Report, completion rate and NCLEX pass rate reports</p>																															
<p>Results of Data Collection:</p> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">2015</th> <th style="width: 15%;">2016</th> <th style="width: 15%;">2017</th> <th style="width: 15%;">2018</th> </tr> </thead> <tbody> <tr> <td>Bridge</td> <td>160</td> <td>150</td> <td>169.05</td> <td>155.6</td> </tr> <tr> <td>Traditional</td> <td>149.99</td> <td>159</td> <td>153.82</td> <td>144.1</td> </tr> <tr> <td>Claremore</td> <td>151.06</td> <td>162.36</td> <td>151.28</td> <td>150.41</td> </tr> <tr> <td>Bartlesville</td> <td>149.47</td> <td>150</td> <td>184.71</td> <td>167.86</td> </tr> <tr> <td>Combined</td> <td>151.66</td> <td>160.81</td> <td>158.79</td> <td>159.14</td> </tr> </tbody> </table>						2015	2016	2017	2018	Bridge	160	150	169.05	155.6	Traditional	149.99	159	153.82	144.1	Claremore	151.06	162.36	151.28	150.41	Bartlesville	149.47	150	184.71	167.86	Combined	151.66	160.81	158.79	159.14
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